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'Benzedrine Inhaler' is particularly valuable when used at the onset of a head cold—at the very first sneeze. By relieving congestion, it improves respiratory ventilation and assists in maintaining drainage of the nasal accessory sinuses.

The early use of 'Benzedrine Inhaler' is especially indicated for your patients who catch cold easily.

Fig. 1—Time 2:15 P.M. Before treatment.

Each tube is packed with omphetamine, S. K. F., 325 mg.; oil of lavender, 97 mg.; menthol, 32 mg. 'Benzedrine' is S. K. F.'s trade mark, Reg. U.S. Pat. Off.

Fig. 2—Time 2:22 P. M. After using 'Benzedrine Inhaler'.

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METHODS FOR QUANTITATIVE ESTIMATION OF THE VITAMINS

IV. Measurement of Vitamin B_1 Activity

● The existence of the factor now known as vitamin B_1 was first established by the work of Eijkmann over four decades ago. In 1912, Funk (1) isolated a nitrogenous substance —capable of curing polyneuritis—to which he applied the provisional name of "beriberi vitamine." Vitamin B_1, therefore, is the first of the essential food factors to be termed a vitamin.

Despite this fact, it has only been within recent years that specific biologic methods for estimation of this vitamin—free from the serious limitations of the earlier assay methods—have become available. Many of the earlier techniques were proposed before resolution of the "vitamin B complex" into its component factors. In addition, only within the past few years have reference standards of vitamin B_1 activity—the standard absorption product and thiamin—become generally and conveniently available for use in the quantitative determination of vitamin B_1.

As indicated in a recent review (2), modern bioassay methods for vitamin B_1 are quite diverse in detail. It is hoped that identification of this dietary essential (3) will soon bring a dependable chemical method for its estimation which will permit more extensive and reliable investigation of the vitamin B_1 activities of foods than has heretofore been possible. Recent advances in the science of nutrition, however, have brought definite refinement and improvement of modern bioassay methods for determination of the antineuritic factor.

In illustration, quite recently a rat curative technique employing crystalline thiamin chloride as the Reference Standard was endorsed by the U. S. P. Vitamin Advisory Board (4), for use in determining the vitamin B_1 activities of foods or other biological materials which contain a sufficiently high concentration of the vitamin. In this method young rats (not exceeding 50 grams in weight or 30 days of age) are maintained on a specified vitamin B_1-deficient diet until their body stores of the vitamin are depleted as judged by the onset of acute polyneuritis. Such depleted animals are suitable for use in the assay proper provided the depletion period required for the development of acute polyneuritis has not exceeded 75 days.

To each properly prepared animal is administered a single dose of the reference standard of such size that a curative period of not less than 5 or more than 15 days will be produced. Each animal is then carefully observed until the exact degree of acute polyneuritis reappears, at which time an appropriate single dose of the material under assay is administered. The duration of the cure of polyneuritis is again observed. Only data obtained from successive administration to the same animal of reference standard and assay material (using not less than 8 rats) are to be considered. Data obtained from groups of rats in which the duration of the cure following the administration of assay material is equal to or greater than that produced by the reference standard are suitable for use in calculating the vitamin B_1 potency of the materials under assay.

As has been previously described (5), the effect of commercial canning on vitamin B_1 is variable and in any specific case largely depends upon the nature of the product itself. However, among the great variety of commercially canned products are many foods which—when included in the varied diet—will contribute valuable amounts of this essential vitamin.

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(1) 1912. J. State Med. 20, 341.
(2) 1938. J. Am. Med. Assn. 111, 927.
(3) 1938. J. Am. Med. Assn. 110, 727.
(4) 1939. J. Am. Pharm. Assn. 28, 267.
(5) 1939. The Canned Food Reference Manual, American Can Co., New York.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the fifty-fifth in a series, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

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STUDIES IN THE AVITAMINOSES

This page is the first of a series on vitamin deficiencies presented by the research division of The Upjohn Company, not merely because of the profession's widespread interest in the subject, but also because of the service which these reproductions might render toward earlier recognition of vitamin deficiency states.

The Cutaneous Manifestations of Vitamin A Deficiency

Goosepimple-like papules, occasionally seen in vitamin A deficiency, occur most frequently on thighs and arms, but may appear anywhere on the skin. More common than the acneform eruption.

Acneform papules of vitamin A deficiency. Pustulation is rare, but crusts and scales may be observed. Dryness of involved skin precedes both types of lesions.

Although the classic manifestations of vitamin A deficiency are familiar to every physician, many of these represent late stages of deprivation. In some cases, cutaneous changes may provide an opportunity for earlier recognition. These cutaneous changes, when fully developed, consist of two distinct types of eruptions—a goosepimple-like papule and an acneform lesion in which pustulation rarely occurs. The absence of perspiration is due to atrophy of the sweat glands and keratinizing metaplasia of the ducts. The papular cornified lesions are due to the keratinization of the sebaceous glands and hair follicles. In some subjects, accentuation in pigmentation due to an increase in melanin and melanin-building pigments is observed. Unlike the ocular manifestations of vitamin A deficiency, the skin lesions respond slowly to specific therapy, requiring from 4 to 12 weeks for their eradication.

• •

A two-page insert, presenting full-color reproductions of vitamin A deficiency lesions, and so organized that it may be easily retained for future reference, appears in the January 20 issue of the Journal of the American Medical Association.

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• If all tomato juices were the same—same purity, nutritional values, flavor and color—it would be sufficient for a doctor to recommend tomato juice, *without* naming a brand. But laboratory tests and analyses show a wide variation among brands and even in the same brand. We believe, therefore, that you will welcome the assurance that Kemp's SUN-RAYED not only has qualities which sharply differentiate it from other tomato juices but offers these qualities maintained to a high degree of uniformity year after year.

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Adolescents . .	KARO is invaluable with each meal to help fulfill the enormous energy requirements of adolescence. Accessory meals may be prescribed with advantage and KARO added to foods and fluids.

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There is no other milk exactly like Golden Guernsey—in flavor, food-values, or color. Its deep yellow results from an abundance of carotene, a primary source of vitamin A.

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Accordingly, its health-giving qualities, due to its high content of Vitamin C, appreciable amounts of other vitamins, its mineral salts, citrates and sugar, recommend it to the medical profession as an additional and attractive means of increasing the dietary intake of these valuable accessory substances.

For several years the Citrus Commission of the State of Florida has supported chemical and nutritional studies on grapefruit in the laboratories of one of America's great universities. The figures given below are based on analyses of large numbers of grapefruit, conducted over a period of three years, together with data obtained from various sources in the literature of medicine and chemistry:

Per 100 c.c. freshly expressed juice

VITAMIN C	40 mgm.
VITAMIN B	20 Sherman units
VITAMIN G	Present
VITAMIN A	No data
CALCIUM	9 mgm.
PHOSPHORUS	15 mgm.
CARBOHYDRATE	10.1 gm.
CITRIC ACID	1.31 gm.
POTENTIAL ALKALINITY	4.5 c.c. N/alkali
FUEL VALUE	45 calories

Many investigations have shown that the American diet in general is markedly deficient in vitamins and mineral salts, and that deficiency disease is of frequent occurrence.

Counsel by physicians, dentists and dietitians to supplement the usual diet by the addition of grapefruit, should help to raise the present "minimum" intake of these accessory substances to that "optimum" which is requisite for buoyant health.

Grapefruit may be enjoyed at mealtimes as entree, salad or dessert, or the juice may be taken as a pleasant and healthful drink at any time.

The Citrus Commission of the State of Florida has prepared for the professions a book entitled "Citrus Fruits and Health," which discusses the use of these valuable foods in health and disease. It will be sent to any physician, dentist or nutritionist on request.

FLORIDA CITRUS COMMISSION
STATE OF FLORIDA

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These statistics show that COCOMALT has a definite place in the feeding of children. The rich, full flavor acts as an incentive to young and old to drink milk. COCOMALT contains calcium, phosphorus, iron . . . Vitamins A, B_1, D and G . . . supplies quick energy . . . body building nutrients.

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Average Weight Gain	2.46 lbs.	1.9 lbs.
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THE MALTED FOOD DIETONIC

*Archives of Pediatrics, November, 1939.

NJ-1

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An effective spirocheticide for oral and for intramuscular use

Sobisminol Mass and Sobisminol Solution have been subjected to extensive pharmacologic and clinical study. The results of the studies indicate that these preparations are promptly and quite uniformly absorbed, usually well tolerated, and have a wide margin of safety. The bismuth therein is excreted at such rates and in such quantities as to indicate that there is little accumulation of the metal while the quantities retained are adequate for a sustained systemic antisyphilitic effect.

Sobisminol Mass, given orally, has been shown to have an antisyphilitic effect comparable to that produced by Sobisminol Solution and other soluble compounds of bismuth injected intramuscularly. The preparation has been administered orally daily for periods of many months without producing evidence of cumulative toxic effects. It can be used wherever bismuth therapy is indicated in the treatment of syphilis, including its use with one of the arsenicals or in alternate courses with arsenicals according to the preference of the clinician.

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> "... We have a double-barreled gun for the treatment of pneumonia, and whether we need both barrels or only one remains to be seen. DR. BULLOWA and DR. MACLEOD expressed it very well when they said that serum fortifies the pneumonia patient; sulfapyridine injures the pneumococcus. For the present we must keep our serum handy and use it in severe cases along with sulfapyridine, and we must continue to type our pneumonias in order that we may get all the better oriented with regard to this new form of therapy."

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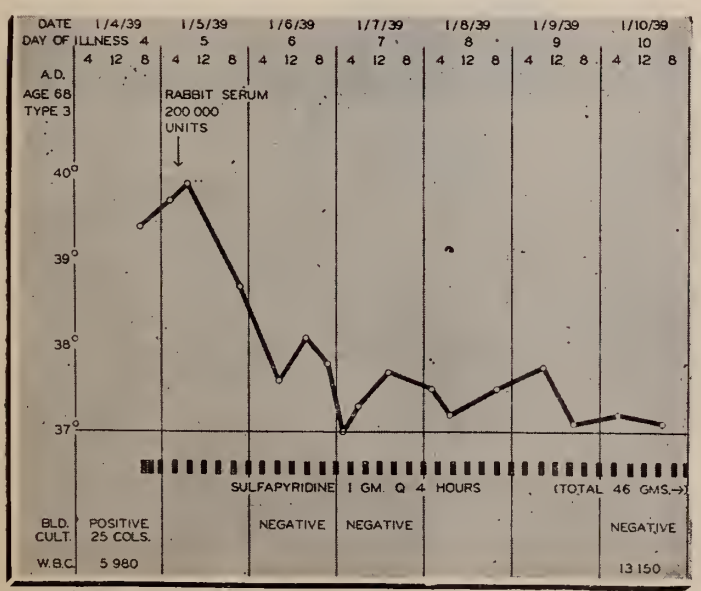
4 — the patient is pregnant or in the first week of the puerperium;
5 — blood culture is positive.

When used simultaneously with drug, smaller amounts of serum may be employed.

Information on sulfapyridine or pneumonia serum on request.



"Sulfapyridine in the Treatment of Pneumonia"—Plummer, N. and Ensworth, H. K.

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Frank Overton, M.D., Dr. P.H.

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EDITORIAL

New Year Opportunities

The measure of success of any organization is the degree of interest and support which it receives from its members. On the other hand, the responsiveness of the members depends upon the wisdom and activity of the leaders whom they choose.

Judged by these standards The Medical Society of New Jersey faces a year of broadening opportunities based upon the fruits of its accomplishments during the last twelve months.

The fundamental relationship in the practice of medicine is now, and always has been, and will continue to be, that of an *individual physician* to the *family,*—hence the descriptive title of *Family Doctor.* By the natural processes of evolution, this fundamental relationship has been expanded to include that of the *medical society* to the *community.* These two relationships are inseparable, and mutually complementary, and have been recognized by the medical profession of New Jersey for 173 years.

When The Medical Society of New Jersey was established on July 23, 1766, the first official action taken by its seventeen founders was the appointment of a committee of three to secure the passage of a law requiring proof of a high standard of medical knowledge and moral character from all those who aspired to practice the healing art. From this small beginning the functions of the Society have been expanded to such an extent that now it has over thirty working committees, which act through two hundred active members. These committees are duplicated in many of the County Societies, so that over one thousand members are actively engaged in diagnosing and treating medical conditions in whose corrections the community must take an essential part.

Most of the committees are directly concerned with the distribution of medical services, and are organized around the Welfare Committee of over fifty members, which is unique among State Medical Societies. It had its beginning twenty-one years ago; but the great expansion of its scope has developed during the last half decade. The record of the accomplishments of this committee and its score of subsidiary committees is contained in the *Journal* of those years, and especially the volume of 1939. The *diagnostic* phases of the work of these committees have developed to such a degree that extensive, comprehensive projects for the *treatment* of community conditions may be prescribed with confidence.

The 1939 volume of the Journal contains

about 800 pages, of which about 240 pages, or 30 per cent, record the activities of committees which are directly concerned with the participation of the community in making medical services available to the citizens of New Jersey. This coöperation of the community with the medical profession is the result of a natural process of evolution and growth, based on experience rather than theory, and on wise leadership of medical practitioners rather than on the reasoning of cloistered philosophers.

The indications for the year 1940 are that one-half of the pages of the Journal may be needed to record the activities of the Welfare Committee and its working subdivisions. These records will be clinical reports which may develop into a new specialty,—that of administrative medicine.

The National Physicians' Committee for the Extension of Medical Service

A nation-wide organization called the *National Physicians' Committee for the Extension of Medical Service* has been formed recently, with headquarters at 700 N. Michigan Avenue, Chicago, Illinois. The announcement is contained in a booklet entitled *"The Achilles Heel of American Medicine"*, referring to the unbalanced program of organized medicine, in that, up to very recent years, its major concern has been "The prevention, control, and care of diseases".

At the present time medical organizations are developing their natural functions of acting as the medical advisers of government officials, welfare organizations, and the people collectively. These activities constitute the highly commendable practice of "Administrative Medicine".

The Medical Society of New Jersey is performing its function as *medical advsier to the community* in such an efficient manner that its advice on every public health matter is sought and welcomed. But Federal officials assert that sponsorship of the same kind of publicity by the A. M. A. would subject the national organization to the charge that it acts for the financial benefit of its members, and is therefore a "Business league" which is subject to taxation. Evidence of this attitude is contained on page 57 of the Transactions of the House of Delegates of the A. M. A. on June 14, 1938, which reads:

"Dr. Arthur W. Booth, Chairman, Board of Trustees, stated that the Deputy Commissioner of Internal Revenue had recently reversed the decision of a previous commissioner and held that the American Medical Association is not a scientific or educational corporation within the meaning of section 101 of the Revenue Act of 1936 and corresponding sections of prior revenue acts, but rather a business league, and therefore, not exempt from tax under the Social Security Act.

"On receipt of that decision the Board of Trustees instructed the Secretary and General Manager to collect a tax from the employees, to make payments, and in the meantime, to take the matter up with a competent tax counsel. This was done and an opinion has been secured from the tax counsel. The Board yesterday voted to ask the Bureau of Internal Revenue for reconsideration. The recent decision of the Commissioner of Internal Revenue will involve large expenditures for the current year. No opportunity has been given the Association to provide the money for this tax. The Board is therefore in the position of having to find $55,000 and possibly $100,000 for the current year alone."

Faced with this threat "The National Physicians' Committee for the Extension of Medical Service" was formed, whose basis and objectives are expressed in the following quotation from its prospectus (page 2):

"Two new needs have arisen. To meet these needs,

"First—Steps must be taken to make available to the indigent and low-income groups the most effective medicine, Medical Practice and hospitalization that can be provided and generally—provide the widest possible distribution of the most effective methods and equipment in medicine and surgery.

"Second—If the public interest is to be best served it is essential that the general public be familiarized with the record and achievements of American Medicine.

"To meet these needs the National Physicians' Committee for the Extension of Medical Service came into being."

These objectives and the means of accom-

plishing them are stated in greater detail on pages ten and eleven of a booklet entitled "The Achilles Heel of American Medicine" which has been widely circulated by the committee, and which proposes to utilize the following means for accomplishing the objectives:

"The daily, weekly, and trade papers;

"Magazines;

"Radio;

"Public meetings; and

"The coöperation and services of other agencies or organized groups—which can aid effectively in promoting the objectives sought."

These objectives and means are those of the American Medical Association; and concerning them President Hawkes expressed the following opinion, in a letter * to the Secretary of the American Medical Association, dated November 28, 1939 (see this Journal, page 35):

"With the ideals and objectives contained in the platform recently put out by the A. M. A., and with the sentiments of the booklet entitled 'The Achilles Heel of American Medicine', we in New Jersey are in full accord; but we cannot approve of the proposed methods of arriving at the objectives.

"We in New Jersey believe that the part taken by organized medicine should be taken by the A. M. A., and not through a specially created subsidiary organization controlled by the A. M. A."

* This letter was approved by the Board of Trustees at its meeting on December 10, 1939.

Teamwork

A physician must be an individualist because of the confidential nature of his private practice. If he is naturally what psychologists call an *introvert,* his training in the medical school and his experience in the sick room tend to confirm his confidence in himself, and his reliance on his own judgment. But the practice of medicine according to modern standards and methods demands that the doctor also be an *extrovert,* and give serious consideration to the opinions of his fellow practitioners, and those of the leaders among governmental officials and welfare organizations.

The well-rounded practitioner is both an *introvert* with a confidence in his own ability in his private practice, and an *extrovert* in his relations with his fellow practitioners and the public generally.

In the modern relationships of medical practice it is expected that every physician shall be a member of the medical society of his county, —and that means the State Society and the American Medical Association. This is necessary in order that *the Medical Profession* may speak with a united voice on all matters relating to the health of the people.

Every medical society functions by means of its committees;—and to serve on a committee is both a privilege and a duty. Every great problem of medical relationships to the public is solved by a committee. It is often difficult to get members to serve on a committee because they truthfully say that they do not know much about the problem. But the very reason for the existence of a committee is that it may study a problem from all its angles, and formulate the evidence for and against the proposition. Those members who are extroverts by nature will be inclined to be over-enthusiastic in favor of it, and the introverts will oppose it; but physicians generally are men of good judgment, and the members of a committee will be inclined to reach a wise conclusion based on the actual evidence which they discover;—and the Society will support them. This result has been demonstrated over and over by the experience of The Medical Society of New Jersey and its twenty-one component county societies. More and more their members are giving willing response to the call to serve on committees whose major purpose is to meet the expanding obligations of the medical profession to the public.

The Platform of the American Medical Association

The Platform of the American Medical Association, which was announced at the annual Conference of the Secretaries and Editors of medical societies of the several states on November 18, is an excellent statement of the attitude of the members of the medical profession regarding the relationships of the Federal Government to the States, the counties, and the municipalities, in the distribution of medical services to all persons who cannot obtain them by their own means. (Journal, December, 1939, p. 726.)

PART ONE — ITS BACKGROUND

STATE LICENSES FOR PHYSICIANS

From the day The Medical Society of New Jersey was founded on July 23, 1766, the medical profession has recognized the necessity that the State should exercise control over physicians to the extent of requiring a license to practice, which was granted upon proof that every candidate conformed to a high standard of knowledge and character. To maintain this standard is still a major activity of the State Society through its Committee on Legislation.

CARE OF THE INSANE

During the decade of the forties, The Medical Society of New Jersey conducted a successful campaign to establish the principle that the care of the insane and the feeble-minded is a function of the State. The result was the establishment of the present system of State Hospitals.

STATE CONTROL OF CONTAGIOUS DISEASES

During the decade of the sixties, the Society conducted another successful campaign to establish the principle that control and prevention of contagious diseases was also a function of the State and the Federal Government. The result was the establishment of the system of local health officers, the Department of Health of the State, and the Federal Public Health Service.

MEDICAL CARE OF THE INDIGENT

From the earliest days of The Medical Society of New Jersey one of the largest items in the budget of every municipality was that for supplying medical and general relief care to the indigent; and that problem is still one of the most difficult problems with which the medical societies and the government officials of the municipalities, counties and the State are confronted. In recent years the solution of this problem has become a major activity of the Federal Government.

DEVELOPMENT OF ORGANIZATION AND AUTHORITY

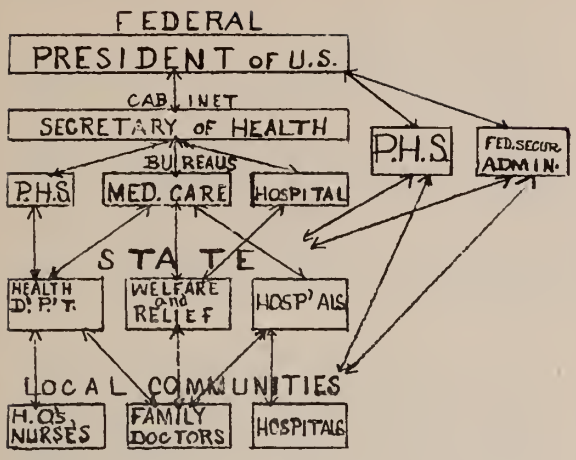
Throughout the years the system of participation of the municipalities, the State, and the Federal Government in the distribution of medical care to the needy has undergone a logical order of development, based on the principle of *home rule* to the extent that local units of government were able to supply the needed services. The local municipalities could obtain assistance from the county officials, and they, from the State; and the State could obtain assistance from the Federal Government, as in the control of such widespread diseases as malaria, yellow fever, hookworm, and pellegra, whose causes are often beyond local control. The Federal Government rendered its assistance in health affairs through the U. S. Public Health Service, which functioned under the authority of the Secretary of the Treasury.

The orderly steps in the system of distribution of health services are indicated in the left half of the accompanying chart.

In 1935 the participation of the Federal Government in the distribution of health services was taken away from the Secretary of the Treasury and placed under the direction of several independent boards, among which is the Federal Security Administration.

The functions of these boards are vague and indefinite, as are indicated in the right half of the chart.

These Boards have made their own independent investigations of local health affairs, with scant consideration of the State and local health



RELATIONS OF OFFICIAL BODIES IN HEALTH ADMINISTRATION

Left Side—The present inter-relationships of health agencies.

Right Side—The proposed domination by Federal Administration, and confusion of plan.

authorities; and have allocated Federal funds largely independently of the established channels. They supported the Wagner Health Bill, which proposed to combine welfare relief with medical services, and to set up arbitrary standards and methods for the distribution of their services, thereby violating the fundamental principle of home rule. The evils and inefficiencies of the Federal Works Progress Administration in welfare relief are indications of what may be expected from the proposed distribution of medical services under Federal domination and control.

In contrast with the *revolutionary* proposals of the Federal officials is the *evolutionary* platform of the American Medical Association.

The American Medical Association, and its component Medical Society of New Jersey, do not object to Federal participation in the distribution of medical services; but on the contrary they advocate Federal participation in the form of *supplementing* the facilities of the municipalities, the counties, and the States, when these are beyond the means available in the local communities.

The principles of the A. M. A. platform are clearly indicated in its eight planks, in which the essential conditions of Federal participation are emphasized by being printed in italics.

PART TWO — THE A. M. A. PLATFORM

The American Medical Association advocates:

1. The establishment of an *agency of Federal Government* under which shall be coördinated and administered *all medical and health functions of the Federal Government,* exclusive of those of the Army and Navy.

2. The allotment of such funds as the Congress may make available *to any State in actual need* for the prevention of disease, the promotion of health, and the care of the sick, *on proof of such need.*

3. The principle that the care of the public health, and the provision of medical service to the sick, are primarily *local responsibilities.*

4. The development of a mechanism for meeting the needs of expansion of preventive medical services, *with local determination of needs* and *local control of administration.*

5. The extension of medical care for the indigent and the medically indigent *with local determination of needs* and *local control of administration.*

6. In the extension of medical services to all the people, the *utmost utilization of qualified medical and hospital facilities already established.*

7. The continued *development of the private practice of medicine,* subject to such changes as may be necessary to maintain the *quality* of medical services, and to increase their *availability.*

8. Expansion of public health and medical services consistent with the *American system of democracy.*

X-Ray Pictures on the Printed Page

Reproductions of x-ray pictures are valuable additions to a medical article, especially when the original pictures were essential in determining a diagnosis.

AREA TO BE SHOWN

X-ray photographs of any part of the human body are usually taken on films which measure at least a foot in size; while the area to be shown in the illustration in the Journal may be only two or three inches square. It often happens that the editor and the reader has difficulty in locating the exact area to be shown, for it may be dim and obscure. It may therefore be essential that an author shall indicate the area to be shown. There are two ways of doing this:

1. By arrows drawn upon the original, and pointing to the lesions.
2. By making a paper mask covering the entire film, but with the part to be shown cut away.

A combination of these methods is desirable both to insure accuracy, and to avoid the expense of making a plate unnecessarily large.

SIZE OF THE PRINTED PICTURE

It is often true that making a plate on a smaller scale than the original increases its legibility, and the contrast of its details. Also, the eye can readily take in the entire area of a small picture, while it would be confused in locating the lesions in a full-sized reproduction. It is therefore often best that the affected area shall be shown on a reduced scale on the printed page. But on the contrary, the details of a small area may sometimes become more legible when it is enlarged on the printed page. Each picture must be judged by its own individual characteristics, and by consultation of the editor with the author.

EDITING X-RAY PICTURES

It is the custom of The Journal that the editor shall sit down with the engraver and discuss the best way to bring out the characteristics of each picture. This friendly method is highly satisfactory and economical to the author, the editor, and the engraver. If necessary, the editor will visit the engraver's plant, and see how the picture looks on the ground glass before it is photographed. Editing a picture is often as necessary as editing the manuscript of the text.

NEGATIVES OR POSITIVES

An ordinary x-ray plate is a negative,—that is, the densest parts of a subject is almost white on the film; while the less dense parts are gray or black. Physicians are accustomed to reading plates as negatives. For example, in an x-ray of the chest, the normal lung area is almost black; the consolidated parts and the ribs are gray; and the heart is white.

A contact paper print of the x-ray film reverses this effect. Since physicians are accustomed to viewing the original film, it is usually best that the printed cut shall reproduce the film as a negative. But if the author wishes his picture to appear as a positive, the engraver can make it so.

ORIGINAL FILMS, OR PAPER PRINTS

The engraver reproduces an x-ray film by photographing it on a copper plate. An ordinary film is always viewed as a *transparency,* but technical difficulties make it difficult for the engraver to reproduce the details of a transparency upon a copper plate; but he can reproduce a paper print of the x-ray with ease and economy. It is therefore best that the author shall submit a glossy print of his x-ray on paper. Most x-ray operators have the facilities to make paper prints at a normal cost; or the x-ray operator can have it done by a commercial photographer, and thereby be assured that the engraver's plate will be an exact copy of the original film.

Both the editor and the engraver are always ready to coöperate with an author in making plates which will illustrate his text in a manner which is both satisfactory and economical.

The title page of the 1939 Volume of this Journal will be mailed to members and subscribers who ask for it.

ORIGINAL ARTICLES

HEMOPTYSIS,—ITS CAUSES, SIGNIFICANCE, AND TREATMENT

By Berthold S. Pollak, M.D., and Samuel Cohen, M.D.
The Medical Director and the Senior Resident Physician, respectively, of the Hudson County Tuberculosis Hospital, the Medical Center, Jersey City, N. J.

Notwithstanding the frequency with which hemoptysis is encountered in medical practice, and all that has been written on the subject, there are some features which merit repetition and emphasis, and perhaps may rectify some misconceptions which are still all too prevalent. The topic of hemoptysis is a comprehensive one, and we shall consider only some of its more important clinical aspects.

OUTLINE

I. Definition.

II. Causes and Significance
- A. Lesions of the Larynx, Trachea and Bronchi,—such as:
  - Ulcers and granulation tissue;
  - Tumors—benign and malignant;
  - Bronchiectasis.
  - Importance of Bronchoscopy.
- B. Lesions of the Lungs
  - 1. Pulmonary Tuberculosis
    - a. Ulceration and cavitation
    - b. Bronchiectasis
    - c. Ulcers in bronchi or trachea
    - d. Ruptured blood vessel in a necrotic ulceration
    - e. Erosion of a calcified node.
  - 2. Pneumonia
  - 3. Pulmonary abscess
  - 4. Gangrenic infarction; congestion; rarer infections
- C. Lesions of the Cardio-vascular System
  - 1. Mitral Stenosis
    - a. Pulmonary infarction
    - b. Acute cardiac failure
    - c. Bronchiectasis
  - 2. Pulmonary edema
  - 3. Aortic aneurism with rupture
- D. Trauma
- E. General or systemic diseases.

III. Principles of Treatment
- 1. Rest,—general; local
- 2. Drugs to promote clotting
- 3. Collapse of the lung.

I. DEFINITION OF HEMOPTYSIS

Hemoptysis may be defined as the *expectoration of frank blood* coming from the respiratory tract *below* the vocal cords. The blood generally appears with cough, although patients may simply experience a tickling sensation in the throat, or a feeling of warmth in the mouth with its expectoration. The blood is frothy in appearance, and in many cases there follows for a day or longer sputum mixed with blood streaks or blood clots. In some instances, we have seen the expectoration of bronchial blood casts.

Blood from the lungs generally has the characteristics which distinguish it readily from vomited blood. Blood originating from spongy or irritated gums, and that from the nose, pharynx, and sinuses, must be excluded by a careful history and physical examination. The error in the reverse direction is much more frequent and serious. Often the physician is likely to take the easy way out of a differential diagnostic dilemma, and misinterpret a true hemoptysis as blood coming from the upper respiratory tract.

II. CAUSES AND SIGNIFICANCES OF HEMOPTYSIS

A. LESIONS AFFECTING THE LARYNX, TRACHEA, AND BRONCHI

These lesions consist particularly of granulation tissue and ulcers (tuberculous or otherwise), bronchiectasis, and primary benign or malignant tumors. We wish to emphasize six points with reference to this group:

1. In recent years, with advancing knowledge and improvement in diagnosis, these lesions have assumed increasing importance as causes for hemoptysis.

2. Bronchoscopy is indicated in every apparently obscure case of hemoptysis when clinical, roentgen, and sputum examinations do not reveal a plausible pulmonary or cardiac etiological basis.

CASE I.—June 25, 1935, Carcinoma

Fig. 1.—White male, aged 59. History of cough, sputum, hemoptyses for eight months. Bronchoscopic and biopsy diagnosis of carcinoma of left lower lobe bronchus made. Note dense shadow at left hilum.

3. Reports of the past three decades indicate a greater relative incidence of primary *bronchial carcinoma*. In this condition hemoptysis is common. Funk, for example, in a study of 61 cases of bronchogenic cancer, noted hemoptysis in 45 per cent. A "currant-jelly" appearance of the sputum is supposed to be suggestive of malignancy.

4. More frequent recourse to *bronchoscopy* has also resulted in our recognition of more benign bronchial tumors. The adenoma is the most common of such tumors and most often associated with hemoptysis. In a thorough review of the literature carried out together with Dr. A. Gnassi, pathologist of the Jersey City Medical Center, we found that up to 1937, 104 cases of primary benign bronchial growths had

CASE II.—February 17, 1933

Fig. 2.—White male, aged 35. History of pneumonia and pleurisy on left side in 1922. Scanty sputum, but repeated hemoptyses for past twelve years. Never had a positive sputum. Erroneous diagnosis of tuberculosis made elsewhere in 1934.

CASE II.—March 6, 1936

Fig. 3.—Lipoidal injection confirmed diagnosis of bronchiectasis of the "Dry" type in left lung.

been reported. Of this total, 51, or 49 per cent, were *adenomas;* and the next in incidence were the so-called *inflammatory tumor-like* masses (23 per cent), including the simple polyp, papilloma, and granuloma.

5. *Bronchiectasis* is listed by many as second to tuberculosis in producing expectoration of blood. At present, we recognize two main clinical phases of bronchiectasis:

a. The "wet" type, which usually conforms to the typical text-book picture of profuse three-layered foul sputum, clubbed fingers, etc.

b. The "dry" type, in which sputum may be absent, scanty, or moderate, and not foul; and clubbed fingers is uncommon. Recurrent hemoptysis is an outstanding symptom of this type, being seen much more often than in the "wet" form. The blood is derived from the rupture of varices in the highly vascular granulation tissue of the bronchial wall.

The important point to remember is that many cases of "dry" bronchiectasis have been, and still are, erroneously diagnosed as tuberculosis. Everyone engaged in chronic pulmonary disease work has encountered such patients who have spent varying periods of time at tuberculosis sanatoria. Sputum, if present, is repeatedly negative for tubercle bacilli; abnormal physical signs may or may not be found; the x-ray film of the chest in many cases is essentially negative. The correct diagnosis is made by keeping in mind the possibility of "dry" bronchiectasis, and by injection of lipiodol into the bronchi.

6. Lastly, we wish to mention that the common type of bronchitis *does not* cause hemoptysis.

B. LESIONS AFFECTING THE LUNGS

1. *Pulmonary Tuberculosis.*—It is the concensus of opinion that tuberculosis is the underlying cause in from 85 to 90 per cent of patients with the symptom of hemoptysis. Consequently it is a safe rule to consider every case of hemoptysis as tuberculous until it is proven otherwise. The physician should not be deceived by the individual's appearance of well-being, or by the absence, at times, of other pulmonary or constitutional symptoms, or by the paucity of abnormal physical signs in the lungs. The examination of the case has not been completed until a roentgenogram of the chest has been taken, and the sputum examined for tubercle bacilli.

What are the sources of hemorrhage in tuberculosis? Arranged according to their frequency of occurrence, they are:

a. First and foremost, that of pulmonary *ulceration* or *cavitation.* This cannot be stressed too strongly. Probably 90 per cent of hemoptyses in tuberculosis are traceable to the presence of cavity formation. As a rule, bleeding is seen more often in freshly formed cavities than in old, thick-walled ones where time has permitted a variable degree of obliterative endarteritis to take place.

b. *Tuberculous bronchiectasis.*—Hemoptysis is seen in these cases usually associated with chronic fibroid tuberculosis which is arrested or apparently healed, and whose sputum is negative for tubercle bacilli. The bronchiectasis represents a pathological by-product in the reparative phase of pulmonary tuberculosis.

c. Tuberculous granulation tissue or ulcers in the trachea or bronchi—which is diagnosed frequently by bronchoscopic examination.

d. Very occasionally, hemorrhage may be due to the rupture of a small saccular or fusiform aneurism of a blood vessel dissected out by the necrotic process, and coursing through a cavity. The aneurism has been named after Rasmussen. Hemoptysis due to this cause is profuse and most often fatal.

e. The erosion of a calcified node into a bronchus is usually accompanied by hemoptysis and the expectoration of a so-called "lung stone".

The frequency of hemorrhage in tuberculosis has been variously estimated by different authors as ranging between 30 to 80 per cent. In a review of 500 consecutive cases of tuberculosis admitted to the service at the Medical Center, 35 per cent gave a history of hemop tysis prior to, or on admission. The vast majority of these cases belonged to the moderately and far advanced group.

Hemorrhages may be single, and never recur. Occasionally, in female patients, hemoptysis appears more or less concurrently with

CASE III.—Number 1527
Fig. 4.—Section of tuberculous lung showing cavity (a) filled with blood, and aspiration into some bronchi, indicating method of post-hemorrhagic bronchogenic spread.

the menstrual cycle. It has been shown by Peterson and Levinson that increased capillary permeability occurs at the time of the menses. In the presence therefore of already existing destructive pulmonary disease, the tendency for hemoptysis may become exaggerated. In some instances, induction of a temporary artificial menopause by irradiation over the ovaries may be necessary to check alarming and periodic hemoptyses with menstruation.

What is the significance and importance of hemoptysis in tuberculosis?

a. First, we wish to state that death from a profuse hemoptysis is unusual. It has occurred in about 1.5 per cent. of the cases encountered on our Tuberculosis Service.

b. Secondary anemia as a result of repeated hemoptysis does happen of course, but this can be readily rectified by administration of iron, or the transfusion of blood.

c. A non-specific pneumonitis may develop from the aspirated blood per se; but the important thing is that the blood, particularly when arising from a tuberculous cavity, washes out the tubercle bacilli which are carried in this good culture medium vehicle via the bronchi to other parts of the same or opposite lung with the all too frequent development of new tuberculous foci. Thus, overnight, so to speak, a case with a good prognosis may be converted into a far advanced case with a poor prognosis. We have seen this repeatedly. That is one reason why we are so anxious to diagnose tuberculosis in its pre-cavity stage and also why we consider hemoptysis as an unfavorable symptom which should command our prompt medical attention for its control.

2. *Pneumonia*—In an analysis of 1300 cases of pneumococcic lobar pneumonia reported by Painton and Ulrich at the Buffalo City Hospital, the symptoms in their order of incidence were: cough (74 per cent); pain (61 per cent); chill (33 per cent); dyspnoea (22 per cent), and hemoptysis (21 per cent). Only manifest bloody sputum was considered as hemoptysis; blood-streaked sputum was excluded. Streptococcic pneumonia also causes hemoptysis often. Pneumonia due to the Friedlander bacillus produces a characteristic slimy, bloody sputum.

CASE IV.—April 27, 1938
Fig. 5.—White male, aged 33. Film shows lung abscess with fluid level and pneumonitis in right lower lobe. Duration, four years, with repeated hemoptyses. Pneumothorax used to control hemorrhage, and as a preliminary procedure to a lobectomy which resulted fatally.

3. *Pulmonary Abscess.* — Hemoptysis is seen more frequently in chronic abscesses of the lung than in the acute cases.

4. Other pulmonary conditions which should be mentioned as giving rise to hemoptysis are gangrene, infarction and chronic passive congestion (although the latter usually causes blood-streaked sputum); and, much more rarely, mycotic and parasitic infections of the lungs.

C. LESIONS OF THE CARDIO-VASCULAR SYSTEM

1. Hemoptysis occurs frequently in patients suffering from *mitral stenosis,* and may be associated with:

CASE IV.—October 12, 1934

Fig. 6.—White female, aged 40. Known evidence of mitral stenosis and insufficiency since 1921. Cough and occasional hemoptyses since 1925. Râles at left base, posteriorly, present. Note contour of heart and its straight left border.

a. Pulmonary infarction,—due to emboli arising from thrombi in the right heart as a result of the slowed circulation, or endocarditis, or emboli from the peripheral veins.

b. Acute cardiac failure. Various authors have referred to patients with stenosis who develop large hemoptysis which come on after acute or prolonged over-exertion and acute heart failure sets in. The patients have precordial distress, rapid heart rate, fever, and leucocytosis and the signs of congestive heart failure are usually absent. Hemoptysis is supposed to be due to a sudden increase in tension within the pulmonary vessels with rupture. It is interesting also to note the observations of Parker and Weiss who described the pathological changes in the vascular and alveolar walls in the lungs of cases where there was a considerable degree of rigid mitral stenosis with failure of the pulmonary circulation. They stated that the lesions in the pulmonary ves-

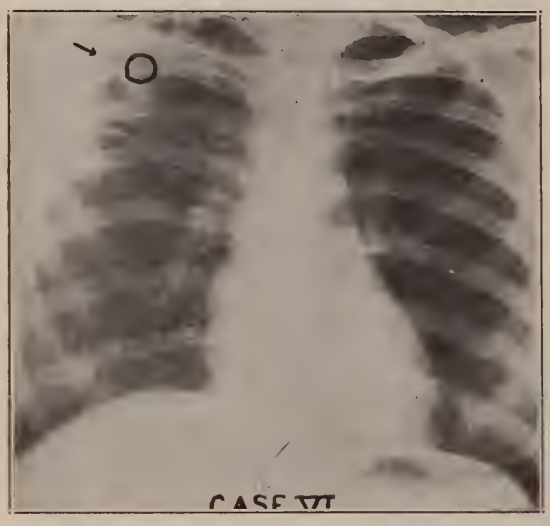
CASE IV.—October 26, 1934.

Fig. 7.—Lipiodol injection of left lower lobe showed bronchiectasis.

CASE V.—January 18, 1936

Fig. 8.—White male, aged 57. Known luetic, with aneurism of the aorta, compressing left main bronchus. Entered hospital in shock on February 20, 1936, due to hemoptyses of more than a quart. Patient died on February 21, 1936, due to rupture of aneurism.

sels consist of: (1) intimal thickening of the arteries; (2) hyperplastic arteriolar sclerosis and (3) arteriolar necrosis. This then is the basis for hemoptysis in some patients with rheumatic heart disease.



CASE VI.—March 9, 1938
Fig. 9.—White female, aged 25. Note tuberculous cavity with slight infiltration in first right interspace. Entered hospital May 5, 1938, because of hemoptyses, which continued after admission.

c. A possible mechanism in other cases is hemoptysis resulting from the development of *bronchiectasis* due to repeated episodes of passive pulmonary congestion and associated zones of bronchopneumonia.

2. *Pulmonary edema* produces frothy pink sputum rather than actual hemoptysis.

3. Before leaving the subject of cardiovascular lesions, mention must be made of *aortic aneurisms*. Boyd collected 1200 cases of aneurismal rupture and noted that in 18.6 per cent rupture occurred into the trachea, bronchi, or lungs.

D. TRAUMA

Trauma to the thoracic cage and its contents resulting from chest blows, gun-shot wounds, etc., as a possible cause of hemoptysis. It is

CASE VI.—May 15, 1938
Fig. 10.—Pneumothorax impossible due to adhesions. Congo Red ineffective. Note post-hemorrhagic extension of lesion. Patient died.

not unusual, for example, to see patients who, following automobile injuries, develop a hemothorax with the expectoration of blood due to a broncho-pleural communication.

E. GENERAL OR SYSTEMIC DISEASES

Hemophilia, purpura hemorrhagica, and leukemia are mentioned for completeness, but they are rarely encountered as causes for hemoptysis.

III. TREATMENT OF HEMOPTYSIS

Since hemoptysis is produced by a variety of different conditions, its basic treatment must be directed to the underlying cause; and therefore an accurate etiological diagnosis is essential. Moreover, in any given condition the type of therapy must depend on the amount and frequency of the hemoptysis, the character and extent of the pathological lesion, and the general condition of the patient. There are instances, such as pneumococcic pneumonia for example, where treatment for hemoptysis itself is rarely needed; on the other hand, in pulmonary tuberculosis it is urgently needed. It is not our intention in this brief presentation to discuss the indications for specialized procedures for hemoptysis in this and other diseases. Our purpose is to mention some simple principles which constitute a common denominator in the treatment of the more common causes of hemoptysis, and which should guide particularly the physician who first sees the patient.

FIRST PRINCIPLE—REST

The first principle is to rest the organ from which the bleeding is taking place, to quiet the body and ease the mind. Thus, absolute rest in bed is imperative, preferably with the patient's head moderately elevated. If a sedative is indicated, it is better to administer one of the barbiturates rather than morphine.

The conventional use of cracked ice for the patient to suck on and the application of an ice bag over the precordium have only psychotherapeutic value.

Of some use is a 3-5-pound weight, as for example a shot bag, placed on the chest. This decreases respiratory excursion and keeps the patient from moving around in bed.

The patient should be fed by an attendant until active bleeding subsides. The diet should be easily digestible, and the fluid intake decreased. It is best to avoid drastic cathartics, and not be perturbed by temporary constipation.

For the excessive cough which prolongs bleeding, it is wiser to use codeine sulfate, grain one-half, of codeine phosphate by hypo in single or repeated doses, rather than morphine which is a more powerful respiratory depressant. It is not desirable to suppress the cough entirely, for its suppression favors the retention of blood and secretions in the air passages which in tuberculosis at least, enhances bronchogenic spread of the lesion.

SECOND PRINCIPLE—PROMOTE CLOTTING

The *second principle* in the treatment of hemoptysis is to try to secure a local effect by promoting clotting at the source of hemorrhage, as by cauterization or fulgeration of a bleeding bronchial mass, or where the source is not accessible, by the administration of drugs or other preparations which may increase the coagulability of the blood and reduce the pressure in the pulmonary circuit. However, it is generally agreed that a favorable sequel following the administration of a drug is not a satisfactory test of its value in checking hemoptysis, for it has been shown clinically and experimentally that hemoptyses, particularly from the pulmonary vessels, often cease with dramatic promptness. This spontaneous stoppage is due to the relatively low pressure in the pulmonary circuit, which normally is about 20 mm. of mercury; and to the reticular nature of the pulmonary parenchyma which serves to hasten clot formation. Furthermore, there is an apparent lack of unanimity in the selection of drugs. Almost every drug known to influence the cardio-vascular system has been praised as a specific at some time or other, among them being vasoconstructors such as adrenalin, and vaso-dilators such as nitroglycerine and amyl nitrite. Rist has suggested one cc. of surgical pituitrin given intravenously as an efficacious agent in hemoptysis.

Calcium gluconate (ten cc. of a ten per cent solution) intravenously, increasing doses of snake venom given subcutaneously, parathyroid extract (10-20 units every 24-36 hours for three or four doses) have been, and can be, used more with the idea of trying to do something for an apprehensive patient than with much hope of securing a desired effect. In large, repeated hemoptyses, the application of ligatures around the extremities to diminish venous return flow may be of value. Small transfusions may also help.

A drug which has been gaining in popularity in the last few years as a hemostatic agent is Congo Red, used intravenously in doses of 10-15 cc. of a one per cent aqueous solution. This dye was first proposed in cases of hemorrhage in general by Becker and his co-workers in 1930. By examining their cases before and after injection of Congo Red, they concluded that it produced (a) an *increase* in the monocytes, blood platelets, and fibrinogen; and (b) a *decrease* in the blood clotting time. Our personal experience with the use of Congo Red for hemoptysis is limited to about twenty cases. The series is too small to warrant any definite conclusions.

THIRD PRINCIPLE—COLLAPSE LUNG

The *third principle* in the treatment of hemoptysis and an increasingly important one, is the use of mechanical or surgical *measures to collapse* a lung, as in pulmonary tuberculosis, by artificial pneumothorax, phrenicectomy, or thoracoplasty; and so attempt to control the hemoptysis and the disease process at one and the same time.

Whenever the type and extent of the pul-

monary pathology and the condition of the patient warrant it, induction of artificial pneumothorax is our procedure of choice for hemoptysis in tuberculosis. We do not in such cases temporize unnecessarily with bed rest alone, or await the dubious results from drug therapy.

Artificial pneumothorax has also been attempted by some in patients with "bleeding bronchiectasis" or chronically bleeding pulmonary abscesses. In such cases, it has been justified as a temporary measure, preliminary in most instances to radical surgery later.

In conclusion, we wish to emphasize the importance of hemoptysis as a presenting symptom, the cause of which should be investigated promptly and thoroughly. While many lesions may produce it, pulmonary tuberculosis is the disease encountered most frequently. The treatment of hemoptysis should be guided by the general remarks mentioned above.

THE USE OF ROENTGEN RAYS IN THE TREATMENT OF FURUNCLES AND CARBUNCLES

By Ernst A. May, M.D., F.A.C.R., East Orange, N. J.

Read before the Section on Radiology of the Annual Meeting of The Medical Society of New Jersey, on June 7, 1939.

Soon after the discovery of the therapeutic value of the x-rays, reports appear in the medical literature recommending this new agent in the treatment of inflammatory conditions. Most striking were the results in pyogenic infections. The first articles on the treatment of furuncles and carbuncles were published by Wetterer, Huebner, Erler, and Lassueur in the years between 1893 and 1898. Morton in 1903 described in the successful treatment of an extensive carbuncle of the neck. Coyle in 1906 cured three cases of carbuncle, and reported the extremely rapid healing of the infection after radiation. Dunham in 1916 wrote on the result of sixty-seven cases of carbuncle. In all, the effect of the x-rays was very noticeable. Within forty-eight hours after the treatment the patients were relieved of pain. Their general condition improved rapidly. In some cases the carbuncle was absorbed with little or no discharge. In others only a single abscess formed, which facilitated the drainage through a small opening produced by a stab incision. After the extensive and extremely encouraging reports of Hodges, Heidenhain, Fried, and Pordes in 1924 the interest of the radiologists was again aroused, and numerous articles appeared reporting good results in thousands of cases.

All authors agree that the earlier a case is subjected to radiation, the better and the more striking the result. The area of pyogenic infection, which is still in a state of leucocytic infiltration and in which no liquefaction has yet taken place, will respond best. Through the influence of the rays the progress of the infection is arrested, and spontaneous resolution occurs. If the condition is more advanced and an abscess has already formed, the infection becomes rapidly localized, and a small stab incision is usually sufficient, where a large incision was formerly indicated.

Within three to twelve hours after the treatment a general systemic reaction is noticed by the patient. This results in an increase in pain and swelling of the infected area. It lasts a short time, generally a few hours, and may be compared with the response of the body to the injection of some proteins. This reaction is followed by a rapid improvement of the patient's general condition. The temperature drops, the pain lessens, and the appetite returns.

Only slowly, however, is this favorable general change followed by the local improvement of the infected area. The lymph-angitis, which is present in a severe case, subsides, the area of infiltration becomes smaller, and the abscess more circumscribed. In the most favorable cases the abscess will be totally absorbed. In those in which the stage of maximal leucocytic infiltration has already changed into that of

partial necrosis of the tissue, liquefaction of the necrotic tissue is speeded up, and the ensuing abscess is walled off quickly. If an abscess is already present at the time of the first treatment, it becomes larger by liquefaction of the surrounding necrotic tissue. It must be considered to be a general and most important rule that, as soon as an abscess has been definitely localized, an incision should be made and proper drainage established. In many cases the process of abscess formation is so fast that the carbuncle opens spontaneously and obviates the necessity of an incision. Soon the heavy purulent discharge becomes more serous and the abscess heals within a few days. A smooth scar remains, which is in striking contrast with the deforming keloid scars seen in so many cases which have not been radiated.

Frequently the value of radiation is criticised because of the fact that an abscess had to be incised. This is a misunderstanding of the purpose of the x-ray treatment, which is to wall off the infection and speed up the process of healing. Whether or not an abscess is formed depends entirely on the stage in which the condition is first radiated. Whether and when this abscess should be opened depends solely on the judgment of the surgeon. It places a heavy burden on his shoulders in determining just the proper moment to incise a carbuncle. Too early or too late surgical intervention may jeopardize the outcome of the case. For this reason, the treatments are to be given in coöperation, not in competition, with the surgeon. If one bears this fact constantly in mind, the cases of failure are reduced to a minimum, and one helps to procure for this method the place in medicine which it rightly deserves.

There are several instances in which the surgeon already depends almost completely upon the alleviating action of the rays. In cases of furuncles of the face, nose, and upper lip, the mortality ranges up to 15 per cent, owing to the frequent complications of thrombophlebitis. It is for this reason that surgery refrains from using the knife as much as possible. In this field x-ray therapy has assisted the conservative treatment of surgery to such an extent that the death rate has dropped from fifteen to three per cent.

Another instance in which the surgeon looks to the radiologist for help is in the case of extensive carbuncles in diabetics. Here also the beneficial action of the treatment seldom fails.

The radiation treatment of furuncles of the sweat glands is also very successful. Usually the patients present themselves with numerous areas of inflammation in different stages. A few treatments will free the patient from this very painful and time-consuming disease. The early abscesses become absorbed. If a larger abscess has formed, one should not hesitate to drain it by a small incision. In recurrent and chronic cases the usual small dose will not be enough, and only several larger doses of x-rays will bring about a lasting result by temporarily destroying the function of the sweat glands.

MODE OF ACTION

The process of the biological action of the rays upon inflammatory tissue is very complex and is not yet completely understood. As the rays have no direct influence on bacteria in the amounts given in radiotherapy, their action is indirect. Of all living cells within the inflamed area, the leucocytes are the most radiosensitive. It evidently is the destruction of these leucocytes dying in the struggle with the invading bacteria which results in the formation of antibodies and other serological and immunizing factors. Mechanically the breaking down of these cells brings about a relief of the intracellular pressure within the swollen area, and thus results in alleviation of pain. Therefore, the effect of the rays on inflamed tissue is principally a local one. This, in turn, is assisted by a general reaction, which activates the specific and nonspecific forces of resistance.

The effect, and therefore the result, of the rays depend very much upon the stage of the infection in which the treatment is given. To obtain the best possible results, the cases must be treated early, and one must use the best judgment as to dosage, surgical intervention, and medical care. One must never lose sight of the fact that the treatment of furuncles and

carbuncles is a surgical problem. Roentgentherapy takes the position of that of a valuable assistant. When judiciously given, it alleviates and improves the local and general condition of the patient, and shortens the entire process of healing. In many cases its application alone under the guidance of surgery will bring about a cure.

In the average case, 70 to 140 Roentgen units of heavily filtered radiation are applied to the entire inflamed section of the body. The more acute the case is, the smaller must the applied dose be. It is better and safer to give small doses frequently at intervals of three to seven days, than large doses at large intervals. Thus all untoward effects on the patient, such as radiation sickness and the danger of an x-ray burn, are safely avoided.

CONCLUSION

Radiotherapy has a wide field of extreme usefulness as an adjuvant to surgery in the treatment of acute and chronic inflammatory conditions, especially of furuncles, carbuncles, and other pyogenic infections. The doses given are so small that there is no danger of causing any untoward effect on the patient. In furuncles of the lip, face and nose, in carbuncles of the diabetics, the effect of the rays is oftentimes life-saving. In other cases of carbuncle or furuncle, the roentgen treatment alleviates and shortens the entire course of the disease.

157 Harrison Street

INFLUENZA AND ITS SEQUELAE IN THE CARDIOVASCULAR SYSTEM

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Read before the Section on Medicine at the Annual Meeting of The Medical Society of New Jersey, June 7, 1939.

In a pervious paper before the A. M. A. in 1931,* I attempted to point out the great importance of carefully following all cases of grippe until they had completely recovered, regardless of whether the attack was mild or severe, because of the insidious manner in which this particular infection seemed to linger somewhere in the body tissues in such a manner as to prevent normal convalescence. In that paper several pertinent facts concerning the unusual behavior of this disease were emphasized which seemed to place grippe in a category by itself.

First, there was apparently a tremendous difference between grippe and the old-fashioned systemic cold.

Second, there seemed to be no direct relationship between the severity of a given attack of grippe and the degree of prostration which was likely to follow.

Third, the profound weakness and loss of pep which these individuals usually complained of seemed to be cardiovascular in nature.

Fourth, if one carefully questioned all cases of chronic myocardial disturbances in the so-called negative cardiovascular history group, one would be surprised to find that many of these individuals date their decline in health and loss of strength from an attack of grippe which they had previously had—frequently as far back as the flu epidemic of 1918.

Since 1931, other observers have confirmed these findings or have reported similar observations of their own.

Further study has been continued by me along these same lines, both upon the cases which were reported in the paper written in 1931, and upon a second group which had apparently gone without adequate medical care; and it is concerning these two types of cases that I wish to talk with you about today.

* Grippal Infections,—Postfebrile Cardiovascular Disturbances, Usually Unrecognized. A. M. A., Dec. 12, 1931, Vol. 97, pp. 1791-1793.

LASTING EFFECTS OF GRIPPE

Grippe is still regarded too lightly both by the medical profession and by patients themselves. Individuals cannot be made to realize that care and caution are very necessary even with the mildest forms.

Many of these patients walk into one's office complaining of great fatigue and weakness, and are quite surprised when told that they have a fever of 100 or 101, and have probably had fever since they got out of bed.

From the attending physician's standpoint, if one can judge by what one encounters in a resort city practice like ours where many convalescents come to regain their strength, grippe is still regarded by a large group of physicians as being a systemic cold, and their patients are allowed to get out of bed as soon as the temperature falls to normal, and no further attempt is apparently made to see what the ultimate outcome will be.

No disease is more prone to lapse into a secondary febrile rise after the temperature is presumed to have returned to normal than grippe is; and it is this unexpected return of the fever that is so often overlooked, and is, in the long run, what has produced such devastating damage to the cardiovascular system.

In many instances, of course, the physician is not at fault. The absence of upper respiratory involvement, particularly cough, makes patients feel that they are not very ill, and they persuade their doctor to allow them to get out of bed in an effort to "work the cold off". Hence, it is along the line of combatting of these "time-honored fallacies", of how one should get well quickly, that the greatest amount of effort must be directed.

Much clinical evidence has been accumulated to suggest that the myocardium and the vasomotor system are either greatly weakened during the active febrile stage of grippe, or that the infection lingers somewhere in the body tissues, or in some hidden pocket in a more or less attenuated form, yet is active enough to continue to serve as a focus of absorption long after the fever has subsided and the individual presumes that he has completely recovered.

The question naturally comes to one's mind, then, if most of the data now available points toward a let-down in circulatory efficiency, as being an explanation for the symptoms which the average grippe case complains of, why is it that in spite of the fact and the great emphasis which has been laid upon the importance of carefully observing these cases, physicians are still not very cautious about it?

The answer is that the early changes which usually follow infections like grippe are more *subjective* than *objective* and are not easy to determine. But such a status is not only true of grippe,—it is true of many other diseases. Many clinical facts regarding procedures are based more upon experience than they are upon physical findings. Frequently, it is only by accepting certain fundamental criteria concerning given diseases as being true that many of the principles of what is best to do has been built up.

WELL-KNOWN SEQUELAE

A few well-known procedures or examples might help to explain what I mean. In taking a careful history of a patient, for instance, doctors have been taught to always ask whether the patient has had pneumonia, scarlet fever, diphtheria, rheumatic fever or typhoid, because of the bearing which such diseases have upon one's subsequent health; and if he has suffered from either one of these diseases, the doctor immediately proceeds to search for the sequelae which are known to be so common to that particular malady.

The doctor knows that, if the patient has had scarlet fever, even in a mild form, this patient is a good candidate for nephritis ever afterwards; and that if he has had pneumonia, or diphtheria, his myocardium must have undergone a severe toxic strain during such an illness, if nothing more. If he has had rheumatic fever, a leaky heart valve is not a surprise finding; and if he had typhoid fever, he is quite subject to gall-bladder disease, whether there is any evidence of it at the time of his examination or not.

Hence, the foregoing are well-accepted clinical teachings, and require a routine procedure which is now universally followed. No physician any longer questions its efficacy; and any history which does not show that adequate

questions have been asked about the above diseases, as well as whether cancer, diabetes, or tuberculosis has ever occurred on either side of the patient's family, is improperly taken. Hence, past experience is our greatest teacher.

Today, I should like to add to this classical list of diseases, which form a part of all good histories, that of the so-called *grippal* infections. No history in the future should be considered complete unless questions concerning grippe have been carefully asked; and if it has been present at any time, the exact nature of the attack and the convalescence should be thoroughly gone into.

My experience has been that if one has had grippe, even in a mild form, and he did not remain in bed during the febrile stage, he should be thought of in the same sense as one thinks of the aftermath of pneumonia or diphtheria, and his myocardium should be incriminated as having gone through a toxic test until the fact has proven to be otherwise.

If this careful and cautious procedure is followed, much will be done to offset the story that is now so often told, "Doctor, I have not felt well since I had the grippe."

Many of these patients lay great stress upon the fact that they were not very ill at the time, however; and will rarely mention such an attack unless they are carefully questioned about it. When the doctor once recalls the attack to their minds by asking questions, they usually have not forgotten how tired and debilitated they felt many days and often months following the attack and will gladly tell one about it.

RESIDUAL HEART PATHOLOGY

A second thought which I should like to emphasize is that the physical changes which do occur in the myocardium and vasomotor system are not very apparent, and might easily be overlooked. But, as I hope to point out later, such changes do not need to be outspoken to make one realize that the heart muscle and circulatory system have undergone a toxic strain. The very nature of the function of the cardiovascular system makes that so.

Automobile mechanics tell us that an automobile motor which is in perfect condition mechanically, but which is allowed to run while out of alignment, will wear twice as fast as a similar motor which is doing even greater work but which is properly adjusted and correctly timed. So it is with the human motor or the heart.

If the myocardium is forced to function or perform extra work while it is at the same time combatting a toxic disease like grippe, it is far more likely to undergo structural change than if the same heart were protected against such additional hazards by proper relaxation and rest.

Moreover, early cardiovascular changes, such as these, are practically immeasurable, unless the patient is carefully followed. If the cardiac changes are checked up only by the present day so-called standards of heart size and heart position, the physician will be likely to miss the true diagnosis unless he has had so much experience with this type of infection that he is consciously mindful that diseases like grippe are often followed by certain sequelae, whether he finds gross evidence of it at the time of his examination or not.

In other words, the apparent lack of appreciation on part of both the attending physician and the patients of the seriousness of a grippal infection is due to a failure to realize *what is liable* to happen in this disease, more than to any lack of diagnostic ability on part of the physician in detecting what has actually occurred.

If one waits until physical evidence of cardiovascular disease is quite apparent, he will have robbed these individuals of their greatest chances of a lasting recovery. A new approach, then, must be inaugurated.

RESIDUAL CARDIOVASCULAR WEAKNESS

What do I mean by saying that new diagnostic criteria must be followed if the great increase in early cardio-vascular disease is to be offset? A brief review of the present-day so-called criteria which governs cardiovascular efficiency may not be amiss.

To the average examiner the following teachings in cardiac diagnosis have served as his guide: So long as the heart size is within normal limits the pulse rate is not rapid, the blood pressure is not too high or too low for

a given age, and there is no edema, the cardiovascular system is promptly ruled out as far as being a cause of the fatigue and loss of pep which these individuals usually complain of. But that is not necessarily true.

As the x-ray, the electrocardiogram and the various newer methods of diagnosis have come into use, many observers have learned that great body changes may have taken place and yet not be apparent. So it is with the heart. Many changes in the myocardium are now picked up which are not detectible by physical diagnosis, except as they relate to physical endurance or the circulatory response to effort.

Hence, one may rightfully say that many of the present-day criteria used in detecting early cardiovascular changes are too rigid to accept if early heart changes are to be detected.

Beginning cardio-vascular inefficiency, for instance, may come about in three principal ways:

First, by a decrease in the efficiency of the left heart.

Second, a decrease in the efficiency of the right heart.

Third, by a let-down in the vasomotor system independent of myocardial failure.

LEFT-SIDED HEART FAILURE

First, barring acute cardiac failure, which is usually brought about by some sudden catastrophe like coronary occlusion, or acute left ventricular failure following some profound physical strain, hypertrophy of the left ventricle usually begins in the outflow tract near the aortic valves, and is practically immeasurable until it is quite advanced. When the left ventricle is enlarged sufficiently to be detected by the usual methods of percussion or x-ray, it has reached the second stage of enlargement which extends downward and includes the apex of the heart.

Second, so long as the right ventricle remains in good tone, there may be a pronounced engorgement of the peripheral vessels without any edema, or secondary evidence of cardiac failure.

Third, in hypodiastolic failure, or improper filling of the ventricles during diastole, there may be great peripheral edema, and yet the heart may not be enlarged.

Fourth, when the entire heart muscle becomes toxic or weakened, as is found in diphtheria or chemical poisoning, there may not be any change in the cardiac size at all, yet the individual complains of the same type of symptoms commonly seen in cardiac failure.

RIGHT-SIDED HEART FAILURE

First, the right ventricle forms the anterior portion of the heart instead of the right side of the organ, and can become quite enlarged and yet not be measurable by either percussion or by x-ray.

Second, when failure of the circulation has advanced far enough to produce pitting or edema of the extremities, the left ventricle has usually passed through both the first and the second stages of decompensation, because right-sided heart failure follows left ventricular failure more often than it occurs primarily.

Finally, there may be great tissue edema, or so-called preëdema, throughout the body and not be detectable except by the use of the mercurial diuretics, or by the use of digitalis and the resultant loss of water as urine which follows.

DIAGNOSTIC CRITERIA

For reasons that have been stated, the diagnostic criteria which is often used to determine the presence of disease misses many early cardiovascular changes and should be promptly revamped.

As pointed out by Sir James Makenzie of England many years ago, physical response to exercise is the one and most dependable test in the final analysis of heart efficiency, and one could not depend upon physical findings alone. If a given individual presents outspoken evidence of heart damage, for instance, as determined by percussion and auscultation, yet is capable of doing anything physically that he chooses to do, the heart ailment is not as bad as one took it to be. On the other hand, if one is unable to find very much physical evidence of heart damage, yet the patient is unable to exercise reasonably without great ex-

haustion and fatigue, the heart disturbance is worse than one thought it was.

So it is following grippe. One is often misled by the fact that the attack was mild, or that the individual was not very ill. The mere fact that one has had grippe, in the face of the present knowledge of how greatly it effects the myocardium in some yet undetermined manner, should henceforth be sufficient for diagnosis; and if one will keep this possibility uppermost in his mind and direct all of his treatment toward both protecting and building up of the cardiovascular system, he need not do anything more.

SUMMARY AND CONCLUSIONS

1. The possible weakness or changes which grippe may bring about in the cardiovascular system in some not fully determined manner, is apparently not generally appreciated and fully recognized.

2. In many of the so-called "never-been-ill" patients who show evidences of cardiac weakness, one will often find an overlooked history of untreated grippe.

3. Not taking the temperature of all cases who complain of weakness whether hot or cold, and not checking their response to exercise, have been found to be the chief reasons for physicians not detecting latent cases of grippe.

4. The chief physical findings in all of these grippal cases are: Great physical weakness and fatigue; soft, distant heart sounds; low pulse pressure; loss of vasomotor tone; poor response to effort; and the same electro-cardiogram findings in the chronic cases which one finds in a weakened heart muscle—low complexes, variations in sizes and shapes of T and P waves; and a moderate bradycardia.

5. Rest in bed, cardiac support, and vasomotor tonics—particularly a grain of digitalis three times a day after meals, and strych. sulph., gr. 1/30 before meals,—have constituted my most valuable therapeutic armamentarium.

1616 Pacific Avenue

THE SUCCESSFUL TREATMENT OF A CASE OF HYPOGONADISM WITH TESTOSTERONE PROPIONATE

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From the School of Medicine, University of Pennsylvania

A patient with hypogonadism is being reported who has been successfully treated with testosterone propionate, after having been studied in several large clinics without showing improvement after a long treatment period with other potent endocrine products.

My patient is a twenty-two-year old, white male who came to my attention in April, 1938. At that time he was 64 inches tall, and weighed 114 pounds. He had no hair on his face, and his general appearance suggested a boy of about fifteen or sixteen years of age. His genitalia were quite small; the testes were about the size of large peas; and his prostate could hardly be palpated. He had no hair on his face, lips, pubic area, or axilla. His arms and legs were quite long (lower measurement nine inches greater than the upper measurement). The whole picture suggested a diagnosis of hypogonadism. Although of superior intelligence, and the son of an intellectual father and mother, he never went further than high school graduation, and was satisfied to work as an errand boy. He had the ability, but lacked ambition to better himself. His whole attitude was apathetic, with only a superficial interest in the future.

In 1931, our patient was studied in the University of Michigan Hospital where it was noticed that he looked like a boy of eight or nine instead of fourteen. At that time, he was started on *antuitrin* injections with a slight gain in height resulting. In 1934, he was studied in the Cleveland Clinic, where diagnoses of pituitary dwarfism and hypogonadism were made. An androtin assay showed no measurable comb

growth. He was placed on thyroid substance and growth hormone. For more than two years, he received adequate doses of growth hormones and thyroid with a subsequent increase of several inches in height. He also received injections of antuitrin S with the hope that his genetalia might increase in size. For several months, he received suction treatments to the scrotum and penis, according to the method of Ballinger. The photograph shows the size of the genetalia before the author started his treatment.

During the past eighteen months, the patient received approximately three injections a week of testosterone propionate * intramuscularly. The average dose was 25 mg., and the doses varied from 5 mg. to 50 mg. The best response obtained was with the 25 mg. dose. During the period, the patient was ill for several weeks with an acute tonsillitis, and then another time with an influenza pneumonia, so that he was given no injections for about three months. At another time, he was given a rest period for several months. On the whole, he received about twelve months of treatment. An accurate record was kept of all reactions, favorable or unfavorable.

Within forty-eight hours of the first injection of 25 mg. of the product, the patient complained of a painful erection, with oedema of the glans penis and scrotum. The patient had never before had an erection. The oedema subsided in a few days. The injections were continued, and the patient had on an average of ten erections a day lasting from fifteen minutes to two hours. The erections were painful at first, but later were just annoying. Testosterone propionate will not cause erections in patients who do not lack the hormone. The author [1] treated a group of college students for acne with the same substance and dose as used in the above patient without any of them reporting an increase in the number of erections or nocturnal emissions.

About a month after treatment was started, hair was first noticed about the pubic area. Within a few more months, hair appeared on his chest, arms, legs, nipples, axilla; and lastly, on his lip. He has, as yet, not shown any appreciable amount of facial hair. His skin has taken on a darker color, and he is now more subject to tanning when exposed to the sun. About ten months after treatment started, the patient had his first nocturnal emission. He has become sex-conscious but not a sex problem. He has not changed psychologically very much as he is still lacking in ambition. He has more energy and talks about improving himself, but he has, as yet, made no move in that direction, and is still an errand boy.

Three photographs showing the progressing effect of testosterone propionate on undeveloped sexual organs.

The photograph shows the excellent response to treatment. His genetalia is now adult in size, with an adequate growth of hair. The testes and prostate are larger, but are not of adult size. The patient has gained twenty-one pounds in weight, and one inch in height. A specimen of his semen showed no virile spermatozoa.

* Testosterone propionate (Oreton) supplied by the courtesy of Dr. Max Gilbert of Schering Corporation.

SUMMARY AND CONCLUSIONS

A twenty-two-year old white male, with a small genetalia and a complete absence of secondary sexual characteristics, was successfully treated with frequent injections of testosterone propionate. An increase in the size of the penis and scrotum resulted, with a slightly lesser response in the secondary sexual characteristics. Treatment is to be continued until he shows more facial hair.

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705 Pacific Avenue

WHO PAYS THE PENALTY WHEN THE LEGAL PROCEDURE IN ADOPTION IS SIDE-STEPPED?

ARTICLE NUMBER THREE ON CHILD ADOPTION

By Ellen C. Potter, M.D., Director of Medicine, New Jersey State Department of Institutions and Agencies, Trenton, N. J.

The basic law of New Jersey places the right of custody of the illegitimate child in the hands of his mother. Her writen consent, if her location is known, given under prescribed conditions, must be filed with the petition if adoption is to be valid.

Mary, the child of an unwed mother, was placed for adoption at the age of three days by the physician who delivered the mother, never having seen her before. No written consent, in the prescribed form, had been given by the mother; in fact, her physical and emotional state was such that she was in no condition to make any decision. The physician's assumption that she and her parents would be glad to be relieved of the child was natural in the light of his past experience.

But—this was different! The mother, when the shock of delivery had passed, wanted her child, and so did the grandparents, who were in a position to care for both mother and baby. They made insistent efforts to learn where the baby was placed, without result.

The foster parents with whom the child was placed had been the patients of the physician for years. They were childless and, wanting desperately a child of their own, they accepted this new-born babe without as much question as would be involved in buying a new suite of living room furniture.

They loved and cherished her; watched her development over the months of her first year; and then presented, through legal channels, their petition for adoption.

The Court, in routine procedure, ordered an investigation, since the child had not been placed by an incorporated child-caring agency or by the Board of Children's Guardians; and the Court noted also the absence of any signed consent by the mother, and no adequate explanation of the absence of this important bit of paper.

In all these months the natural mother had been unable to find a clue to the whereabouts of her child, but skilled investigation brought together the scattered parts of this human problem to lay before the Court for its information in making its decision.

The ruling of the Court sustained the rights of the natural mother to her child. On order of the Court the foster parents reluctantly and unhappily returned the child to that home which was warm with affection for one whom they had sought for many months.

The tragedy created in the lives of the foster parents who had lavished loving care on this little child during its whole first year was recognized with pity by the Court, but there was no remedy for them.

They paid the bill in bitter experience!

A hospital is not an "incorporated child-caring agency" qualified, as provided in the adoption law, to place a child for adoption.

Take the case of Jane, who found herself when eight weeks old in a well-to-do foster home with no guarantee as to her "quality" save that the doctor, who had heard about the case through his hospital connection, had told the foster parents that a child was available and healthy, and the hospital had passed it on.

When, nine months after placement, the petition was filed, the Court ordered an investigation as routinely prescribed. Delving into the situation the investigating agency found that there was grave question as to the child's emotional, physical, and racial heritage. The natural mother presented emotional problems. She had been in a correctional institution. The maternal grandmother gave a history of instability, promiscuity, several illegitimate children, two of them Negro. Such were Jane's maternal aunts and uncles.

The question to be solved was: Is Jane of mixed racial strains? The adoption hearing was deferred, and a wide search from one end of the State to the other was undertaken, until convincing proof was obtained that the mother of this child was of unmixed blood.

"A narrow shave!" you say. Yes, but the adopting parents paid unnecessary weeks of heart-breaking anxiety which could have been avoided if legal procedure had been followed; and now they face the risks of emotional problems in the life of the child which may exact an even higher price, unless their loving, understanding care works the miracle of emotional adjustment.

To the adopting family the child brings his own heritage. By legal process, he takes on the heritage of his adopting parents through acceptance of their legal name. This child ultimately reproduces under the name of his adopting parents. Is it fair to the heritage of this adopting family to take on a child about whom they know nothing? Obviously, the answer is—No! Nor, on the other hand, is it fair to a child, usually too young to speak and judge for himself, to place him in a family which may not provide an adequate social setting in which he may grow. It is because of this that certain checks and balances have been set up in terms of law and procedure.

Those who desire to protect the child and the natural and the adoptive parents accept the new adoption act as a long step in that direction.

Shall we next look at the scope and method of the investigation when ordered by the Court?

POSTPARTUM CARE

MATERNAL WELFARE ARTICLE NUMBER FORTY-FOUR

By ROBERT A. MACKENZIE, M.D., Asbury Park, N. J.

The fifth of a series of five papers read before the Section on Gynecology and Obstetrics of the Academy of Medicine of Northern New Jersey, March 2, 1939.

Previous speakers in this symposium have dealt with the fundamentals of antepartum care and the management of labor. The character of the puerperium naturally depends in large part upon the observance of the principles and the practices outlined by them. This discussion aims to set forth a program of care for the normal puerpera. Herein will be briefly considered how the lying-in period can best be managed to favor the involutional processes, encourage lactation, and promote the patient's general well-being and happiness.

The obstetric ward or room should be light, bright, and clean. The bed should have a Gatch frame. Visitors should definitely be limited in number and length of stay. A twenty-four-hour period of complete rest with fluid diet should be enforced even after the least distressing delivery. A tight abdominal binder should be kept in place during this period, and then be removed.

With the beginning of the second day, the head of the bed should be partially raised at the time of meals, and when the baby is put

to breast. At other times the bed should be flat, and the prone position assumed for one hour twice daily. Knee chest posture is not advised.

A good, general diet, with milk at meal time, is satisfactory. One or two glasses of milk may also be given the patient at 10 p. m. Between meals, however, milk or other nourishment is not offered for fear of destroying the appetite. Water should be taken freely at all times, even when the breasts are uncomfortably congested.

Mineral oil, one or two ounces, given once daily, and a tap-water enema every second day, if necessary, maintain adequate elimination.

Perineal care by the pitcher flushing method may well be augmented by a green soap scrub with sterile gauze once a day. Where an episiotomy wound or perineal laceration has been sutured, the wound should be carefully dried after each irrigation and exposed to dry heat from a reflector lamp placed between the patient's knees. Relying upon the quick healing accomplished by this technic, the writer has been closing the perineal skin with continuous subcuticular or interrupted stitches of plain number one catgut. In more than a year no breakdown of an episiotomy wound has occurred, and the wound scar is nearly imperceptible. Also the patients experience less pain than in a wound repaired with chromicized catgut.

Breast feeding of the infant is of great importance in any program of puerperal care. Depending upon the condition of mother and babe, this should be commenced twenty-four or forty-eight hours after delivery. The initial breast nursing efforts should be brief, a time limit of five minutes the first day of the breast feeding program being increased to ten minutes the day following, and fifteen to twenty minutes when the lacteal secretion is fully established. Soreness of the nipples is best overcome by limiting the length of time of suckling, and by exposing the nipple to dry, warm air for a period after the baby leaves the breast.

Much has been written about the means by which successful lactation may be brought about. A summary of practical considerations follows:

1. Adequate nutrition during pregnancy; generous use of brown cereals and dairy products without excessive concern for weight gain.
2. Psychological preparation; the expectant mother to be educated to a strong desire to nurse her baby.
3. Preparation of breasts; attention throughout antenatal months to accomplish erection and toughening of the nipples.
4. Competent management of labor and delivery; shock to be minimized.
5. Efficient treatment of anemia if present before and after delivery.
6. Excitement to be minimized and rest to be encouraged during the entire puerperium.
7. Management of the newborn to insure vigor of suckling; formula feeding to be limited to the second and third day, or eliminated altogether.

During the second postpartum week exercises to strengthen the abdominal and leg muscles are advantageous. Ideally, two full weeks are spent in bed, but most patients are permitted to start sitting up on the tenth day. With increasing activity out of bed, a well-fitted corset should be worn to give needed support and lessen fatigue. Throughout the third and fourth week of the puerperium, a two-hour undisturbed sleep or rest in a well-aired room should be enforced each afternoon —especially if the patient is lactating. Moderate use of the stairs after the fourteenth day is not harmful, and short walks out of doors are invigorating and worth while. Shower baths may be permitted at any time, and tub baths after the third week. Advice concerning these matters and others of similar importance may well be noted in a brief letter to be given the patient as she leaves the hospital. The need for office examination at the end of five or six weeks should be stressed.

Complications of the puerperium can not be discussed with completeness in this abbreviated paper. The major complications are, of course, hemorrhage and infection.

HEMORRHAGE

The danger of serious blood loss does not end with the expulsion of the placenta. Effective control of bleeding from the placental site requires active massage of the fundus for one

hour after completion of the third stage of labor, and frequent attention for the next twenty-four hours. In addition to the oxytocic drugs given immediately after delivery, an ampoule of *ergotrate* (Lilly) should be used by intramuscular or intravenous injection if the fundus tends to relax unduly, or if bleeding is excessive. In the latter event thorough examination of the genital parts is essential to rule out a laceration of vaginal canal or cervix as a source of hemorrhage. A quantity of sterile folded gauze packing should be always available for intrauterine placement in case of need. The Brodhead packing instrument is very fine. Since the amazing effectiveness of intravenous ergotrate has been demonstrated, I have not found it nceessary, however, to pack the uterus.

Some form of ergot should be administered to the patient by mouth during the initial twenty-four-hour postpartum period, and repeated in serial doses at the end of the seventh day if involution of the uterus is not progressing properly. This may be determined by daily measurement of the height of fundus above the symphysis pubis (with the bladder empty); and by observation of the lochia. Examination per vaginam is not desirable, to my belief, during the early weeks of the puerperium.

Persistence of profuse red lochia during the third and fourth week postpartum should be treated by bed rest, additional oxytocic medication, and coagulating agents if necessary. A check of the red blood cell count and hemoglobin should be done in all cases of excessive bleeding or suspected anemia. Replacement of blood, or the so-called tonic transfusion (in anemia not caused by hemorrhage), is insurance against morbidity and general debility.

INFECTION

Rise of temperature in the days or weeks after confinement awakes peculiar apprehension. Puerperal infection may be of any degree, but the worst is always feared. Unless another source of morbidity can be proven, the generative tract must be assumed to be infected. Absence of symptomatology and of localizing evidence does not rule out endometritis or even parametritis.

In event of morbidity the paitent must be isolated, given nursing care under strict precautions, and watched carefully for a brief period. The blood count must be done at once. Persistence of fever without obvious respiratory or other cause apart from the pelvis is indication for administration of one of the sulphanilamid preparations. There is not need nor space here for description of the method to be used and precautions to be followed in sulphanilamid therapy. There may well be stressed, however, the advantage of knowing, if possible, the nature of the infecting organism. Cultures may be taken from the cervical canal for this purpose. In cases of intrauterine interference, cultures of vagina and cervix may be made at the time of delivery in anticipation of possible febrile complication.

501 Grand Avenue

A LESSON FROM A DEATH CERTIFICATE

NUMBER SIXTEEN

Para iv. Four and one-half months pregnant. Prenatal care every week. First pregnancy ended in abortion at three months. Second pregnancy—premature labor at seven and one-half months. Had convulsions. Third pregnancy—labor induced at seven and one-half months. B. P. 200. Stillbirth. Fourth pregnancy—blood pressure at no time below 160. Diastolic?

Abdominal pain. Rapid increase in size of uterus. No vaginal bleeding. Abruptio placentae. Cesarean. Transfusion. Complete anuria. Death one week later.

These cases are not infrequent.

Why try to carry patient along when past history so clearly indicates trouble ahead?

A. W. BINGHAM, M.D.

STATE SOCIETY ACTIVITIES

BOARD OF TRUSTEES

A regular meeting of the Board of Trustees of The Medical Society of New Jersey was held on Sunday, December 10, 1939, at 11 a. m., in the Executive Offices, Trenton, N. J.

The following members were present: Drs. Alexander, Costello, Crowe, Eagleton, Hawkes, Hollinshed, Hornberger, Lee, Lewis, Marsh, McBride, Morris, North, Norton, Stahl, and Young. Those present at the invitation of the Board included: Drs. Barkhorn, Carrington, Kler, Snedecor, Overton, Read, Scott, Lance, and Wilkes.

The Board voted to request each of the county societies of the Third District to submit nominations for the office of Trustee, in place of Dr. Nafey, who had resigned.

The Board considered the subject of qualifications of hospital interns under the new Medical Practice Act—A-210.

Dr. Hawkes presented the following resolution, which was adopted:

"Being convinced that as the result of our seven years of experience with hospital insurance, that the Hospital Service Plan of New Jersey renders an altruistic and outstanding service of great value to the public, we, the Board of Trustees of The Medical Society of New Jersey, take pleasure in endorsing the Plan. However, the Board believes that the services of physicians should be eliminated from the Plan."

President Hawkes read a letter which he had sent to Dr. Olin West, Secretary of the American Medical Association, on November 28, 1939. On motion this letter was approved, and ordered published in the Journal. (See page 35.)

A letter was read from Dr. L. Fernald Foster, President of the National Conference on Medical Service, notifying The Medical Society of New Jersey to send a representative to the Conference to be held on February 11, 1940, in Chicago. The Board voted that the matter of selecting representatives to attend the Conference be left with the President.

Dr. Eagleton moved that the Board of Trustees of The Medical Society of New Jersey request that the Board of Trustees of the A. M. A. call a special session for consideration of pending, and possible legislation. Seconded by Dr. Lewis and carried.

Dr. Stahl, Secretary, gave a report on the Conference of Secretaries and Editors which he attended in Chicago on November 17 and 18. (Journal, December, page 725.)

Drs. Snedecor and Kler outlined briefly the report of the Committee on Medical Care of the Indigent and Medically Indigent.

Dr. Wilkes gave a report on the Second Annual Clinical Conference, emphasizing the careful planning and good organization which contributed to the success of the Conference.

On motion of Dr. Hawkes, the Board of Trustees thanked the members of the Hudson County Medical Society for their efforts in arranging and conducting the Conference on November 9 and 10; and directed that this note of appreciation be printed in The Journal. (See page 36.)

The Board passed a motion endorsing the recommendations of the Sub-Committee on Medical Practice and the Welfare Committee passed in their meetings on December 3rd to accept the New Jersey Report of the A. M. A. Survey on Need and Supply of Medical Care and approve the action of President Carrington in ratifying the report. This action was taken to make official the endorsement of this survey report as submitted to the A. M. A. last June.

The question of providing positions for refugee physicians was discussed.

Dr. Wilkes reported for Dr. Kaighn, Chairman of the Annual Meeting Committee, on the general plans for the next annual meeting, stating that the general lay-out would be similar to that of last year. On motion, this plan was approved.

Dr. Scott gave a progress report on the status of the Medical Service Plan of New Jersey.

Dr. Wilkes gave a report on the Conference of County Society Officers held on November 26. (Journal, December, page 730.)

The next meeting of the Board is announced for February 11th, 1940.

WELFARE COMMITTEE

A meeting of the Welfare Committee was held at 2 o'clock on Sunday, December third, in the Executive Offices, Trenton, N. J., with Chairman Read presiding. Those present were:

Atlantic—
Hilton S. Read — William J. Carrington
David B. Allman
Bergen—
G. Barton Barlow — Joseph R. Morrow
Charles Littwin
Burlington—S. Emlen Stokes
Camden—
Ernest G. Hummel — Thomas M. Kain
Cape May—Clarence W. Way
Cumberland—
Millard F. Sewall — Leslie E. Myatt
Essex—
Harry N. Comando — H. Roy Van Ness
J. Irving Fort — Frank A. Bien
Gloucester—
Chester I. Ulmer — Wendell J. Burkett
Hudson—
Reeve L. Ballinger — B. S. Pollak
A. E. Jaffin — Frederic J. Quigley
Mercer—Charles H. Mitchell
Middlesex—
George W. Fithian — Joseph H. Kler
Monmouth—
C. Byron Blaisdell — Stanley Nichols
Morris—
Byron G. Sherman — F. Clyde Bowers
Ocean—Eugene G. Herbener
Passaic—
Sigurd W. Johnsen — Wright MacMillan
Somerset—Frank L. Field
Union—
Norman W. Burritt — Watson B. Morris
Warren—
William H. Varney — Wallace R. Bostwick
E. Zeh Hawkes, President
LeRoy A. Wilkes, Executive Officer
Norman M. Scott, Executive Assistant

The program of the meeting consisted of reports by the four Sub-committees of the Welfare Committee.

1. SUB-COMMITTEE ON LEGISLATION
DR. B. S. POLLAK, CHAIRMAN

Licenses for Internes.—The Attorney General had interpreted the amendments to the Medical Practice Act (A-210) to require that internes in the hospitals should have licenses to practice medicine in New Jersey. This decision was discussed by the officers of The Medical Society of New Jersey and of the New Jersey Hospital Association, and they expressed their strong opinion that an interne does not practice medicine within the meaning of the law, for he is carrying out the provision of the law that he must serve his fifth year of study in a hospital where he is under the supervision of the members of the Medical and Surgical Staffs.

It is expected that the Attorney General will hand down an opinion that internes will not need to have licenses to practice medicine.

Chiropody.—The Legislative Committee of The Medical Society of New Jersey has consulted with a similar committee of the New Jersey Chiropody Society. The committee is making a careful study of the laws of New Jersey and other states, and plans to assist the chiropodists to draft a bill which will define the conditions under which they may practice.

County Responsibility.—Dr. Pollak also discussed the responsibilities of counties for legislation. He said that the Sub-Committee on Legislation was carefully making out a list of legislative "Key Men" for each county, and would announce the names in the near future.

The committee also recommended that each County Society hold a dinner at which its legislators are guests.

2. SUB-COMMITTEE ON MEDICAL PRACTICE
DR. DAVID B. ALLMAN, CHAIRMAN

The *Pharmaceutical Problems Committee* reports that the New Jersey Formulary is being well accepted; and that a definite improvement is shown in the prescribing of medicine.

The crusade against *radio propaganda* has produced results, but will take a year before definite evidence in the decrease in medical propaganda will be shown.

The relationship between pharmacists and physicians has always been good, but it can be improved. It is recommended that combined meetings be held at least once a year in each county.

The *Workmen's Compensation Committee* has met with representatives of the Industrial Surgeons, and they are becoming more and more coöperative in the changes suggested for the law. The committee is arranging a meeting with the Commissioner of Labor to get him to incorporate the medical changes when he modifies the law regarding legal procedure.

The *Auxiliary Medical Services Committee* is preparing a standard set-up for the four departments in hospitals—radiology, physiotherapy, laboratories, and anaesthesia. Skeleton outlines to be used as models will be presented very soon for approval.

The *Committee on Industrial Health and Hygiene* has been doing research work, since no data is available to use as a basis for recommendations. The committee feels that each county should have a corresponding committee

to investigate the county conditions, and report to the State committee. Such a request will be made of each county president by the State Chairman within a week or so.

The *Committee on Hospital Relationships* is drawing up a set of skeleton by-laws for hospital staffs which can be used as a model in revising or revamping by-laws in the several hospitals in the State, in order to obtain uniformity.

A. M. A. Survey of Medical Care.—Dr. Allman called attention to the survey of the need and supply of medical care in New Jersey that had been made by Dr. N. M. Scott, Executive Assistant, in coöperation with the American Medical Association. On motion of Dr. Allman, the Welfare Committee approved and ratified the report.

3. PUBLIC HEALTH COMMITTEE
DR. STANLEY NICHOLS, CHAIRMAN

The Advisory Committees are all doing good work on their various programs.

It was brought out at the Academy of Pediatrics meeting in Cincinnati that, if fees for specialized services are not lowered the government will take over the work, as it already started to do in New York City in the matter of x-rays. We must solve this problem if these specialized services are to be kept within private practice.

The New Jersey Welfare Council meeting on December first and second announced two conclusions:

1. The medical profession is in better repute collectively.

2. The members now understand that the Medical Society and its members are willing to assume extra responsibilities in public health, and are willing to coöperate with all agencies.

The *Advisory Committee on School Health* has a program that brings the family physician close to the school. The physician fills out a blank which is taken to school when such family has a child ready for entrance. If there is any community ready for this program, contact Dr. Ireland, who will discuss the program with you.

The *Pneumonia Committee* is meeting obstacles at the moment. We must educate the State House Commission and the Legislature that sulphapyridine does not cure pneumonia. The State House Commission has been requested to provide funds for the purchase of serum and chemo-therapy. Both are important in the cure of pneumonia. This has been misunderstood by all concerned with this program.

The *Mental Hygiene Advisory Committee* has undertaken two items of work:

1. To develop psychiatric clinics in every hospital in the State, and furnish skilled service in them.

2. To undertake the education of the general practitioner in the psychiatric problems which he meets every day in his office.

The *Advisory Committee on the Conservation of Vision* requests that counties set up similar committees to help in the program. (See page 36.) Dr. Sherman, the Chairman, has been appointed to the State Commission for the Blind.

The *Advisory Committee on Child Health* is informed that the State Board of Children's Guardians is proposing a plan for the health care of its wards which will involve complete participation of the State and County Medical Societies. This is an opportunity to make the office of the individual doctor the center for the care of these 33,000 children. If it can be made a success, there is no reason why the Society cannot take care of all public wards.

The *Advisory Committee on Tuberculosis* now plans to set up a tuberculosis educational program. Coöperation is asked of post-graduate committees in this program.

The *Advisory Committee on Traffic Accidents,* Dr. Sewall, Chairman, reported that the Commissioner of Motor Vehicles has repeatedly requested the coöperation of the Medical Society and its members in coöperating with the department in the investigation of drivers in motor accidents, to see what types of persons are potential hazards to themselves and others. The Commissioner feels he has the wholehearted coöperation of the Society, but the follow-up is difficult and the necessary data hard to collect for consideration.

Last year a form was made up for alcoholic cases. This year concentration is on the cardiac cases, the eye and ear cases, the epilepsy cases, the advance diabete cases, mental, etc., and any case which in your opinion may become a hazard on the highway. It is the feeling of the committee that no license should be issued to those pathological cases without a certificate from a physician. Those over 75 years of age should be required to show a physician's certificate before license is granted.

Commissioner Magee states there is no authority for such tests without an enactment of law. It is a personal interest, and he asks our coöperation in reporting cases on accidents. These reports have not been coming in as rapidly as they should. Some time ago forms were sent out to Presidents and Secretaries of counties, and the key men, asking them to conduct this work and see if we cannot get a good collection of these pathological cases for study.

A number of people have asked to have certain drivers investigated because of their well-known pathological conditions. Dr. Scott will be glad to aid in these investigations, and I have asked him to send a special request to the Presidents and Secretaries in the counties regarding this matter.

4. PUBLIC RELATIONS COMMITTEE
DR. J. H. KLER, CHAIRMAN

The *Committee on Public Relations* is still carrying on the program that has been established and followed in past years.

There have been nine press releases. The health features (The M.D. Says) is sent each week to the weekly papers.

The Fall Clinical Conference was publicized and covered by the Associated Press. There have been special publicity articles to the New York Times, the Newark Sunday Call, the N. J. Labor Herald, and Contemporary Life.

Publicity material has been prepared for county medical societies.

A talk on Medical Economics has been added to the Speakers' Bulletins.

A meeting with the County Public Relations Chairman was held in September.

The sending of appropriate material to libraries will be continued.

The committee is about ready to start publicity on the appendicitis program which is in coöperation with the pharmacists who place placards in their store windows warning against the use of cathartics for stomach pains. The committee will appreciate suggestions for carrying out its program.

5. THE FALL CLINICAL CONFERENCE—DR. WILKES

For those who did not attend the Conference, a brief summary of Dr. Cosgrove's report is as follows:

1. The Conference was a contribution to unity and good fellowship in the State Society.
2. The enrollment could have been larger, but it was good. It was a well-organized Conference, and the ease with which one could go from one clinic to another was an item of great importance.
3. The committee kept well within its budget, turning back a surplus; and so we cannot call it extravagant. A full report is published in the December Journal, page 727.

These points are to the credit of Hudson County, and are entitled to be brought to the attention of the members of the State Society.

SUB-COMMITTEE ON PUBLIC HEALTH

A meeting of the Sub-Committee on Public Health was held on December 3rd, 1939, at 11:00 a. m., in the Executive Offices, Trenton, N. J. Those present were: Chairman Nichols, who presided; Drs. Sherman, Jaffin, Hummel, Ireland, Sewall, and Kain; Mr. W. H. MacDonald of the State Department of Health, Drs. Frankel and Potter of the Department of Institutions and Agencies, and Drs. Watts, Cronk, and Drake of County Society Public Health Committees.

CANCER CONTROL

(Mr. MacDonald reported in Chairman Herrman's absence.)

It has been suggested that the Department of Health issue, at regular intervals, a digest of leading articles on cancer, to be sent to physicians. It was the thought of the Cancer Committee that articles be digested by members of the committee, and then turned over to the State Department of Health for mimeographing and distribution. This suggestion was agreed upon, but is unofficial as yet. It was thought better not to stress further information on cancer to the public until more facilities were available to take care of persons making inquiry, or seeking diagnosis. It is hoped that some aid may be given by the State Department of Health in encouraging the setting up of local facilities.

The committee has studied the report on cancer of the Governor's Conference, but since the Governor has not yet received the official report, it was thought better to await his approval before crystallizing a program.

SCHOOL HEALTH

Dr. Ireland, School Medical Examiner, reported that the Board of Education had met and considered regulations relative to tuberculosis case-finding, but the decision of the Board has not been disclosed.

A letter has gone to the Superintendents of Schools in several towns relative to closer cooperation with the family physician in the examination of school children in accord with the "Family Physician Plan". This letter gives a description of the plan, and some suggested steps; asks that it be taken up with family physicians and with the school medical inspector, and asks for a conference of the physicians with the Board of Education, at which Dr. Ireland wants to be present.

It was suggested in a conference with Dr. Wilkes that a plan of standards and policies governing health services be developed and presented to the Committtec on School Health of the American Academy of Pediatrics. This has been started.

Dr. Ireland invited the members of the committee to suggest any communities where the "Family Physician Plan" would be adaptable—a residential district, above average socially and economically, where there are only five or six physicians located, lacking in free clinics, where the family physician is all the term implies, and where the physicians are community-minded and coöperative.

PNEUMONIA CONTROL

Dr. F. M. Kain, Chairman, read a letter from Dr. Mahaffey which stated that it would be impossible to present a bill to the legislature requesting an appropriation for pneumonia serum until the new legislature convenes on January 10th, 1940.

The Joint Committee on Pneumonia Control, consisting of representatives of The Medical Society of New Jersey, the Department of Health, the New Jersey Health Officers' Association, and the New Jersey Health and Sanitary Association, has suggested that the committee, backed by these organizations, go before the State House Commission and the Governor, and request an immediate appropriation of funds to bridge the gap until a bill is introduced into the legislature in January for the purchase of serum.

It was requested that Dr. Jaffin, Chairman of the Committee on Tuberculosis, and Dr. Pollak, Chairman of the Legislative Committee, wait upon the Governor to explain that the use of sulfapyridine will not supplant the use of serum in the treatment of pneumonia, and that additional funds are necessary immediately, as the pneumonia season is approaching.

The members of the committee were requested to approach the other members of the State House Commission urging the emergency appropriation. The members of the Commission are the Governor; the State Treasurer, W. H. Albright; the State Comptroller, F. J. Murray; and the Chairman of the Senate and Assembly Appropriations Committees. (Information obtained in 1939 Legislative Manual.)

MENTAL HYGIENE

The work of the Committee on Mental Hygiene could be most effective if emphasis were laid on the mental side of ordinary physical illness. In connection with this it was proposed that the committee be supplemented by representatives of various fields—obstetrics, pediatrics, and internal medicine,—because these men see many cases in which there is emotional influence on the progress of the patient, and because these physicians could help to formulate the general objectives of the committee. These men would be in a position to present the program to the groups with which they are closely associated. The doctors of recent training—the last fifteen or twenty years—receive too little emphasis upon the existence and importance of recognizing this emotional factor in ordinary illness, and fail to recognize that these conditions tend to develop serious hypochondriac and neurotic states. It was decided to start in a small way to educate the ordinary practicing physician in the essential elements in recognizing these emotional factors.

chiatric training on the staff, or at least have to the attention of the various hospital staffs to induce them to appoint someone with psychiatric training on the staff, or te least have someone who could act as a consultant.

The primary decision of the committee was the emphasis on the importance to the physician and his patient to recognize and develop a technic in these cases.

CHILD HEALTH

The Committee on Child Health met with the New Jersey members of the American Academy of Pediatrics, and the obstetricians, and made considerable progress on the program for child health. The care of prematures was discussed, based on material gathered by the Bureau of Maternal and Child Health. The members of the A. A. P. will coöperate actively in improving the services being rendered in the child health stations.

CONSERVATION OF VISION

The objectives of the Committee were published in the November issue of the Journal, page 672. Dr. Charles Schlichter has been chosen as Vice-Chairman. The committee has been coöperating with the Commission for the Blind; and there has been a conference with Mr. Meyer and Mr. Alloway concerning the examination of applicants for blind relief. A list of ophthalmologists throughout the State has been furnished the Commission, on request, to which these cases have been referred. A fee of five dollars was decided as the charge for this examination. That has been accepted by the Commission, and the plan is now in operation. In connection with this work an Advisory Committee from the State Society has been appointed.

It is the wish of the committee that County

Societies be asked to appoint similar committees to work in coöperation with the State Society Committee on the Conservation of Vision, particularly for the purpose of putting on an educational program, in coöperation with the Public Relations Committee.

TRAFFIC ACCIDENTS

A standard form for the examination of alcoholics has finally been adopted by the State Society, and the Department of Motor Vehicles.

TUBERCULOSIS

It is felt that there is a need for understanding by the profession of the procedure and scope of the new laws sponsored by the Department of Education relative to tuberculosis case-finding. In view of this the committee has asked for a meeting with the Commissioner of Education.

There have been four responses to the letter sent to each County Society from the committee relative to County Society meetings devoted to the discussion of tuberculosis. There has already been one request for a speaker. It is thought that in this way the Post-Graduate Education Committee will be relieved of some of its burden.

Mr. MacDonald suggested that, if some agency would prepare a short circular on the after-care of poliomyelitis, the State Department of Health might have it printed, giving sponsorship to whatever agency is supporting it, for distribution to physicians. This could be mailed to a physician immediately upon notification to the Department of the existence of a case. It was suggested that this be taken up with the Crippled Children's Committee. Possibly, before printing, it could be published in The Journal of The Medical Society of New Jersey as a statement from the orthopedists of New Jersey.

Mr. MacDonald asked for a statement from the Medical Society as to the best procedure in the prevention of diphtheria,—alum precipitated toxoid, or pure toxoid. Mr. MacDonald was referred to Dr. Charles Rosenberg of the Child Health Committee, who has been assigned to this topic.

The meeting was adjurned at 1:30 p. m.

LeRoy A. Wilkes, M.D., *Secretary.*

COMMITTEE ON MENTAL HYGIENE

A meeting of the *Advisory Committee on Mental Hygiene* was held on November 22, 1939, in the Essex House, Newark. Those present were: Dr. Raycroft, Chairman; Drs. Ireland, Nichols, Davidson, Sobel (representing Dr. Wassing), Pessel, Levy, Hawkes, and Wilkes.

TYPES OF PATIENTS

Dr. Raycroft, in opening the meeting, stated that, in the discussions of this committee, the major emphasis should be placed upon the existence of *emotional difficulties* that serve as complicating factors in ordinary physical illnesses—or even, in certain cases, simulate physical illness,—rather than upon the recognition of psychoses, which appear rather infrequently in general practice.

Three types of mental cases are usually recognized:

1. Patients requiring *prophylactic* care to prevent further development of symptoms which might be classified under the general term *prepsychotic.* This work will be largely handled by the general practitioner of medicine.

2. The *neurotics* and their management.—Physicians have largely neglected this group possibly because they have felt incompetent to handle them properly. It is among this group that the cultists have made the greatest invasion into the medical field. This group can be handled by the practicing physician, with further training to be provided under the auspices of The Medical Society of New Jersey.

3. *Orthopsychiatric* cases which involve the training of the personnel, so that the individual may get the most use and satisfaction out of his association and environment. This is a specialized field and will largely be handled by specialists such as the psychiatrist and his helper, the psychiatric social worker.

OBJECTIVES AND PROCEDURES

One of the tendencies of the practicing physician, on which the committee agreed, was the tendency to partition the patient *anatomically* with regard to diagnosis and treatment, to the neglect of a proper consideration of the individual as a whole. The progress of scientific medicine in the specialized fields of psychiatry is perhaps largely responsible for this general tendency; and the trend should be turned back toward the consideration of the patient, as well as of the disease and defects.

The following suggestions have been offered

by members of the committee for consideration in combating present tendencies, and to promote again consideration of the individual with the idea of preventing, so far as possible, the further development of mental conditions, and to properly care for those requiring specialized care:

1. The chiefs of staff of the various services in the hospitals should be made more aware of the problem of emotional disturbances and maladjustments, and especially of the preventive measures now known which can be successfully applied by general pracitioners, both in the hospital and in private practice.

2. Where possible, a psychiatrist should be a member of the staff of each general hospital for the two-fold purpose of:

a. Assisting the clinical staff members in the care of prepsychotic manifestations in their patients.

b. To provide more adequate care of cases which have progressed beyond the skill of the clinical staff.

(N. B.—Newark is the only city in New Jersey which at the present time has an adequate psychiatric clinic of the type to successfully care for the cases under discussion by the committee.)

A well-trained psychiatrist can assist not only the physicians on the staff of the hospital, but also members of courtesy staffs; and also be available for consultations in the private practice of all physicians in the area served by the hospital.

It is suggested that, in the rural areas, all members of the County Medical Society should be invited to attend the hospital staff meetings in order to provide a widespread opportunity for better medical understanding, especially in psychiatric cases, and in *prepsychotic* manifestations in medical cases.

In addition to this, it is proposed that, through the County Societies, there be made available at least one dramatic presentation of the purposes and conduct of a psychiatric clinic; and that this be supplemented by the provision of centers where general practitioners may observe and participate in the diagnosis and guidance of psychiatric cases.

The Mental Hygiene Committee unanimously recommends that a psychiatric service under the direction of a trained psychiatrist, full time or part time, be established in each hospital.

Articles for the Journal, approved by the Mental Hygiene Committee, are to be submitted to the Publication Committee for publication from time to time.

In order to bring the promotion of this subject under the influence of leaders in each hospital, it is urged that courtesy staff privileges be made more widely available; and that a check upon these privileges, as they are now available in New Jersey, be made by the committee, with the help of the Executive Officer in Trenton.

COMMITTEE APPOINTMENTS

The committee approves the proposal to have sub-committees appointed by the Chairman, Dr. Raycroft, so that special phases of mental hygiene may be more fully discussed, and recommendations presented back to the committee. A sub-committee to survey the psychiatric service provisions of the hospitals in New Jersey was appointed by the Chairman, and the committee will consist of Dr. Levy, Chairman; Dr. Davidson and Dr. Nichols. The members of the committee may approach the hospitals directly or indirectly, if they prefer, through specified persons selected by them in each hospital in order to obtain data required.

Another sub-committee appointed by the Chairman, Dr. Raycroft, was to study "everyday problems of the general practitioner, and practical ways and means which have been found useful in the solution of these mental problems." Dr. Pessel is to be Chairman; and Dr. H. B. Wilson and Dr. I. J. Sobel (representing Dr. Wassing) are members.

Luncheon was served for the members at 1:00 p. m.

The next meeting of the committee will be held at 4:00 p. m. at the Academy of Medicine in Newark on January 10, 1940.

LeRoy A. Wilkes, M.D.,
Secretary.

THE COMMITTEE FOR CONSERVATION OF VISION

By H. L. Harley, M.D., Atlantic City, N. J., Member of Committee

The Advisory Committee on Conservation of Vision is one of the *new* permanent committees of the State Society. Its purpose and aims are explicit in its name.

As might be expected the committee is composed entirely of ophthalmologists, who are the logical leaders of such a movement. But the opportunity to conserve vision, and the duty

to do so, occurs to every man practicing medicine, no matter what his specialty; so in making its bow, the committee asks for the intelligent support and assistance of every member of the profession.

It is unfortunately true that the defects of the eye (not diseases of the eye, but defects) may legally be treated by non-medical persons, —the optometrists. The unfortunate, and often tragic, element is in the fact that it is not always easy to distinguish between *defect* and *disease*. The claim commonly made in rebuttal by the optometrist is that, if he finds his customer needs medical care, he will send him to a doctor. This answer is misleading because it implies his ability to diagnose disease, which of course he is not capable of doing. There are in the State of New Jersey about 835 of these non-medical refractionists, while there are but 209 M.D.'s doing ophthalmology. Those numbers themselves speak volumes.

The optometrist has the law behind him, for he is called "Doctor". But the public is confused by the similarity of the medical terms *ophthalmologist* or *oculist*, and the non-medical terms *optometrist* and *optician*. This confusion plays into the hand of the advertising non-medical refractionist. The optometrists also have an alert propaganda and legislative set-up. They add more to the ever-recurring cult problem which medicine always has on its hands. These problems must be dealt with; they cannot be ignored out of existence.

Every member of the State Medical Society can assist in the campaign of education of the Committee for Conservation of Vision by explaining to his patients in need of eye treatment (including examination and Rx for glasses) the difference between the medical oculist, and the non-medical optometrist. He can also explain that medicine's objection to optometry is the same as the objection medicine raises toward all practitioners who have limited licenses to practice an isolated branch of the healing art; and that this objection will be withdrawn as soon as they have undergone the same educational training and qualify before the same authority, as *regular* medical men.

The campaign of Education of the Committee stresses the care of the eyes of the school child, insisting that the defects of young eyes cannot be corrected with glasses without the use of cycloplegic "drops" for the examination, which the non-medical man is legally forbidden to use.

There were, in June, 1938, 3351 persons in New Jersey known to be blind, and probably as many more not known. This number is far too great. If the more common causes of blindness were recognized early, and were promptly treated by qualified ophthalmologists, this loss might be lessened fifty per cent.

This committee proposes to work in close association with the State Agency, the Commission for the Blind; and also to act as a clearing house for such problems as were previously dealt with in temporary committees or were discussed in the Section of Ophthalmology and Otolaryngology.

It is a policy of the State Society to have its major committees represented by similar committees in the counties. In conformity to that policy of the State Society, the County Societies will be asked to form *Committees for Conservation of Vision*, to the end that all effort may be in one direction for progress in our common purpose.

COMMITTEE ON CANCER CONTROL

A meeting of the *Advisory Committee on Cancer Control* was held on Sunday, November 26th, 1939, 2:00 p. m., in the Executive Offices, Trenton, N. J. Those present were Dr. William G. Herrman, Chairman, who presided; Drs. Charles B. Woodman, Augustus S. Knight, William Antopol, Joseph H. Kler, Thomas J. Summey, Floyd E. Keir, and Anthony J. Delario, and Dr. Thomas B. Lee, Consultant.

PURPOSES OF THE COMMITTEE

Dr. Herrman explained the purpose of the Cancer Control Committee.

1. The Cancer Control Committee is an Advisory Committee to the Sub-Committee on Public Health. The Public Health Committee in turn reports to the Welfare Committee, and the Welfare Committee in turn makes recommendations either to the House of Delegates or the Board of Trustees. Therefore, the first purpose of this committee is advisory in its special field.

2. The Cancer Control Committee is a policy-forming committee to decide what shall be the policies of the State Society as a whole relative to the field of cancer.

LAY ORGANIZATIONS

The matter of lay organizations coming into a county was discussed at length, and it was the consensus of opinion that such organiza-

tions should have the approval or disapproval of the county society before they start operation. This refers to lay organizations who desire our approval and coöperation, after such organization has been passed upon by the State Society. In other words, it is the feeling of the committee that, even though the lay organization receives the approval of the State Society at large, there may be some reason why in a particular county the county society itself would prefer that this lay organization not commence work at all, or at the particular time they request. This does not mean that any lay organization may ignore the State Society and start operation in the county merely on the approval of the county society. The committee should act in an advisory capacity to the county societies in their reaction to lay organizations.

PROGRAM FOR COUNTY SOCIETIES

The program of cancer is to be different for each county, since different problems will arise in the various parts of the State. It is urged that county societies stimulate the formation of small tumor clinics within the counties.

STATE DEPARTMENT OF HEALTH ASSISTANCE

Dr. Herrman referred to a meeting he had with Mr. MacDonald, of the State Department of Health, in which was discussed *unofficially* various measures which the Board of Health might undertake to assist in the campaign to control cancer. Among those things suggested are the following:

1. Statistical research now done by the State Department of Health to be continued and amplified, with special reference to obtaining statistical information leading to a determination as to whether there were any occupational hazards in regard to cancer in this State.

2. Educational program relative to the profession during the year.

Dr. Kler made a motion that the Cancer Committee act as an Advisory Board to the State Board of Health in issuing a monthly bulletin to be sent by the Board of Health to all physicians. This bulletin is not to be sent to the laity this year. Seconded by Dr. Keir and carried. This bulletin is to be patterned after the Massachusetts Department of Public Health Cancer Bulletin.

3. The committee was willing to have the Board of Health find out whether already approved organized cancer groups would be willing to use uniform records to facilitate the work of the State Department of Health in compiling statistics.

GOVERNOR'S CONFERENCE REPORT ON CANCER

Through the courtesy of Dr. Kler, copies of the report of the Sub-committee on Cancer of the Governor's Committee on Health and Welfare were supplied to all the committee. The committee took up the entire recommendations of the Governor's Sub-committee and the preliminary report was approved with minor suggestions.

TUMOR CONFERENCES

On motion, it was voted to recommend that, for the present, a revolving tumor conference be held in several sections of the State with representatives of other organized groups.

A meeting of the chairmen of the cancer committees of the county societies be held in January, 1940.

COMMITTEE OF A. M. A. DELEGATES

A meeting of the Committee of Delegates and Alternates to the A. M. A., to whom was assigned the duty of studying National Health Problems, was held on Sunday, December 10th, 1939, in the Executive Offices, Trenton, N. J. Those present were Drs. Eagleton, McBride, Read, Hawkes, and Scott.

There was a short discussion on the matters to be presented at the meeting of the Board of Trustees. The two subjects under consideration were:

1. The report of the indigent committee of the New Jersey Health and Welfare Conference.

2. The National Physicians' Committee for the Extension of Medical Services.

Dr. Read read the motion appointing this committee, and specifying its duties. Dr. Read called to the attention of the committee the fact that the development of an indigent plan was not within the scope of the committee's function, and that it constituted interference with the duties of the Committee on the Care of the Indigent. The committee agreed with this opinion.

Three letters relative to the National Physicians' Committee were read to the committee. Two of these letters were written by Dr. Hawkes as President of the Society to Dr. Olin West, Secretary to the A. M. A. The third letter was a reply from Dr. West to Dr. Hawkes.

Dr. Read made the following motion which was adopted by the committee,—that the committee approve the letter of November 28th, 1939, written by Dr. Hawkes as President of this Society to Dr. Olin West of the A. M. A.

A second motion made by Dr. Read was adopted by the committee,—that the committee request the Board of Trustees of The Medical Society of New Jersey to request the Board of Trustees of the A. M. A. to call a special meeting of the House of Delegates of the A. M. A., for the consideration of pending and possible legislation.

The committee adjourned at 11:00 a. m. to attend the meeting of the Board of Trustees.

NORMAN M. SCOTT, M.D.,
Executive Assistant.

THE NATIONAL PHYSICIANS' COMMITTEE FOR EXTENSION OF MEDICAL SERVICES

LETTER OF PRESIDENT HAWKES

At its meeting on December 10, 1939, the Board of Trustees of The Medical Society of New Jersey endorsed the letter which President Hawkes had sent to Dr. Olin West, Secretary of the American Medical Association, in regard to the National Physicians' Committee for Extension of Medical Services.

The Board directed that the letter be printed in The Journal of The Medical Society of New Jersey.

November 28, 1939

Dr. Olin West, Secretary
American Medical Association
535 North Dearborn Street
Chicago, Illinois

Dear Dr. West:

When I wrote you on November 24th, I did not expect to write you again so soon; but the circular letter of the National Physicians' Committee for Extension of Medical Services, asking that the medical profession support the expected activities of that committee, makes it necessary to write again.

Last Friday evening (November 22) a small group of New Jersey physicians met for the purpose of deciding what should be their attitude on this subject. The group included three of the officers of The Medical Society of New Jersey, and three of our delegates to the A. M. A., five of the six being Trustees of our State Society. At the conclusion of the meeting, it was decided that I should write you, stating our viewpoint.

Although our meeting was informal and without authority, our conclusions may certainly be considered as straws which show which way the wind will blow at the meeting of our Board of Trustees to be held on December 10th.

The Medical Society of New Jersey is not only structurally a part of the A. M. A., but in sentiment we also earnestly desire to go along with the A. M. A., and to support its every objective, but we cannot do this blindly. We believe it right that we ourselves study every question before taking our position. If at any time we cannot go along with the A. M. A., it is not in a spirit of antagonism, but with sincere regret that our conception of what is right impels us to withhold our support.

With the ideals and objectives contained in the platform recently put out by the A. M. A., and with the sentiments of the booklet entitled "The Achilles Heel of American Medicine", we in New Jersey are in full accord, but we cannot approve of the proposed methods of arriving at the objectives.

We believe that the A. M. A., in the interest of the public, should stand squarely and openly for the realization of the principles of its platform. It is not, in our opinion, necessary for the A. M. A. to write and introduce health legislation of its own at this time, and we do not believe that organized medicine should become involved in political controversies.

We in New Jersey believe that the A. M. A. has a great opportunity to take a leading part in forthcoming health legislation by offering to advise and coöperate with whatever agency is drafting health legislation. The Senate Sub-Committee of the Committee on Education and Labor, and Senator Wagner himself, who will probably sponsor a health bill, have repeatedly asked for the aid of organized medicine. If, asking that aid, they should then ignore the A. M. A.'s offer to advise them, that fact alone will turn public opinion against them. In the long run, whatever legislation shall eventually be enacted will be that which shall have been approved by public opinion.

Public opinion regarding organized medi-

cine has undergone a great change for the better. A year ago the mind of the public was poisoned against organized medicine. Since then, partly because of a year of public discussion, and in a much larger measure because the A. M. A. took a decided stand, and at considerable personal risk to its officers, refused to be coerced, organized medicine stands higher in public opinion and has more influence today than before.

The public, and consequently the politicians, are not only willing to listen to organized medicine, but have expressed a desire for our aid in framing health legislation.

We in New Jersey believe that the part taken by organized medicine should be taken by the A. M. A., and not through a specially created subsidiary organization controlled by the A. M. A. We believe that to take this indirect way will be to invite criticism. Those who a year ago were threatening the A. M. A. will have handed to them a new avenue for abuse. They will be able to charge that the A. M. A. is trying to accomplish by subterfuge what it is afraid to do in its own person. They will be given by the A. M. A. a perfect instrument with which to fill the mind of the public with suspicion, and to destroy the good name of the A. M. A.;—and the A. M. A. will have no defense.

We are told that this indirect way is necessary in order to avoid the risk of becoming liable to heavy taxation. We in New Jersey cannot believe that if the A. M. A. offers its advice and coöperation, which have already been sought by those preparing legislation, it would thereby be classified as promoting legislation.

We also do decidedly believe that no amount of taxes saved can compensate the A. M. A. for the loss of public esteem.

I have written you at great length. I hope I have made our viewpoint clear. If, in your opinion, we seem to be approaching a decision on incomplete knowledge, we shall be very glad to have you send us any additional information you may think best.

Very truly yours,
E. ZEH HAWKES, M.D., *President,*
The Medical Society of New Jersey.

November 28, 1939.
84 Washington Street
Newark, N. J.

FALL CLINICAL CONFERENCE

AN APPRECIATION

The Board of Trustees of The Medical Society of New Jersey, at its meeting on December 10, on motion of President Hawkes, directed that the following letter of appreciation be published in the Journal:

Dr. James F. Norton, President
Hudson County Medical Society
299 Varick Street
Jersey City, N. J.

Dear Dr. Norton:

The Board of Trustees of The Medical Society of New Jersey greatly appreciates the amount of time and effort expended by the Hudson County Medical Society in making the Second Fall Clinical Conference the huge success that it was.

With kindest personal regards, I am,

Sincerely yours,
ALDRICH C. CROWE, M.D.,
Secretary,
Board of Trustees.

OBITUARIES

DR. JOHN C. CLAYTON

Dr. John C. Clayton, of Freehold, N. J., died on November 25, 1939, in Princeton Hospital, where he had been taken after he was stricken with a heart attack while watching the Princeton-Navy football game at Palmer Stadium. Dr. Clayton was attending physician and cardiologist at Fitkin Memorial Hospital, Neptune, N. J., for a number of years.

Dr. Clayton was born in Princeton, the son of a druggist. His father, John M. Clayton, and his mother, Clara Hutchinson, were descendants of the early English and Dutch families. He received his pre-medical education at Princeton University. He was graduated from the University of Pennsylvania in 1907; and in 1909, he began practicing in Freehold. At the outbreak of the World War he

enlisted and served for two years from 1917 to 1919 with the Navy. Since that time he has held the rank of Lieutenant Commander in the Naval Reserve Medical Corps.

In 1927 Dr. Clayton was President of the Monmouth County Medical Society. From 1921 to 1927 he served as Secretary to the Society. He was prominent in the affairs of the New Jersey State Medical Society, and a member of the American Medical Association. In 1931 he was elected a Fellow of the American College of Physicians. He was a member of F. and A. M., and of the Freehold Post of American Legion.

In 1909 Dr. Clayton married Isabelle T. Atkinson, of Hawley, Pa. He is survived by his wife and two daughters.

DR. CHARLES R. HUTCHESON

Dr. Charles R. Hutcheson, of Camden, was born in Camden on January 4, 1896, and died on September 22, 1939.

Dr. Hutcheson's early education was obtained in Camden. He worked his way through college and was graduated from Hahnemann Medical College in Philadelphia in 1920. He served a junior internship during his senior year. Following graduation he served one year's internship at the West Jersey Homeopathic Hospital in Camden, and was licensed to practice in New Jersey in 1921, after which he located in East Camden and built up a large and fruitful practice, being honored and esteemed by his many patients and friends. He immediately became interested in roentgenology and developed that department to its high standard at the West Jersey Homeopathic Hospital by his conscientious and untiring efforts. He did post-graduate work in New York and Philadelphia.

He was appointed Roentgenologist at the Lakeland General Hospital in August, 1938. He was a church official, bank director, and member of many fraternal and medical societies, as well as several clubs.

Through his associations he made many friends, and will be missed both from the standpoint of his professional ability and philanthropic work. He was always exceptionally conscientious in his endeavors for perfection, and his opinions have always been respected to the highest degree.

DECEASED PHYSICIANS—NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Paul O. M. Andreae	50	Nov. 28, 1939	Jersey City	Same	Coronary occlusion.
John C. Clayton	57	Nov. 25, 1939	Princeton	Freehold	Coronary thrombosis.
Jacob Grunberg	78	Nov. 1, 1939	At Sea, S.S. Veedam	Poland	Arterio sclerosis.
Marshall Lummis	59	Feb. 25, 1939	Philadelphia, Pa.	Pitman	Diabetes mellitus.
Samuel S. Markell	53	Nov. 8, 1939	Jersey City	Union City	Pulmonary tuberculosis.
David M. Marks	47	Sep. 15, 1939	Jersey City	Same	Bullet wound.
Robert R. Roth	64	Nov. 22, 1939	Camden	Same	Coronary embolism.

NUMBER OF CHILDREN REPORTED RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1939

DIPHTHERIA TOXOID

Counties	Total to Oct. 31	Month of Nov.	Total to Nov. 30	Average per Month
Atlantic	78	16	94	18.8
Bergen	867	270	1137	223.4
Burlington	32	0	32	6.4
Camden	712	78	790	158.
Cape May	32	1	33	6.6
Cumberland	22	6	28	5.6
Essex	3291	876	4167	833.4
Gloucester	49	11	60	12.
Hudson	2330	552	2882	576.4
Hunterdon	0	253	253	50.6
Mercer	585	102	687	137.4
Middlesex	182	732	914	182.8
Monmouth	793	210	1003	200.6
Morris	234	112	346	69.2
Ocean	0	0	0	0.
Passaic	1170	539	1709	341.8
Salem	64	109	173	36.6
Somerset	50	9	59	11.8
Sussex	1	0	1	.2
Union	677	228	905	181.
Warren	15	12	27	5.4
Totals	11184	4116	15300	3060.

SMALLPOX VACCINE

Counties	Total to Oct. 31	Month of Nov.	Total to Nov. 30	Average per Month
Atlantic	179	29	208	41.6
Bergen	1325	240	1565	313.
Burlington	200	2	202	40.4
Camden	706	178	884	176.8
Cape May	51	0	51	10.2
Cumberland	88	11	99	19.8
Essex	2267	378	2645	529.
Gloucester	137	22	159	31.8
Hudson	2761	583	3344	668.8
Hunterdon	40	237	277	55.4
Mercer	772	58	830	166.
Middlesex	463	27	490	98.
Monmouth	200	41	241	48.2
Morris	469	48	517	103.4
Ocean	18	1	19	3.8
Passaic	1054	287	1341	268.2
Salem	186	8	194	38.8
Somerset	373	6	379	75.8
Sussex	0	0	0	0.
Union	1097	139	1236	247.2
Warren	110	0	110	22.
Totals	12496	2295	14791	2958.2

COMING LECTURES AND MEETINGS

NORTHWEST REGIONAL CONFERENCE

The National Conference on Medical Service (formerly the Northwest Regional Conference) will hold its fourteenth annual meeting in the Palmer House, Chicago, on February eleventh for discussing problems in the distribution of medical services. This Conference originated with a group of independent medical leaders from the Lake region, for the purpose of an informal exchanging of ideas, in an informal, friendly manner. It has no dues, and passes no resolutions, and its form of organization is as simple as possible. Dr. Fernald Foster, of Bay City, Michigan, Secretary of the Michigan State Medical Society, is President of the organization.

The Medical Society of New Jersey will be officially represented in the Conference by President-Elect Watson B. Morris, and also by Drs. Hilton S. Read and Norman M. Scott, who will describe the New Jersey plan for supplying medical services to the groups composed of low-wage earners and the indigent.

AT THE ACADEMY OF MEDICINE, NEWARK

The fifth annual Harrison S. Martland lecture, under the auspices of the Essex County Anatomical and Pathological Society, will be given by Dr. Emanuel Libman, of New York, at the Academy of Medicine of Northern New Jersey, Wednesday, January 24, 1940, at 8:45 p. m. Dr. Libman will speak on the general subject of "Endocarditis".

Asher Yaguda, *President.*

"Twins, Multiple Births and Monsters" is the title of the illustrated lecture to be given by Dr. F. Gudernatsch at the Academy of Medicine of Northern New Jersey, 91 Lincoln Park, Newark, on February 7, 1940, at 9 p. m. Dr. Gudernatsch is visiting professor, graduate faculty, New York University; scientific director, Hoffmann-LaRoche, Inc., and formerly professor of anatomy at Cornell University Medical College. The meeting will be under the auspices of the Association of Medical Record Librarians of New Jersey; and members of the medical and allied professions are invited.

AT PRINCETON

Professor Ernest A. Hooton, the famous author and anthropologist from Harvard University, will speak on "The Present Biological Depression", at the Nassau Tavern, in Princeton, at two o'clock Wednesday, February 28th. Professor Hooton's well-known books dealing with the inheritance of mental qualities are: "Apes, Men and Morons", and "Crime and the Man". An article in the October Atlantic Monthly, "The Wages of Biological Sin", has also attracted much attention. Professor Hooton's wit and deep thinking promise a lecture well worth attending.

The entrance fee at one o'clock, including luncheon, is one dollar; at two o'clock, for the lecture only, fifty cents. The public is welcome.

This lecture is especially recommended to those members of the profession who are interested in improving the race by limiting the procreation of the unfit by sterilization, or other means of controlling inheritance.

JEFFERSON ALUMNI ASSOCIATION

The *Northern New Jersey Branch of the Alumni Association of the Jefferson Medical College* of Philadelphia will hold its next regular meeting on Wednesday, January 31, 1940.

The Time—7 p. m.

The Place—The Essex Club, 52 Park Place, Newark, N. J.

The Program—Cocktails, hors d' oeuvres, dinner.

Guests of honor:

Dr. H. Mohler, Dean of the College

Dr. R. Rosenberger, Professor of Bacteriology

Dr. H. Clerf, Professor of Bronchoscopy.

No papers will be read.

Will those who intend to be present please notify Dr. H. Davidson, 31 Lincoln Park, Newark, N. J.?

Frederick C. De Troia

40 Twelfth Avenue
Newark, N. J.

VOCATIONAL GUIDANCE

A short, but comprehensive, book entitled "What It Means to Be a Doctor" has been sent to every public library in New Jersey by the State Medical Society. The author is Dwight Anderson, Publicity Director of the Medical Society of the State of New York. The volume is valuable as a reference book on *vocational guidance* for young men who are considering the study of medicine, but it will also appeal to the general reader.

PERFUSION PUMP

The Carrel-Lindbergh perfusion pump, commonly known as the artificial heart, which was exhibited at the World's Fair, is now installed in the laboratories of the Ciba Pharmaceutical Products, Inc., in Summit, New Jersey, and will be on view to all visiting members of the medical profession.

Plans are now under way to install the Ciba Exhibit on "The Glands of Internal Secretion" in the Hall of Public Health of the American Museum of Natural History, located at Central Park West and 79th Street, New York City.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

JANUARY, 1940

2	Camden	11	Somerset
2	Hudson	12	Atlantic
9	Bergen	12	Salem
10	Mercer	16	Warren
10	Ocean	17	Middlesex
10	Union	18	Gloucester
11	Burlington	18	Morris
11	Essex	23	Hunterdon
11	Passaic	24	Monmouth

FEBRUARY, 1940

6	Camden	13	Bergen
6	Hudson	13	Cumberland
8	Burlington	14	Mercer
8	Essex	14	Ocean
8	Passaic	15	Gloucester
8	Somerset	15	Morris
9	Atlantic	21	Middlesex
9	Salem	28	Monmouth

BERGEN COUNTY

A. T. V. Brennan, Jr., M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held on November 14, 1939, at the Englewood Hospital.

NEW MEMBERS

The following physicians were elected to junior membership:

Vincent G. Fietti, Lyndhurst
Jesse O. Halburn, Dumont

Advanced from junior to regular membership:

Raymond E. Banta, Tenafly
Charles L. Ringe, Teaneck
L. A. Spicola, Lodi
F. J. Fechner, Teaneck

CONSTITUTION

The Constitution and By-Laws, which have recently been revised, were presented before the Society.

SCIENTIFIC

Dr. John Russell Tims, Assistant Professor of Medicine at the Post-Graduate Hospital Medical School, spoke on the subject "The Diagnosis and Medical Treatment of Gall-Bladder Disease".

Dr. Franklin R. Carter, Assistant Clinical Professor of Surgery at the Post-Graduate, gave an address on the surgical treatment of gall-bladder diseases.

ANNUAL BANQUET

On November 30th the annual banquet was held at the Swiss Chalet, Paramus, New Jersey. This year there was an unusually large gathering. The State Medical Society, the societies of the surrounding counties, the Bergen County Dental Society, and the Bergen County Bar, were well represented at the speaker's table.

CAMDEN COUNTY

Harold D. Barnshaw, M.D., Reporter

The regular meeting of the *Camden County Medical Society* was held in the City Dispensary Building on November 7th, 1939, at 9 p. m. President I. E. Deibert presided, and ninety-one members were present. Drs. Dorothy Rogers and Henry Diverty from Gloucester County, and H. P. Shipps, Burlington County, were also present.

NEW MEMBERS

Dr. Paul Mecray, Jr., recently elected member, took the oath of membership and was introduced to the Society.

The following doctors were elected members of the Society:

Dr. Richard Kerdasha, 622 Benson St., Camden
Dr. J. B. Cunnungham, 801 Cooper St., Camden
Dr. R. B. Chesnick, 135 Woodland Ter., Oaklyn
Dr. V. G. Haury, 206 Cedarcroft Ave., Camden

SCIENTIFIC PROGRAM

"The Present Status of Insulin and Metrazol Therapy in the Treatment of Mental Disease." Due to the illness of Dr. George Wilson, the scheduled speaker, this paper was presented by Dr. Harvey Bartle.

Discussion was opened by Dr. Becker, followed by Drs. Denbo, Goldstein, Sharp, Stephenson, Mecray, Jr., and Deibert, and was closed by Dr. Bartle.

OBJECTIVES

Dr. Sharp, Chairman of the Executive Committee, called the attention of the members to the inaugural address of Dr. E. Z. Hawkes, President of the State Society, outlining the objectives of the State Society. (Jour., July, 1939, page 449.)

OBITUARY

Dr. Shull presented resolutions on the death of Dr. Charles R. Hutcheson, of Camden, who was born in Camden, January 4th, 1896, and died September 22nd, 1939. (See obituary on page 37.)

APPLICATIONS FOR MEDICAL CARE

Dr. Deibert reported on the applications for medical care which had followed an announcement by the State Public Relations Committee for all individuals that were not receiving adequate care to contact the local Society.

Dr. Lewis explained the attitude of the State Society relative to this question, and moved a com-

mittee be appointed to meet with the Executive Committee to formulate an efficient plan to handle the applications.

The Chairman appointed Dr. Lewis Chairman, and Drs. Decker and Stone to serve on the committee.

CAPE MAY COUNTY

Clarence W. Way, M.D., Reporter

A regular meeting of the *Cape May County Medical Society* was held at the Ocean City Golf Club, Somers Point, N. J., at 9 p. m., with President Aldrich C. Crowe, Ocean City, presiding, and the following members present: Drs. A. C. Crowe, Samuel Hughes, Samuel Gidding, Jules Cooper, George Dandois, Louis E. Bernheisel, Allen Corson, Frank Hughes, Maurice Cohen, Warren D. Robbins, Millard Cryder, C. W. Way.

The State Society was represented by Dr. LeRoy Wilkes and Col. Norman M. Scott from the Executive Staff.

Drs. William J. Carrington, Hilton S. Read, V. Earl Johnson, Harold Davidson, R. Restin White, Robert Kilduffe and many others were present from the Atlantic County Medical Society, and Dr. Harry Diverty came from Woodbury to represent the Gloucester County Society.

The Councilor of the Fifth District, Dr. Chester I. Ulmer, Gibbstown, N. J., made an official visit, and in a very clever speech congratulated President Crowe on his success as President of the Cape May County Medical Society this year.

PERSONNEL OF COMMITTEES

President Crowe announced the appointment of committees as follows:

Emergency Relief—

Marcia Smith	L. E. Bernheisel
George M. Brooks	A. C. Moon, Chairman
August Jonas	

Public Health—

A. J. Friedland, Chm.	C. P. Cameron
H. H. Hornstine	Frank Hughes
E. C. Jennings	

Welfare—

G. F. Dandois, Chm.	Jules Cooper
M. Cryder	W. D. Robbins
J. B. Townsend	

Entertainment—

C. W. Way, Chairman	E. C. Jennings
Samuel Hughes	W. D. Robbins
A. C. Crowe	

Program—

A. C. Crowe	C. W. Way
Samuel Hughes	W. D. Robbins

Venereal Disease—

Frank Hughes, Chm.	L. E. Bernheisel
A. J. Friedland	A. Jonas
W. P. Haines	

Post-Graduate Education—

C. W. Way, Chairman	Samuel Gidding
Allan Corson	

Legislation—

Allan Corson, Chm.	W. D. Robbins
M. Cryder	George Brooks
G. F. Dandois	

Liaison—

J. Whiticar, Chairman	H. Hornstine
Julius Way	W. P. Haines
C. P. Cameron	William Steel

Executive—

M. Cryder, Chairman	Jules Cooper
C. W. Way	A. C. Moon
J. B. Townsend	

Maternity—

Samuel Hughes, Chm.	Ida Monosson
Margaret Macc	H. Pettit

Credit Bureau—

George Brooks, Chm.	J. H. Whiticar
C. W. Way	L. E. Bernheisel

Medical Defense—

Samuel Gidding, Chm.	E. C. Jennings
C. W. Way	C. E. Darby
Allan Corson	

Board of Censors—

Samuel Hughes	1941
George Dandois	1940
Allen Carson	1942

Chairmen of Sub-committees—

Cancer Control Problem: Dr. George F. Dandois
Tuberculosis Problem: Dr. Jules Cooper
Mental Hygiene Problem: Dr. C. W. Way
Crippled Children Problem: Dr. W. D. Robbins
Maternal Welfare Problem: Dr. Samuel Hughes
Venereal Disease Control Problem: Dr. F. R. Hughes
Child Health Problem: Dr. A. C. Crowe

WELFARE COMMITTEE

Clarence W. Way, a member of the State Welfare Committee, reported on the last meeting of the committee, which met in Trenton on December third. (See page 27 of this Journal.)

MEMBERSHIP

Dr. Maurice B. Cohen, Wildwood, N. J., was elected to membership.

SCIENTIFIC

Dr. Truman Schnobel, Associate Professor of Medicine at the University of Pennsylvania Medical School, gave a most interesting and instructive address, illustrated by lantern slides, on "The Non-surgical Abdomen". The outline of his address was as follows:

Causes of Acute Abdominal Pain Not Remediable by Surgery

1. *Metabolic*
   Diabetic acidosis.
   Tetany.

2. *Cardiovascular*
   a. Referred from the heart—Angina pectoris, coronary occlusion, pericarditis.
   b. Embolism and thrombosis (mesenteric occlusion, subacute bacterial endocarditis, polycythemia).
   c. Intraäbdominal arterial disease, periarteritis nodosa, dissecting aneurysm, abdominal angina.

3. *Hemotologic*
   a. Hemolytic icterus.
   b. Purpura (Henech-Osler).
   c. Sickle cell anemia.
   d. Splenic enlargements of infarction (leukemia, Banti's disease, Hodgkin's disease).

4. *Infections*
   a. Occasionally at onset of acute infections (influenza, typhoid and paratyphoid, poliomyelitis, malaria, acute tonsillitis).
   b. Dysentery—amoebic—bacillary.
   c. Rheumatic peritonitis.
   d. Tabetic crises.
   e. Arachnoidism.

5. *Gastric Intestinal*
   a. Cholangitis.
   b. Acute gastro-enteritis (foods, heavy metals, acids, alkalis).
   c. Pylorospasm.
   d. Intestinal parasites.

6. *Genito-urinary*
   a. Dietl's crises.
   b. Pyelitis.
   c. Distended urinary bladder.
   d. Renal infarction.

7. *Pulmonary*
   a. Pleurisy.
   b. Pneumonia in children.

8. *Abdominal Wall Disorders*
   a. Early herpes zoster.
   b. Intercostal neuralgia.
   c. Trichinosis.
   d. Trauma.

9. *Hysteria and Malingering.*

Discussion was opened by D. Ward Scanlan, of Atlantic City, followed by Drs. V. Earl Johnson, R. Restin White, James Mason, Samuel Giddings, and Frank Hughes.

CUMBERLAND COUNTY

F. M. Ramsey, M.D., Reporter

The regular meeting of the *Cumberland County Medical Society* was held Tuesday, December 12, 1939, at 2:30 p. m., in the Cumberland Hotel, Bridgeton, N. J. President J. Franklin Reeves, of Bridgeton, N. J., presided.

HONORARY MEMBER

Dr. E. S. Corson, of Bridgeton, who is in poor health, was made an honorary member of the society in recognition of his outstanding services to the society, particularly as reporter for many years.

CONFERENCE OF COUNTY SOCIETY OFFICERS

Dr. Leslie Myatt reported the proceedings of the Conference of County Society Officers which was held in the Executive Offices in Trenton on November 26th. (Journal, December, page 730.)

SERVICE TO NEEDY PATIENTS

President Reeves brought up the subject of a survey of indigent cases that had been reported to the State Society for aid. Practically all these cases were found to be well taken care of. There seems to have been some misunderstanding on the part of these patients regarding a newspaper article. A committee was appointed to investigate cases asking for assistance in Cumberland County.

SCIENTIFIC

Dr. Frasier of the University of Pennsylvania Surgical Staff, son of the late Dr. Charles Frasier, spoke at length on "Goiter". He discussed the routine treatment as employed at the university by the Surgical Staff. Patients are given sedatives together with iodine and vitamin B_1 until there is a steady, definite decline of the basal metabolic rate; a definite gain or maintenance of body weight; together with a stabilization of the pulse rate.

Dr. Frasier claims that local anesthesia is the anesthesia of choice. Avertin is given rectally to the patient in bed prior to operation. A daily enema of avertin for three or four days is given by the attending nurse and without the knowledge of the patient. With this treatment many patients do not have a post-operative period of excitement.

The next meeting will be held in the evening on January 9 at Millville Hospital, under the direction of the Cancer Control Committee.

ESSEX COUNTY

Paul H. Hosp, M.D., Reporter

The regular monthly meeting of the *Essex County Medical Society* was held at the Academy of Medicine Thursday evening, December 14th, 1939. The meeting was called to order promptly at nine o'clock by the President, Dr. Royal A. Schaaf.

GUEST SPEAKER

Dr. Schaaf introduced the speaker of the evening, Dr. Terry M. Townsend, President of the Medical Society of New York State, who took for his topic "Ballots, Bullets, and Bacilli".

Ballots mean any expression of popular opinion; bullets, the ammunition of facts; and bacilli, the science and art of our profession, which needs interpretation to the public.

Dr. Townsend made it plain that, unless organized medicine makes itself heard above the hub-bub created by government officials and special minority groups, it will be confronted with compulsory health insurance.

In discussing various proposals in the field of public health the doctor said every group has its own pet plan and panaceas; and meanwhile we practitioners go doggedly at our work, gently whittling at the death rate and coöperating with the public health service, doing the work which the office of education will proceed to make our patients think is all done for them by public health officials.

A strong public relations policy on the part of the medical profession places before the people the truth about these things.

Dr. Townsend urged employment of skilled persons for the technical part of public relations work.

MEMBERSHIP

Dr. Otto H. Leber, Montclair, was elected to active membership.

The following physicians were elected to associate membership:

Gertrude Overlander, Newark
Henrick Toczek, Newark
Milton Unger, Newark

COUNSELOR

Dr. Frank A. Bien was elected Counselor of the Essex County Medical Society for the unexpired term of Dr. John English, who asked to be relieved on account of his health.

EXHIBIT FOR THE LAITY

The Essex County Medical Society will conduct an exhibit for the laity, from February 5 to 10, as a part of the work of the Public Relations Committee, of which Dr. Stuart Zeh Hawkes is chairman. The list of exhibits is as follows:

1. Fractures and Industrial Medicine.
2. Crime Detection.
3. Drugs.
4. Cancer.
5. Endocrine.
6. Pneumonia.
7. Pediatrics.
8. Sera and Antitoxins.
9. Venereal.
10. "Then and Now" Exhibit.
11. Obstetric.
12. Instruments.
13. Anesthesia.
14. Statistical.
15. Clinical Laboratory.
16. Hay Fever.
17. Transfusions.
18. Arthritis.
19. Autopsies.
20. Pathology.
21. X-ray.
22. Diabetes.
23. Tuberculosis.
24. Model Operating Room.
25. Eye Conservation.
26. Medical History Exhibit.
27. Heart.
28. Advances in Urology.
29. Vitamines, Endocrines, Etc.
30. Medical Movies.
31. Dental Exhibit.
32. Plastic Surgery Exhibit.
33. Gastro-Enterology Exhibit.

No medical supply house, drug firm, individual physician or hospital will be permitted to receive any personal advertisement or commercial aggrandizement. The entire Exhibit is to be presented as the collective effort of the Essex County Medical Society as a whole.

The Essex County Dental Society, and the New Jersey Pharmaceutical Association have been invited to present appropriate exhibits.

Nationally prominent speakers will address the laity each evening during this week.

The *Physicians Club of Essex County,* at its regular annual meeting last month, elected the following to hold office for the ensuing year:

President, E. P. Schaefer
Vice-President, Edward Flynn
Secretary, George A. Paul
Treasurer, Marcus Greifinger

HUDSON COUNTY

John N. Connell, M.D., Reporter

The regular meeting of the *Hudson County Medical Society* was held on Tuesday, December 5, 1939, at the Carteret Club, and was called to order by the President, Dr. James F. Norton, at 9:15 p.m.

EXECUTIVE COMMITTEE

A meeting of the Executive Committee had been called on November 13th, but due to the fact that there was no quorum present, this meeting was not held.

FALL CLINICAL CONFERENCE

Dr. J. F. Norton: "We are duly appreciative of the work of Dr. Samuel A. Cosgrove as General Chairman of the recent Clinical Conference; and also are we equally appreciative of the work done by the chairmen of the various sub-committees and the members of their committees. There is a rather extensive report of the Conference published in the Bulletin, and there is very little that I can add to it.

"We had registered 383 physicians, of whom 159 attended from Hudson County, leaving a balance of 224 from outside the county, which is a very good attendance. We also had approximately 40 per cent of the membership participating in the various hospital and clinical programs. We were allotted the sum of $800 by The Medical Society of New Jersey, which amply covered the entire expenses, leaving a satisfactory balance.

"So, at the risk of reiterating and appearing boastful, we put on a very good Conference. We had an exceptionally high type of Conference in the various hospitals throughout the county, and there was a favorable amount of coöperation evidenced by the staffs of the different hospitals. I would like a motion made, duly recognizing the work of Dr. Cosgrove, the chairmen of the various committees and committee members."

Dr. N. M. Alter moved that we instruct the Secretary to write a letter of thanks to the General Chairman, chairmen of various committees and members of the committees for the work done at the Fall Clinical Conference. The motion was adopted. (See pages 29 and 36.)

WASSERMANNS FOR MARRIAGE

Dr. C. E. McNenney: "I would like to speak about a matter that I think we ought to bring to the attention of the State Board of Health. We have a tremendous amount of trouble in the Jersey City Board of Health, and no doubt other counties are having the same difficulty, about Wassermanns for marriages. New York City does not recognize the Hudson County Laboratory, and in order for a Jersey City person to get married in New York they have to send the specimen to Trenton and wait for the report."

Dr. C. J. Larkey stated that the law in Trenton is that New York City will only recognize the State Board of Health.

The Secretary was directed to communicate with the Hudson County Board of Health and with the laboratory in Trenton to find out the facts and report back to the society.

Dr. A. C. Ruoff: "The Executive Committee referred to the Medical Defense Comittee the investigation of the Hospital Service Plan of New Jersey to which the members of this society might become a party. I looked into the various plans and spent an evening with the agent from this organization. Of all the plans, the Hospital Service Plan of New Jersey is the one that I think we should lean to. If this society intends to undertake any plan under the present set-up, it appears that this is the most feasible plan. Any plan requires a lot of consideration; and I know of no plan where there would be any monies accruing to the benefit of any one subscriber. We are not wedded to the plan and we can at will go to any other plan that presented itself. Since this is a non-profit organization, we must have a membership of 40 per cent who will subscribe; otherwise they would not be interested."

Dr. J. F. Londrigan moved that this be referred to the Executive Committee to report back to the society at the next meeting. So ordered.

SCIENTIFIC

Dr. Norton introduced Dr. Edwin H. Place, Physician-in-Chief, Contagious Department of the Boston City Hospital and Professor of Contagious Diseases of Tufts Medical School, who spoke on "Experiences in Diagnosis and Treatment of the Acute Infectious Diseases".

Discussors: Drs. Rosenstein, Kerdasha, Berlin, Keegan, Lynch and Londrigan, terminated by Dr. Place.

PRESIDENT'S ANNOUNCEMENTS

1. We will attempt to start the meetings promptly at 9:00 p. m.

2. We will present interesting programs by prominent speakers.

The meeting adjourned at 11:20 p. m.

MIDDLESEX COUNTY

Howard Dieker, M.D., Reporter

Instead of its regular monthly business and scientific meeting, the members of the *Middlescx County Medical Society* were the guests of the Middlesex County Pharmaceutical Association at a testimonial dinner given to Dr. E. Zeh Hawkes, President of The Medical Society of New Jersey, and to Mr. Oscar Singer, President of the New Jersey Pharmaceutical Association, at the Colonia Country Club on Wednesday evening, November 15, 1939. About 140 members of the two societies were present, and enjoyed a delightful evening of entertainment. Short addresses were made by the following:

Dr. E. Zeh Hawkes, President of The Medical Society of New Jersey.

Mr. Oscar Singer, President of the Pharmaceutical Association of New Jersey.

Dr. Robert P. Fischelis, Secretary, New Jersey Board of Pharmacy.

Dr. Chester I. Ulmer, Chairman, Medical Society of New Jersey Committee on Pharmaceutical Problems.

Dr. Reeve L. Ballinger, Member, Medical Society of New Jersey Committee on Pharmaceutical Problems.

Dr. Ernest Little, Dean, New Jersey College of Pharmacy.

Dr. N. N. Forney, President, Middlesex County Medical Society.

MONMOUTH COUNTY

Samuel Edelson, M.D., Reporter

A meeting of the Executive Committee of the *Monmouth County Medical Society* was held at the Fitkin Memorial Hospital, Neptune, N. J., on November 6th. After the regular business routine was concluded, the meeting was given over to the discussion of changes in the by-laws, and the matter of advertising in the Monthly Bulletin.

A regular meeting of the Monmouth County Medical Society was held on Wednesday evening, November 22nd, at the Elks Club, Freehold, N. J.

CRIPPLED CHILDREN

Dr. Barclay Moffat reported on the activities of the Crippled Children Commission. He gave an outline of the procedure to be followed by practitioners in the treatment of cases of infantile paralysis. He stated that any or all cases should be reported to either himself or Dr. N. Ransohoff, who in turn would take the matter up with the State Committee.

SCIENTIFIC

The scientific session was arranged by Dr. Carlos Pons, and consisted of a Symposium on Physiology of Water Metabolism. The speakers were Dr. C. C. Perrine, Dr. Paul K. Bornstein, and Dr. O. R. Holters. The papers will be submitted to the Journal for publication.

MORRIS COUNTY

F. Clyde Bowers, M.D., Reporter

The monthly meeting of the *Morris County Medical Society* was held at Greystone Park on November 16. The meeting was opened by Dr. McElroy, the President.

EDUCATION

The Post-Graduate Educational Committee reported that it had arranged a course of six lectures to be given during the months of December and January.

SCIENTIFIC

A symposium on pre- and post-operative care was given by surgeons of the Third Surgical Division of Bellevue Hospital, New York City. Dr. Harry O'Connor spoke on Pre- and Post-Operative Care of a Thyroid Case; Dr. John Lawler on Abdominal Cases; Dr. John Mulholland on Intestinal Obstruction; and Dr. Samuel Standard on Fluid Balance in a Surgical Patient.

The addresses were exceptionally well delivered, and a large assembly received them with much enthusiasm. A long discussion of the papers followed.

A midnight lunch was served in the cafeteria.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held jointly with the Passaic County Dental Society at the Alexander Hamilton Hotel, Paterson, on December 14th, 1939, at 9 p. m., with President Wayne W. Hall presiding.

The meeting was preceded by a dinner at which were officers of both societies and the guest speaker.

MEMBERSHIP

The following members were elected:

To Active Membership—

Dr. Stephen L. Weisman, Paterson

To Associate Membership—

Dr. Edwin J. Allen, Paterson

Dr. Morris Monaloy, Paterson

Two applications for active membership, and four for associate membership were received.

PRESCRIPTION BLANKS

The society adopted the following motion by Dr. Okin, Chairman of the Committee on Pharmaceutical Relations:

"The Passaic County Medical Society approves the discontinuance of prescription blanks by individual druggists to physicians and agrees to the proposal that the Passaic County Pharmaceutical Association issue prescription blanks at the physician's request. These blanks will simply contain the inscription and emblem of the Passaic County Pharmaceutical Association, and will be furnished without cost to the physician."

SCIENTIFIC

Dr. Boyko, President of the Passaic County Dental Society, then introduced the speaker of the evening, Dr. Theodor Blum, President of the American Society of Oral Surgeons and Exodontists, whose subject was *Lesions of the Mouth.* This was a lantern slide demonstration of the lesions, growths, and abnormalities affecting the mouth, jaws, and teeth.

Drs. Delario, Boyko and Lentz participated in the discussion.

SUMMIT MEDICAL SOCIETY

Reported by E. H. Macpherson, M.D., Secretary

The regular monthly meeting of the *Summit Medical Society* was held at the Beechwood Hotel, Tuesday evening, November 28th, 1939.

Before the meeting Dr. David F. R. Steuart, of 11 De Bary Place, Summit, entertained the members at a buffet supper in honor of Dr. Hugo Roesler of Temple University in Philadelphia.

At the Beechwood Hotel Dr. Milligan, the President, presided, with twenty-seven members and twelve guests present.

Dr. Roesler gave an instructive talk illustrated by slides on "Errors and Diagnosis in the Treatment of Cardiac Conditions". This was followed by a discussion.

After the meeting a collation was served.

PROGRAM, ACADEMY OF MEDICINE, FEBRUARY, 1940, 8:45 P. M.

February 13—Medicine and Pediatrics

Hypertension—H. M. Thomas, M.D., Johns Hopkins.

February 15—Eye, Ear, Nose and Throat

Infections of Teeth, Sinuses, and Tonsils—John W. Gray, M.D., Newark, and George H. Lathrope, M.D., Morristown.

February 27—Doctors and Dentists

Intravenous Anesthesia—Henry S. Ruth, M.D., Philadelphia.

Visiting physicians are invited.

Franklin J. Tobey, *Secretary.*

THE WOMAN'S AUXILIARY

CHILD ADOPTIONS

AN EDITORIAL

Child adoption is a subject in which women are naturally interested. The problems in every case of adoption have important medical as well as sociological phases, in which the Woman's Auxiliary may be of essential assistance. The subject is of far wider significance and importance than is generally known, even to the medical profession and mothers' clubs, for every instance of adoption involves relations and implications which must be held in strict confidence.

It is a striking fact that the operation of the principle of supply and demand is compelling a careful consideration of the whole problem of child adoptions. In the first place, the number of childless marriages is increasing; and this leads to an increased demand for children for adoption. In the second place, there is an increasing demand for children by beggars for the purpose of exciting sympathy and extorting gifts from a credulous public.

New Jersey has developed an excellent system of law and organization relating to child adoptions, with the administration centering in the State Department of Institutions and Agencies. Every case is handled individually and confidentially, as far as possible, and without publicity. Yet accurate records of every child and every prospective foster parent must be kept. The great need and the proper methods of child adoptions have been determined; and the next step must be a wise system of public education regarding the broad implications of the problem.

The Journal of The Medical Society of New Jersey is coöperating with the Department of Institutions and Agencies by printing a series of articles prepared by the Department. The third article appears on page 22 of this issue of the Journal. These articles will appeal to the members of the Auxiliary as well as to physicians.

The Woman's Auxiliary is peculiarly well fitted to assist in the campaign for developing an intelligent system of child adoptions in cooperation with Dr. Ellen C. Potter, Medical Adviser in charge of the work. Which Auxiliary will be the first to take up the study?

Atlantic County

Reported by Mrs. Samuel L. Winn, Publicity Chairman

The Christmas party of the *Woman's Auxiliary to the Atlantic County Medical Society* was held Friday evening, December 8th, 1939, at the home of our President, Mrs. James H. Mason, 3rd, with fifty members and two guests present.

Mrs. Ruffin Stamps was in charge of the entertainment, which included many gay games all with a Christmas tone. Gifts were exchanged amongst the members, also gifts donated by each member to later be given to the children at the Betty Bacharach Home. Refreshments were served at the conclusion of the party.

The Executive Board meeting was held Tuesday preceding the meeting at the home of Mrs. Harry Subin. At the time Mrs. Samuel Salasin reported that the sum of $605 had been turned over to the Red Cross. Many sweaters are being knit by Auxiliary members for the Polish refugees.

Mrs. Samuel Gorson, entertainment chairman, reported the profits of the Sweepstakes Dance, which proved a very successful and delightful affair.

The January meeting will consist of a report of an Essay Contest in the grammar grades of the schools; and a Reciprocity Tea, at which Mrs. A. Haines Lippincott will speak on Cancer Control.

The guest speaker will be Dr. H. S. Davidson on the subject "Cancer".

Camden County

Reported by Mrs. Magdalena W. Hirst

The Executive Board meeting of the *Woman's Auxiliary to the Camden County Medical Society*

was held on Tuesday, December 5, 1939, at the home of the President, Mrs. Max L. Weiman, Haddon Heights, N. J.

There were seventeen members present, with Mrs. Weiman presiding. Minutes of previous meeting were read by Recording Secretary, Mrs. K. B. MacAlpine, and reports were received from the Treasurer, Librarian, and Public Relations Chairman.

The Program Chairman, Mrs. L. L. Glover, announced the program for the regular meeting of the members on January 16, to be held at the home of Mrs. Oram R. Kline, 510 Cooper Street, Woodbury, N. J.

Miss Jane C. MacNeal, from the Pennsylvania Hospital, Philadelphia, Pa., will speak on Medical Social Work.

A new phase of medicine, "The Correlation of the Medical Profession with Religious Social Work," will be presented. Speaker to be announced later.

Mrs. A. Lincoln Sherk, of Merchantville, N. J., will sing, and there will be a reception to new members.

The Public Relations Chairman, Mrs. O. R. Carlander, announced that the Public Relations Meeting on March 26th, 1940, will be an all-day institute.

Essex County

Reported by Mrs. Frank S. Forte

The regular monthly meeting of the *Woman's Auxiliary to the Essex County Medical Society* was held on Monday, November 27th, 1939, at the Academy of Medicine, 91 Lincoln Park, Newark, N. J. Mrs. William D. Miningham, the President, presided, and seventy members were present.

Mrs. Anthony Ambrose, Membership Chairman, reported three new members:

Mrs. Baxter Clements, Short Hills
Mrs. John J. McGuire, Newark
Mrs. Leon Ginsberg, Essex County Hospital, Cedar Grove, N. J.

Mrs. Edward J. Flynn, Ways and Means Chairman, reported that everything looked favorable for the Annual Supper Dance to be held on December 16 at the Essex House, Newark.

Mrs. Don A. Epler, Program Chairman, announced that at the January meeting Mrs. Maurice S. Avidan, winner of a national prize at the World's Fair, would lecture on needlepoint, old and new.

Also there would be a résumé of medical legislation by our State Legislative Chairman, Mrs. A. W. Bickner.

The guest speaker, Mrs. Norma Bingham of the Newark Evening News, spoke on "Iceland, the Land of Fire and Light".

Hudson County

Reported by Mrs. Sydney Chayes

The annual Christmas party of the *Auxiliary to the Hudson County Medical Society* was held on December 4, 1939, in the club rooms of the Young Women's Christian Association, Fairmont Avenue, Jersey City, N. J.

Arthur Voorhes spoke on the rehabilitation of the blind, and the places they are taking in business, professions and in the factories. He was accompanied by his Seeing Eye dog. Every member was urged to support the sale of articles made by the blind which is being held at 60 Sip Avenue, Jersey City, N. J.

Mrs. Arthur Largay, President of the Auxiliary, presided at an Executive Board meeting preceding the regular session.

Mrs. Joseph Ruvane, Chairman of Program, introduced Richard Blondell of radio fame, who related Christmas stories, also the story of Beethoven's Moonlight Sonata. Ted Meyn, organist at Loew's, Jersey City, played several selections on the piano and accompanied Mr. "Bunny" Smith, who sang several numbers, Jimmy Dick Cogan, boy soprano, son of Dr. Frank Cogan, of Bayonne, accompanied by Mrs. Gertrude Walsh, delighted his audience with a group of songs among which were "Holy Night," "Ave Maria", and "I Passed by Your Window".

Mrs. Henry Klaus, of Union City, made a jolly Santa Claus and distributed gifts to the members. Mrs. George Culver and Mrs. Jack Nevin presided at the tea table, assisted by Mrs. Samuel Scott, Mrs. Harry Perlberg, Mrs. A. Reiman, Mrs. Edward Murphy, Mrs. A. Schulman, Mrs. E. Chapman and Mrs. Ben Shook.

Ocean County

Reported by Mrs. Emanuel M. Sickel, Lakewood, N. J.

A regular meeting of the *Woman's Auxiliary to the Ocean County Medical Society* was held at the home of Mrs. Buermann with Mrs. A. Goldstein presiding. Regular business was discussed concerning the movie benefit held at the Strand. A social hour was enjoyed and refreshments were served.

Those present were Mrs. Robert Buermann, Miss D. Clark, Mrs. Bunnell, Mrs. Goldstein, Mrs. Halbach, Mrs. Menge, Mrs. Obert, Mrs. Thompson and Mrs. Leon Taylor.

The January meeting will be held at the Point Pleasant Hospital.

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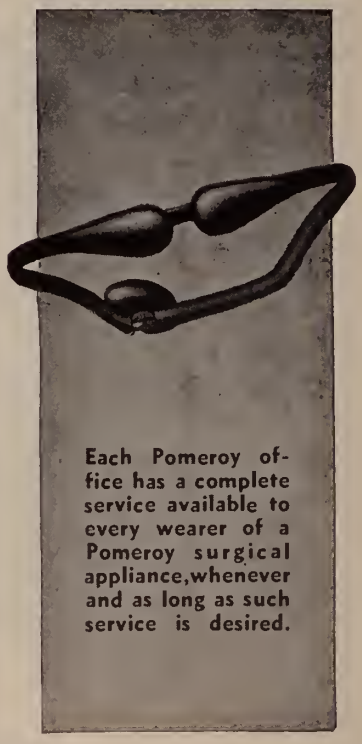

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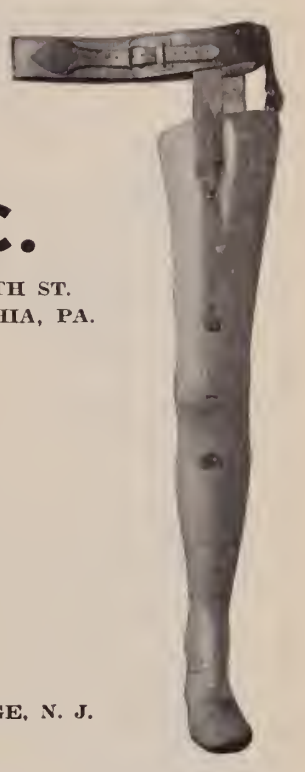

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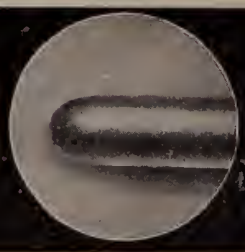

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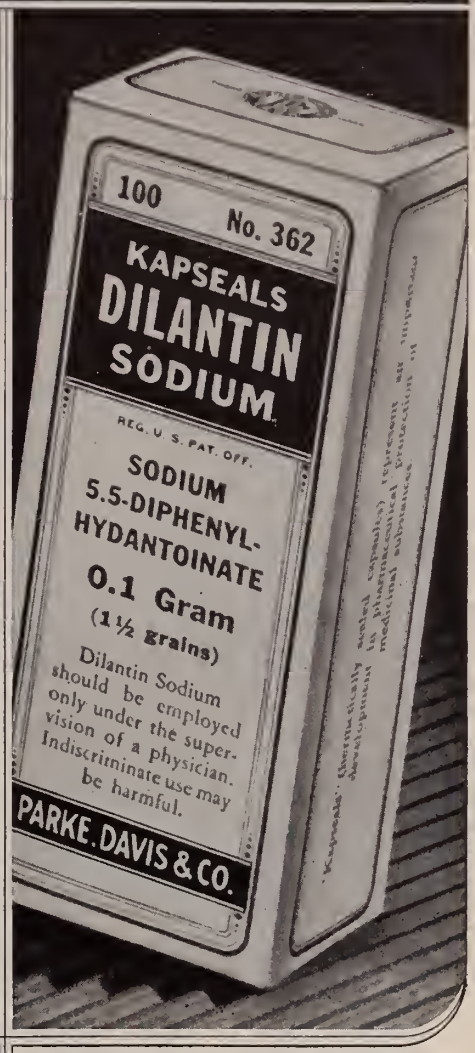

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TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XIII **January, 1940** **No. 1**

TUBERCULOSIS in the male genital organs is believed to be secondary to some other tuberculous focus in the body, most commonly in the lung. Though the prognosis is discouraging and the treatment far from satisfactory, much progress has been made in this field in recent years. Miller and Lustok published a paper based on their observation of 61 male patients with genital tuberculosis, abstracts of which follow:

GENITAL TUBERCULOSIS

At the Sanatorium of the Jewish Consumptives Relief Society, 61 (4.7%) of 1316 male patients admitted in an eleven-year period, had genital tuberculosis.

Genital tuberculosis may occur at any age but the vast majority of patients range from 20 to 40 years. The younger the patient the more virulent the infection. Genital tuberculosis is secondary to some other tuberculous focus in the body, usually the lungs. Ninety-five per cent of these patients had associated far advanced pulmonary tuberculosis and 86.8% had sputum with tubercle bacilli. The infection may reach the genital tract directly by way of the blood stream, by way of the lymphatics and, secondarily, by continuity of tissue. The seminal vesicles and prostate are the primary seat of the genital tuberculous infection (though the epididymis gives more pronounced symptoms) and also the focus from which the bladder and kidneys in many cases are affected.

Pathogenesis

There are two general theories concerning the pathogenesis of tuberculosis of the male genital tract:

1. That the prostate and seminal vesicles are involved primarily in the genital system and that the disease may remain localized or spread as descending genital or ascending renal tuberculosis.

2. That the prostate and seminal vesicles are involved secondarily from other urogenital organs by dissemination through the lumens or walls of hollow viscera connecting them, ascending genital or descending renal tuberculosis.

The authors believe that the disease most frequently starts in the vesicles and prostate but may occasionally start in the epididymis and that the mode of infection is primarily hematogenous.

Diagnosis

The difficulty in accurate diagnosis of the scrotal and prostatic masses has been emphasized frequently, yet the chief underlying cause is incomplete investigation.

The only method available for the examination of the prostate and seminal vesicles is palpation with the finger in the rectum. In the early stages of the disease no change may be demonstrable by this means of examination, but in the vast majority of cases definite signs are present. Irregular, firm but not stony hard nodules in the prostate recognized by means of touch indicate extensive involvement of this organ. Likewise when the seminal vesicles are felt as pencil-like bands, extending in an upward and outward direction from the upper margin of the prostate, extensive involvement of these organs is indicated.

Examination of the external genitalia is best done with the patient in a standing position facing the surgeon. Observations are made of alterations in the normal rugose appearance of the skin of the scrotum, the shape of the testicles and their relative position in respect to each other. Changes in the scrotal skin are sometimes a valuable guide, as shown by a smoothing out of the rugae and a wasting of the cellular tissue immediately beneath the dermis. Adhesion of the skin to the epididymis is a well known sign, as is also a sinus discharging

creamy pus. A comparison of the mobility of the two testicles is sometimes helpful. A normal organ can be moved freely within its covering, particularly in the upward and downward direction. This movement is often restricted when tuberculosis of the genital organs is present. In the early stages a soft or even fluctuant mass at the site of the epididymis and involving it is present in a large percentage of cases. If untreated, it will result in ulceration and formation of a chronic sinus discharging pus or it will become a hard fibrotic or calcific mass. Late in the disease the epididymis may entirely lose its identity or, if it can be palpated, will be craggy and nodular. The vas becomes thickened and has beadlike prominences.

Classification

Genital tuberculosis has the same pathological characteristics as tuberculosis elsewhere in the body and a discussion of it must take into consideration the clinical-pathologic type of tuberculosis, as is done by the phthisiologist in classifying pulmonary tuberculosis. The authors have classified their cases into three groups, (a) catarrhal, 8 cases; (b) ulcerative, 21 cases and (c) fibroid, 32 cases. (These subdivisions are carefully defined in the article.)

Prognosis

The prognosis of genital tuberculosis does not depend entirely on the prognosis of the associated pulmonary lesion, as the authors discovered by comparing their series of cases with a comparable series of pulmonary tuberculosis without genital involvement. In fact, the presence of genital tuberculosis adds considerably to the gravity of the general disease and shortens the life expectancy. At the end of a one to eleven year period of observation, only 34.4% of the authors' patients were alive.

Treatment

The surgical treatment recommended varies from a careful resection of the infected focus to the complete removal of the seminal tract. The immediate mortality rate of radical surgical management, the persistent draining sinuses that are frequent sequelæ of such intervention and the false rationale of removing a single focus and leaving the primarily infected prostate, have placed this form of therapy in general disrepute among phthisiologists and urologists versed in the management of tuberculosis.

The beneficial effect of ultraviolet therapy in extra-pulmonary tuberculosis has been well known for many years. It is logical to choose a form of therapy which will lend itself to sharp localization to the desired areas, that is the prostate, the seminal vesicles and the epididymis thus producing the maximum local effect without doing any general harm. Irradiation of the epididymis alone has been common practice among the men who advocate this form of physical therapy for genital tuberculosis. It is the authors' belief that if radiation were given with equal intensity to the prostate and seminal vesicles, the most frequent primary seat of tuberculous infection in the genital tract, the result would be more certain and more rapid and reactivation would be less likely to occur.

The authors describe at some length their method of applying light therapy by means of the cold quartz lamp and report encouraging results in the treatment of the catarrhal and ulcerative types.

Genital Tuberculosis, Eli A. Miller, M.D., and Mischa J. Lustok, M.D., Jour. of Amer. Med. Assn., Vol. 113, No. 15, Oct. 7, 1939.

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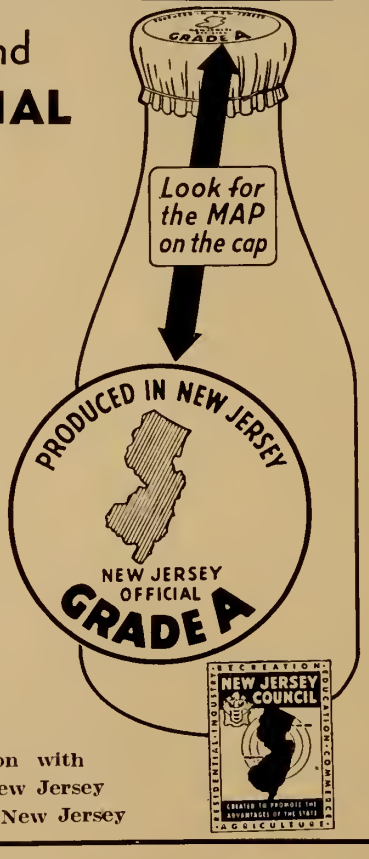

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METHODS FOR QUANTITATIVE ESTIMATION OF THE VITAMINS

V. The Determination of Riboflavin

● In 1929, the so-called "water-soluble vitamin B" was considered to be composed of two factors, heat-labile vitamin B and heat-stable vitamin G (American nomenclature). General recognition of the existence of vitamin G stimulated research on methods for its quantitative estimation. As a result, a number of bioassay methods for vitamin G were evolved (1, 2) and widely used to determine the vitamin G values of foods.

By 1937, however, it was evident that the heat stable fraction of the vitamin B complex was not a single entity, but rather a mixture of essential factors, among them the yellow-green fluorescent pigment, riboflavin (3). Hence, another chemical compound has recently attained significance in human nutrition (2, 4). The establishment of specific methods for the determination of riboflavin in foods immediately became of interest to workers in the field of nutrition.

As to methods for estimation of riboflavin, it is commonly accepted that the Bourquin-Sherman bioassay method (5)—originally devised for vitamin G—measures riboflavin rather than any other factor (2). This method provided for depletion of the body stores of young rats by confinement to a specified "vitamin G-free" diet and determination of the growth response of the animals to graded supplementary doses of the material under assay. One Bourquin-Sherman vitamin G unit is now considered equivalent to 2-5 micrograms (1/1000 milligram) of riboflavin, the probable average value being about 3 micrograms.

Attempts have also been made to devise a physico-chemical method for estimation of this factor. The yellow-green fluorescence of riboflavin solutions—reaching its maximum between pH 6.0 and pH 7.0—is one of the distinctive properties of this compound (6). The measurement of the intensity of this fluorescence appears to be a promising method for estimating the riboflavin content of a suitably prepared solution, within certain ranges of riboflavin concentrations. However, many difficulties such as the complete extraction of riboflavin from foods and the removal of interfering materials from the extract must be overcome before fluorometric methods can be applied to the determination of riboflavin in all foods. However, recent reports demonstrate that fluorometric methods are adaptable to the estimation of riboflavin in certain specific foods and that a reasonable correlation may be expected between values determined by fluorometric and bioassay methods (7).

From available information (8), it is apparent that riboflavin possesses a high degree of heat stability and is not significantly affected by commercial canning procedures. Thus, the many varieties of canned foods available to the consumer provide convenient and economical sources of this dietary essential.

AMERICAN CAN COMPANY
230 Park Avenue, New York, N. Y.

(1) 1931. The Vitamins, Second Edition, H. C. Sherman and S. L. Smith, Chemical Catalog Co , New York.
(2) 1939. The Vitamins: A Symposium, page 289. American Medical Assn., Chicago.
(3) 1939. The Vitamins: A Symposium, page 127. American Medical Assn., Chicago.
(4) 1939. U. S. Pub. Health Rpts. 54, 2121.
1939. U. S. Pub. Health Rpts. 54, 790.
1939. J. Am. Med. Assoc. 113, 1697.
(5) 1931. J. Am. Chem. Soc. 53, 3501.
(6) 1939. The Vitamins: A Symposium, page 249. American Medical Assn., Chicago.
(7) 1939. Ind. Eng. Chem. Anal. Ed. 11, 495.
1937. J. Am. Chem. Soc. 59, 1153.
(8) 1938. Nutrition Abstracts and Reviews 8, 281.
1932. J. Nutrition 5, 307.
1934. J. Nutrition 8, 449.
1935. J. Am. Diet. Assoc. 11, 343.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the fifty-sixth in a series, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

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The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

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There is no other milk exactly like Golden Guernsey—in flavor, food-values, or color. Its deep yellow results from an abundance of carotene, a primary source of vitamin A.

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Pennies for Health — the price of Walker-Gordon Certified — the milk made especially for children from nine months before birth to nine years after — is much lower than it used to be, only a few pennies more than that of grade A milk . . . perhaps the cost of a newspaper.

Grapefruit and Calcium Assimilation

A recent research, conducted in one of America's great universities, has shown that the addition of citrus fruits to the diet causes increased assimilation and retention of calcium derived from other foods. As a result of this research, it was found that:

Animals given citrus juice in addition to a standard basal diet grew, on the average, about 10% more rapidly than their litter mates whose diets did not include citrus juice.

They stored a distinctly higher percentage of the calcium provided in the basal diet, the average being about 8%. In spite of the fact that the citrus juice slightly diluted the calcium of the diet —so that they received less calcium than their litter mate controls—they stored a greater amount, as well as a higher percentage, of the calcium in their diet.

This confirms by laboratory experiment the opinion, expressed by earlier investigators, that citrus juices have a supplementary effect in increasing the utilization of other factors in the diet.

Physicians, dentists and dietitians who desire to increase the dietary intake of citrus fruits have found it useful to advise patients to take grapefruit *in addition* to their customary allowance of citrus fruit. Grapefruit may be drunk as fresh juice at any time of day, and eaten as entree, salad or dessert.

Grapefruit supplies an abundance of Vitamin C and appreciable amounts of other vitamins, as well as mineral salts, citrates and easily digested sugars.

The Citrus Commission of the State of Florida has prepared for the professions a treatise on the citrus fruits in their relation to health, with a full bibliography; a copy will be sent to any member of the medical profession upon request. Also available are reprints from the "Journal of Biological Chemistry" describing the laboratory experiment mentioned above.

FLORIDA CITRUS COMMISSION
STATE OF FLORIDA

Dept. 26-6

Florida Citrus Commission
Lakeland, Florida

The statements in this advertisement are based on the following numbered references in "Citrus Fruits and Health": 58, 59, 60.

Gentlemen:

Please send me CITRUS FRUITS AND HEALTH and reprint of the article on calcium assimilation from THE JOURNAL OF BIOLOGICAL CHEMISTRY.

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Complete literature on Silver Picrate as used in genitourinary and gynecological practice will be mailed on request.

*"Treatment of Acute Anterior Urethritis with Silver Picrate," Knight and Shelanski, AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES, Vol. 23, No. 2, pages 201-206, March, 1939.

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5

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* We have prepared a booklet on the use of Buffers in enhancing the value and diminishing the side effects of certain drugs. We will send it to Doctors on request.

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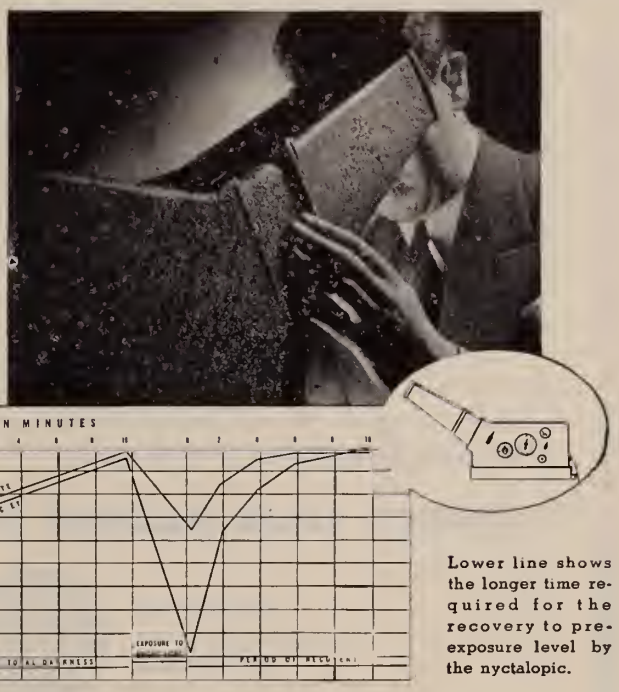
STUDIES IN THE AVITAMINOSES

This page is the second of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A two-page insert on the same subject appears in the February 17 issue of The Journal of the American Medical Association.

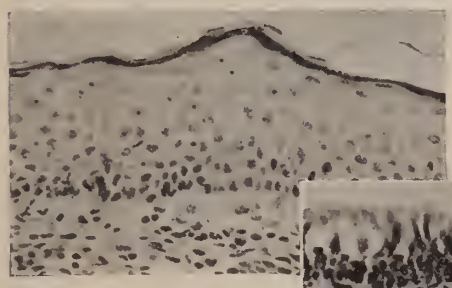
Manifestations of Vitamin A Deficiency

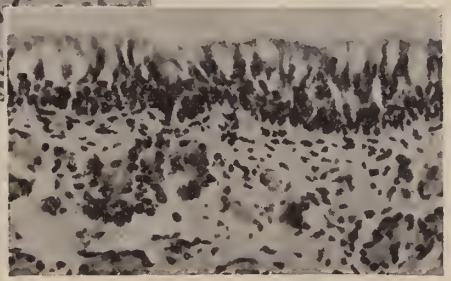
One of the early manifestations of vitamin A deficiency is nyctalopia, a loss of visual acuity in dim light. While several pathologic states (retinitis pigmentosa, toxic amblyopia, detachment of the retina) also produce night blindness, vitamin A deficiency is probably the most frequent cause. After exposure to the blinding glare of a bright light the normal eye adapts itself relatively quickly to lowered illumination. In nyctalopia due to vitamin A deficiency, the time required for recovery of visual acuity is longer.

In otherwise normal eyes, measurement of capacity for dark adaptation by means of the biophotometer has been suggested as a method of discovering vitamin A deficiency.



Lower line shows the longer time required for the recovery to pre-exposure level by the nyctalopic.





Above, stratified, keratinizing epithelium of the turbinate mucous membrane of a vitamin A deficient monkey; at right, normal mucosa.

Pathologic epithelial changes produced by vitamin A deficiency are illustrated by the photomicrographs of turbinate mucous membrane taken from normal and vitamin A deficient monkeys. The progressive pathologic process consists of atrophy of the epithelium, reparative proliferation of the basal cells and finally, as depicted in the upper photograph, replacement of the normal by a stratified, keratinizing epithelium.

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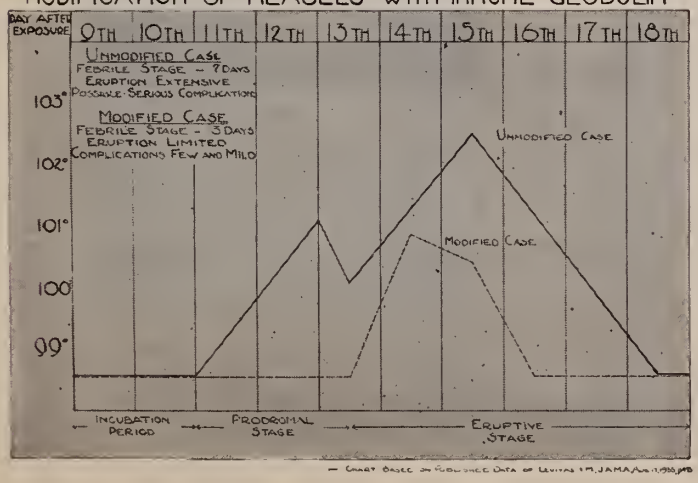

— CHART BASED ON PUBLISHED DATA OF LEVITAN ET AL. JAMA, Aug. 1, 1936, p. 378

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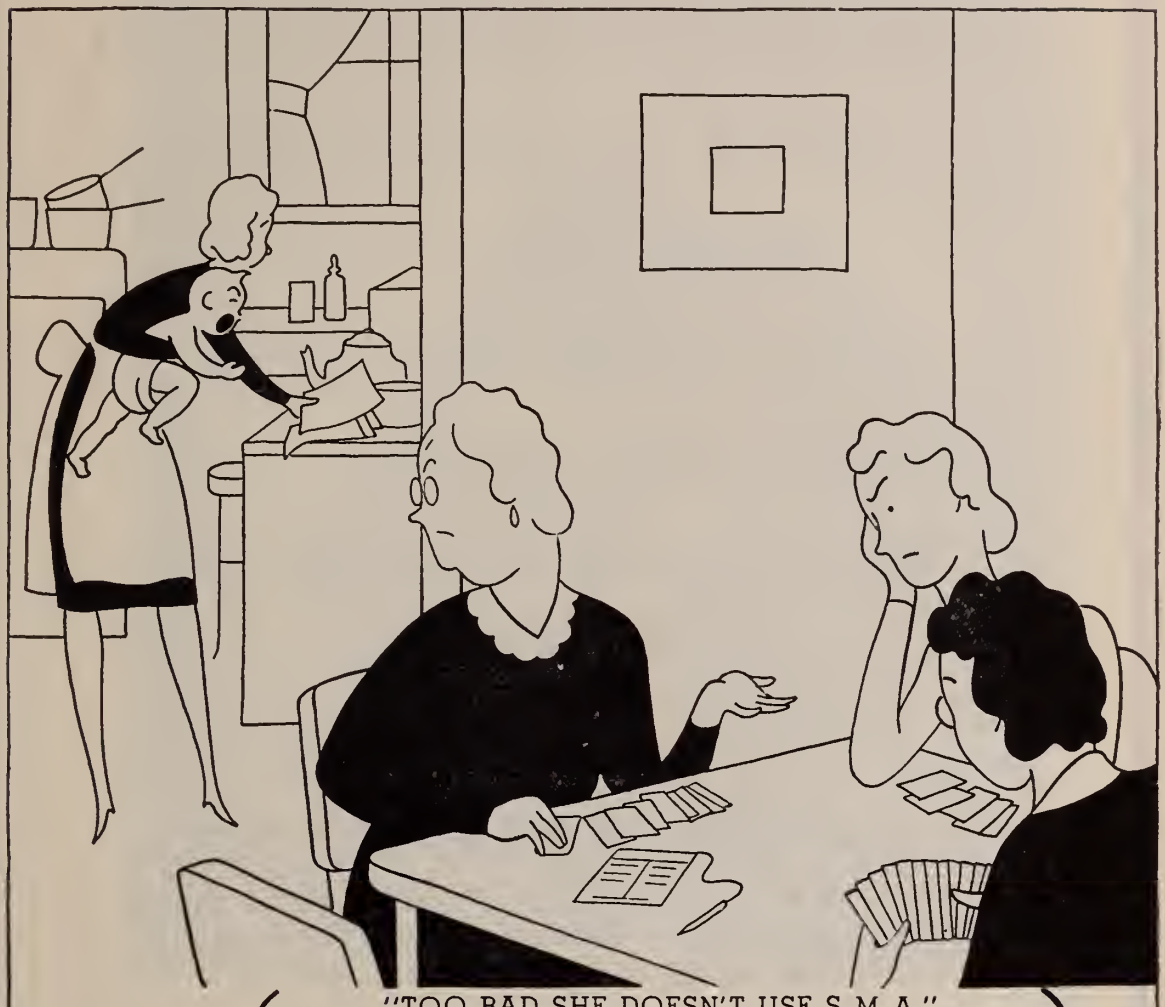

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THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly

Under the
Direction of the
Committee on Publication

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Single Copies, 30 Cents

EDITORIAL

Schedule of Annual Reports

The successful delivery of medical services has always depended upon the support which the doctor receives from the patients, his family, his neighbors, and the community generally.

During the first half century of the Society's existence, it was the custom to present patients for observation and discussion; and the decision regarding diagnosis and treatment of a case was determined by a majority vote of the members present at the meeting. A striking fact in these discussions was the almost total lack of *public participation* in the care of the sick. The deplorable results of the lack of public facilities for reaching and treating patients is illustrated in a report of a case of tetanus made to the Society in 1812 by Dr. Nathaniel Manning of Amboy, and reproduced in this Journal of June, 1939, page 379. Dr. Manning described the difficulties of visiting the patients because of Spring floods; and yet the patient recovered from tetanus, only to die later of pneumonia contracted in his crowded hovel.

Modern progress in medical practice has consisted largely in the development of a *community conscience* regarding the duty of the people generally toward both the cure and the prevention of sickness. Today the major part of the program of the meeting of every official medical society of a county or state, or the A. M. A., consists of discussions of essential plans for the participation of the community in all phases of public health activities. Every person, be he rich or poor, educated or ignorant, is the recipient of medical assistance supplied by public organizations such as hospitals, departments of health, and welfare groups.

In the Spring of 1939, a schedule for April meetings of the thirty committees of The Medical Society of New Jersey for the final preparation of their annual reports was carried out with remarkable unanimity and success. In the Fall a schedule of similar meetings of the committees for preparation of programs for their work during the coming year was carried out with equal success. (Jour., July, 1939, p. 407.) A similar schedule of meetings of the several committees for formulating their annual reports is printed on page 69 of this Journal.

All this is concrete evidence that the medical societies of the counties and the State of New Jersey are performing their duties as the medical advisers of the community.

Newer Functions of Committees of The Medical Society of New Jersey

The major activities of The Medical Society of New Jersey are conducted under the initiative and leadership of its officers and thirty-six committees whose functions have undergone an evolution during the last ten years, and are therefore well known to physicians generally. But a sudden change in economic conditions has created new problems which are of a most serious nature, and whose solution requires new and untried methods of approach. The committees dealing with these newer conditions are described in the following paragraphs:

I. COMMITTEES ON STATE FUNCTIONS

1. THE COMMITTEE ON HOSPITAL RELATIONSHIPS

Chairman, Dr. S. T. Snedecor
Vice-Chairman, Dr. H. B. Decker

Function—

To survey the methods of the management of hospitals. This survey was published in The Journal of July, 1939, page 414, and reprints have been distributed to the Boards of Managers of eighty or more public hospitals of the State. The work of the immediate future will be to develop a form of By-Laws which will be adaptable to the conditions that are common to all hospitals.

2. COMMITTEE ON VOLUNTARY HEALTH INSURANCE

This committee did the preliminary work in formulating *The Medical Service Plan of New Jersey* for the distribution of medical services to the self-supporting, low-wage group. The Plan was presented at the annual meeting of the House of Delegates on June 7, 1939, and was adopted.

The Committee on Voluntary Health Insurance was then discontinued, and its functions were assumed by the Board of Governors of The Medical Service Plan.

Present Activity—

To formulate an Enabling Act governing Medical Service corporations, for submission to the present Legislature. When the Bill becomes a law, the Plan will be put into operation.

3. THE WAYS AND MEANS COMMITTEE

This committee was established by the Board of Trustees for the following purposes (Minutes of meeting on June 8, 1939):

"To institute or to direct effort for putting into effect all fully-settled policies and objectives. This committee would serve as an aid to the President in both an advisory and a promotional capacity."

Personnel—

Drs. F. J. Quigley
W. P. Eagleton
S. T. Snedecor
W. B. Morris
C. H. Schlichter

This committee is cognizant of the objectives of all the important committees; and at their request, it will advise them regarding the ways and means of reaching their objectives.

II. THE STATE COMMITTEE ON NATIONAL HEALTH PROBLEMS

The Board of Trustees of The Medical Society of New Jersey appointed the Delegates and Alternates to the A. M. A. to serve as a special committee on National Health Problems.

First Function—

1. The consideration of:
   a. The Social Security Act
   b. The Report of the Interdepartmental Committee
   c. The National Health Program
   d. The National Health Bill, that of Senator Wagner.
   e. The testimony given before the National Senate Committee that is investigating the National Health Program.

The committee formulated a plan adapted to New Jersey, and based on the Wagner Health Bill. This was in accordance with the provisions of the Wagner Health Bill inviting each State to formulate a plan that would be adaptable for that State. The plan drawn up by the New Jersey Committee was considered too utopian by the Board of Trustees, and was referred back to the committee for reconsideration.

Second Function—

The consideration of the Platform of the A. M. A. (Journal, January, page 4.) Its approval of the Platform was endorsed by the Board of Trustees.

Third Function—

The consideration of the objectives and form of organization of the National Physicians' Committee for the Extension of Medical Service (Journal, January, pages 26 and 35).

The State committee approved the objectives of the national committee, but disapproved its ways and means for reaching its objectives.

The Board of Trustees concurred in the committee's recommendations.

III. NATIONAL COMMITTEES

The committees of The Medical Society of New Jersey are directly concerned with the activities of two *National Committees* which are considering the distribution of Health Services:

1. THE INTERDEPARTMENTAL COMMITTEE

This is a special committee appointed by the President of the United States.

Function—

To study health and welfare problems whose scope is nation-wide; and to suggest methods of their solution.

2. THE SUB-COMMITTEE ON THE NATIONAL HEALTH PROGRAM

This is a committee of the Congress of the United States. It is a sub-committee of the Senate Committee on Education and Labor, under the chairmanship of Senator Murray of Montana.

Function—

To develop a National Health Bill.

A major duty of the New Jersey Committee of A. M. A. Delegates and Alternates is to study the proposals of the two National Committees, and suggest methods of adapting them to the needs of New Jersey, according to the Platform of the A. M. A.

The Executive Secretary of the Committee on Legislation

During the last decade the relations of The Medical Society of New Jersey to public health legislation have expanded to such an extent as to require the executive services of a physician who is experienced in appraising the needs of the several communities, and has a wide circle of acquaintances among the medical, legal, legislative, and industrial groups throughout the State. The Board of Trustees therefore established the office of Secretary to the Committee on Legislation, and chose Dr. Frederic J. Quigley for the position. Dr. Quigley is peculiarly well qualified for the secretaryship by reason of his experience as President of the State Society, and as a member of the Board of Trustees for eight years.

The Committee on Legislation is the oldest committee of The Medical Society of New Jersey. It was first appointed on November 1, 1768, for the purpose of securing a law regarding the standards of ability and character of all those who aspired to the practice of the healing art. This committee approached members of the State Legislature, and enlisted the support of leading citizens in the local communities, especially in securing petitions for the enactment of a medical law of the State. In these efforts the committee was successful after four years of effort.

The principles of action adopted by the first Committee on Legislation have been followed by the long line of its successors. The function of the Executive Secretary will be to collect, correlate, and issue information regarding health needs and projects in which enabling legislation is necessary. In the local phases of this work, he will have the advice and coöperation of the *key men* who have been appointed in every county society, according to the system which was established in 1934 (Jour., Feb., 1934, page 107).

The scope of the duties of the Legislative Secretary is outlined on page 72 of this issue of The Journal.

Evaluating the Medical Service Plan of New Jersey

Why should the physicians of New Jersey support the proposed Medical Service Plan of New Jersey?

The purposes of the organization, as expressed in its proposed by-laws, are as follows:

1. "To assist a selected, low-income group of persons to secure medical and surgical care, including preventive measures, diagnosis, and treatment, by qualified physicians.

2. "To accomplish the above on a voluntary basis which preserves the present patient-physician relationship, and allows the free choice of physician and patient from among those participating in the Plan."

Coöperative action by the medical profession will be of essential value in carrying out these two important principles.

Students of the subject believe that a system for distributing medical services be set up and operated by the medical profession, with higher efficiency and less cost, than by a government bureaucracy.

They also believe that the people prefer to have medical services distributed under a voluntary pre-payment plan, administered by an organization of physicians; rather than under a compulsory tax plan, administered by government control.

Brief Scientific Articles

Attention is directed to two scientific articles:

1. That on "Procedures Common in Endocrinology", on page 53 of this Journal.

2. That on "Causes of Acute Abdominal Pain Not Removable by Surgery", on page 40 of the January Journal.

The special feature of each article is that it is an outline of conditions which might produce certain symptoms that confront a general practitioner when he is called to treat an acute case. When the patient does not get relief promptly, the doctor is humiliated to find that another physician has diagnosed a condition which never occurred to him. A great source of a physician's reputation is the diagnosis of an unusual condition which has been overlooked by a previous doctor. At the opposite extreme is the doctor who is always diagnosing rare conditions, and sending his patients to the hospital.

One of the most valuable items of a physician's armamentarium is a small handbook containing a list of all the conditions which might produce the common symptoms of which a patient is likely to complain. For example, forty years ago when appendicitis was a "New" disease, many a young doctor established a reputation for diagnosis of acute appendicitis which had been called "Intestinal Colic" by an older physician. But now the pendulum has swung to the opposite extreme, and after a diagnosis of appendicitis is made, an operation has sometimes disclosed some one of a long list of rare conditions. A handbook containing a list of those and similar conditions may be a life-saver to the patient, and a conserver of the reputation of the doctor.

Outlines such as the two which have just been described are welcomed by the readers of this Journal.

Amendments to Constitution and By-Laws

The Committee on Constitution and By-Laws of The Medical Society of New Jersey requests that any recommendations for amendments or changes in the Constitution and By-Laws of the State Society be forwarded at once to the Chairman, Dr. David A. Kraker, 31 Lincoln Park, Newark, N. J., so that such recommendations may be studied by the committee and a report be made in ample time for publication in the annual report, and action at the 174th Annual Meeting, June 4-6, 1940, Atlantic City.

Your coöperation in forwarding your recommendations to Dr. Kraker as soon as possible will be greatly appreciated.

LeRoy A. Wilkes, M.D.,
Executive Officer.

ORIGINAL ARTICLES

ACUTE HAEMATOGENOUS OSTEOMYELITIS
DIAGNOSIS AND TREATMENT

By John E. Toye, M.D., F.A.C.S., Arlington, N. J.
The Hospital for Crippled Children, Newark, N. J.

Read before the Section on Surgery at the Annual Meeting of The Medical Society of New Jersey, June 7, 1939.

To one who sees a fairly large number of cases of osteomyelitis, the impression gains a very firm foothold that there is still much to be desired in the handling of these cases. They are essentially long drawn out under the best conditions, but it would seem that we might possibly reduce the period of hospitalization and disability which would, under the most favorable conditions, be long. There is obviously still something lacking in our management of this disease.

I do not intend to discuss etiology or pathology, except briefly.

ETIOLOGY

It is generally admitted that the most frequent cause of acute haematogenous osteomyelitis is the staphlococcus, usually the albus. Streptococcus does occur with moderate frequency, but in the ratio of about one to ten. It is perhaps unfortunate that this ratio is not just reversed since those cases which are due to streptococcus recover much more rapidly and with less bone destruction, as a rule, than those of staphlococcus origin.

The disease frequently follows an acute infection like tonsillitis, otitis media, and furunculosis, to mention some of the more frequent infections.

Trauma is important only insofar as it may have caused some bone destruction and haemorrhage which allows infection to localize much more easily in a place of least resistance.

A really important matter is that the localization may be in cancellous bone, in bone marrow, or sub-periosteally. It is usually localized close to the epiphysis, on the diaphyseal side, and rapidly spreads up the shaft.

EARLY DIAGNOSIS

There are to my mind two conditions which make for effective care of these cases, early diagnosis and adequate treatment.

I admit that there is nothing new in those two, but I am inclined to believe that they are, unfortunately, not always accomplished.

Perhaps our greatest handicap in carrying out these highly desirable conditions is the late diagnosis. It is rather the rule than otherwise to see an acute osteomyelitis that has been treated for rheumatism, or some other condition, for a longer or shorter period. Valuable time has been lost, and unnecessary bone destruction has taken place.

The vast majority of these cases are seen first by the general practitioner. Osteomyelitis in the practice of the average general practitioner is rare. Therefore it is hardly to be expected that, with the multitude of cases of the usual type that he has, he is going to be able to snap a diagnosis of osteomyelitis very easily. He isn't looking for it or expecting it.

It would seem that, if the profession can be made osteomyelitis conscious, a long step will have been taken toward better results. The diagnosis is not difficult if one has it in mind. In fact, there is usually no other diagnosis to be made if one only thinks of it.

In the presence of high fever, pain, and swelling at or near a joint, one has to differentiate between acute arthritis and osteomyelitis. In acute arthritis the slightest motion of the joint surfaces on each other produces exquisite pain. It just cannot be done. But with osteomyelitis which is near the joint and causes swelling to resemble the swelling of a joint, with care the joint may be moved as far as a

ten or fifteen degree arc with little or no pain. Also the tenderness of arthritis is close to the joint and surrounds it, while in osteomyelitis it is near the side of the bone. There is usually a definite point which is much more tender than any other.

In less acute, less virulent, cases the pain is localized the same; but the symptoms are much less acute, and the patient is not nearly as acutely ill. There may be less obvious swelling, but measurement of the limb will show an increase in circumference of one to two inches.

Do not expect any help from x-ray. That will show nothing under about two weeks.

There is of course an increased leucotytosis. I believe these points will usually clear up the diagnosis very effectually. An acute joint may have sufficient fluid to mislead you in this differential, but that is rare. It has happened to me once, but it should not have done so.

TREATMENT

Once the diagnosis is established, what shall we do about it?

Recently there has arisen a school of thought which believes that it is best to allow the patient to remain quiet and build up a resistance for himself. This school tells us that surgery opens up new areas for infection, and increases the danger.

Taken as a whole, I have no sympathy with this idea. It seems to me to be fallacious reasoning. This would seem to be proved by the fact that, following operations, the temperature begins to fall at once and the patient's condition grows progressively better. It is true that there are low-grade infections which will do well under this expectant treatment. I have two cases of that kind under treatment at the present time. But it is my belief that acute osteomyelitis is quite as much of a surgical emergency as is an acute appendix, and should be treated as such.

It is an old and excellent surgical principle that pus, especially pus under pressure, should be liberated as early as possible. In osteomyelitis, whether the infected focus be deep in the solid bone or under the periosteum, there is pus under pressure, and it should be liberated, —and the sooner the better.

THE OPERATION

How much of operating shall be done?

It is my belief that free incision down to the bone, through the periosteum, with drill holes into the bone—at least two or three—is a minimum of surgery. The bone should be opened even though the pus has escaped and lies under the periosteum. If the patient's condition is not such as to warrant further surgery, this much will have accomplished the desired release of pus under pressure. Occasionally a case will be seen early enough to get little or no pus; but within a very few hours it appears profusely if the bone is opened.

If the condition of the patient warrants, it is probably better to lay the bone open thoroughly, smooth off the rough edges, and saucerize the bone opening so that there are no overhanging margins. But at least relieve the presure. As soon as this is done, the process ceases to advance, and healing begins. To be sure, much bone may show disease by x-ray later, but it was diseased before operation.

When this much is done, it may be a good time to be conservative. In fact, the greatest errors are now likely to be over-active surgery.

When the abscess has been relieved by whatever method, pack the wound lightly wtih vaseline gauge, put on a cast, and *wait*. This cast and packing may be changed as often as the odor gets to be too bad, but usually they will last for five or six weeks.

It is true that sequestra may, and probably will, form; but they will either be extruded spontaneously, or may be removed later by a comparatively minor surgical procedure. Not infrequently when operated early, healing will take place with no sequestration. But vaseline gauze packing and casts should be the rule until sequestra have formed and are loose, or until healing has taken place.

Transfusions are the next most valuable help. It is our practice to transfuse before operation if possible; or if not then, before the patient leaves the operating room. Intravenous

glucose solution in saline, usually ten per cent, is a great help in recovery.

Vaccines we have not found to be of value in acute osteomyelitis. On the contrary, they have caused reactions which I believe to have been harmful.

Supportive treatment, such as sunlight and fresh air, are of course essential.

A certain proportion of cases will show blood stream infection. For these, repeated transfusion have been our mainstay. We have not had a sufficient number of cases in which we have used the sulfanilamide preparations to form any definite conclusions; but so far as we have used them, they have proved rather disappointing.

CONCLUSION

Early diagnosis should be our aim in acute haematogenous osteomyelitis. The diagnosis is generally not difficult if one has it in mind. The profession needs to become osteomyelitis conscious. When it does, the diagnosis will be made much earlier and treatment will be begun before so much damage has been done.

Waiting for the patient to build up a resistance to the disease does not seem to be desirable practice. Thorough opening of the diseased bone is more in line with good surgical practice, and should be done as soon as a diagnosis is made.

Then is the time for waiting and less activity.

90 Midland Avenue

ENDOCRINOLOGY IN MODERN PRACTICE

By WILLIAM L. WOLF, M.D., New York City

Outline of an address before the Atlantic County Medical Society in Atlantic City, N. J., December 8, 1939.

One of the most commonly employed diagnostic tests in endocrinology is the *basal metabolic rate* determination, because it is easily performed, it gives tangible information, and patients generally like it. It can, however, not blindly be relied upon as an index of thyroid function for many reasons. In the first place it is a non-specific reaction, which merely tells how much oxygen is retained per minute. Not all of this is absorbed. (Some is retained in the gastro-intestinal tract and in the alveolar spaces.) This is a significant variable especially if breathing is deep. (As much as 15 per cent.)

Then again, not all the oxygen absorbed is used for oxidation. Also fundamental tissue metabolism, irrespective of the thyroid, makes up about 60 per cent of the normal metabolic rate (minus 40 per cent).

Certain non-thyroid conditions will give abnormal metabolic readings. For example, increased rates are commonly obtained in early diabetes, hyperpituitarism, heart failure without edema, and certain leukemias. In the latter condition, the rate may go above a hundred plus. In malnutrition, Simmond's disease, nephrosis, etc., very low rates are found in addition to hypothyroidism; in many nervous states the basal metabolic rate may be either plus or minus. On the other hand, many hypo- or hyper-functions of the thyroid show rates of between minus and plus 10 per cent. It is in these cases that thyroid extract often proves most beneficial.

Technical errors frequently creep in unnoticed. A hurried technic, a noisy, stuffy, or cold room, an inexperienced technician, or glaring lights, will affect the metabolic rate. So will leaks in different parts of the apparatus. Before accepting a metabolic reading, it is often revealing to inspect the spirogram, to obtain an idea of the type of breathing, and any other fluctuations of the curve.

Dr. Wolf stressed the importance of additional laboratory procedures in the study of thyroid function. Some of these are:

1. *Blood cholesterol* which is found to be high in hypothyroid and low in hyperthyroid conditions.
2. *Total lipoids* are even more significant.

3. *Sugar tolerance.* Hyperthyroid conditions give a pathognomonic sugar curve, 100 grams of glucose giving a sharp rise in the blood sugar within an hour, which just as abruptly drops to normal.

4. *Creatine excretion.* In hypothyroid conditions, in children, it is absent or diminished. Normal creatine excretion in adults is zero; in hyperthyroid adults it becomes plus.

5. *Blood iodine* determination.

6. *Ossification centers* in children.

7. *Tooth eruption.*

8. *Calcium excretion,* increased in hyperthyroidism.

The following symptoms are important in hypothyroidism:

Cold, dry hands and feet
Constipation
Dermatoses
Sterility
Oligospermia
Menstrual disorders
Dry skin.

In children there may be:

Behavior problems, fidgetiness, etc. The child is often thin and may have—

Arrythmias
Flask-shaped heart
Eneuresis
Umbilical hernia.

Many children with hypertrophic tonsils and adenoids have an over-abundance of lymphatic tissue all over their bodies. Remarkable improvement in the general condition of these children, along with shrinkage of the tonsils, may follow the administration of thyroid extract in adequate dosage.

The determination of the proper amount of thyroid medication in any given case is largely a matter of trial. However, when the blood cholesterol is high, large doses of thyroid may be safely given. It is not wise in any case to increase the dose at less than four-day intervals.

An overdose of thyroid extract is first indicated by an increased diuresis, a feeling of "inward" nervousness, a weakness of the quadriceps muscles, and an increased basal pulse rate. Tremors and increased basal metabolic rate appear later.

1192 Park Avenue

INDICATIONS FOR ESTROGENIC THERAPY

By Thomas B. Lee, M.D., Camden, N. J.

Read before the Section on Medicine of the Annual Meeting of The Medical Society of New Jersey, at Atlantic City, June 7, 1939.

The fact that the gonads are endocrine glands was established as early as 1849 by Berthold, who prevented the secondary changes in castrated cockerels by implanting the removed testicle into the castrate. From this time until 1896 little advance was made until Knauer proved that implantation of the ovary in castrates prevented atrophy of the uterus. This stimulated experimentation with the transplanting of ovaries, and shortly after the turn of the century Franklin H. Martin and others made many studies and observations on this procedure.

In 1912 Adler demonstrated sexual activity in castrated female laboratory animals by the injection of an aqueous solution of ovarian tissue. A little later Stockard and his associates made the discovery that ovulation in guinea pigs was accompanied by characteristic changes in the vaginal mucous membrane. This important observation provided a convenient test which made widespread laboratory investigation possible and practicable.

Allen and Doisey, employing a follicular extract from hogs, produced pubertus praecox in immature albino rats in 1924; and in 1927 Aschheim and Zondek demonstrated the presence of large quantities of

estrogen in the urine of pregnant women.

Frank found the hormone in the ovarian follicule, corpus luteum, placenta, and blood of pregnant women in 1929.

In 1923 Allen and Doisey devised a simple method of testing the potency of follicular hormone by injecting a potent extract into spayed rats, in which there was atrophy of the vaginal epithelium, with the production of the estrus cycle on the third day.

Estrogen, which he named theelin, was finally isolated by Doisey in crystalline form in 1930.

Estrogen is *not* found *only* in the human female. It is found in both men and women, and has been recovered from some of the vegetables, grains, and petroleum.

As soon as estrogen began to be produced commercially, considerable confusion arose, not so much because of the naturally complex character of the hormone, but because each manufacturer applied his own patented name to his product, thus causing the same substance to appear in scientific papers and on the market by many different names and brands. It has now been generally agreed to call the hormone *estrogen.*

The present practical available source of estrogen is the urine of pregnant women and mares, the latter being considered preferable.

It is usually standardized according to the Doisey method, i. e., in rat units,—a rat unit being the smallest amount which will produce signs of estrus in the sexually mature ovariectomized rat as shown by vaginal smears. One milligram of pure crystalline estrogen has a potency of 3000 Doisey rat units, or about 15,000 international units.

PHYSIOLOGICAL ACTION

The use of estrogen provokes a response in the vagina, uterus and breasts. It causes contraction in the uterine and tubal musculature. It sensitizes the uterine muscle to the use of pituitrin. Estrogen causes the development of the secondary sex characteristics, and promotes the proliferative phase of the endometrium. It inhibits the action of progestin and of the anterior pituitary function in certain respects. It primes the uterus for the action of progestin. It inhibits lactation, and tends to prevent ovulation. Eighty per cent of the estrogen administered cannot be accounted for in the excretions and is probably changed in, or destroyed by the liver. It also seems that the hormone is not active in the last trimester of pregnancy, but becomes very potent just prior to labor.

Basal Metabolism Rate.—On normal women estrogen has little or no effect on the basal metabolism rate. On castrated women, however, who were found to average 12 to 20 per cent below normal, estrogen in average doses restored the basal metabolism rate to normal, or a little above.

Blood.—When large amounts of estrogen are used, the hemoglobin is usually reduced, in certain cases as much as 40 per cent; and Hill suggests blood studies always before its use in immense dosage such as might be required in involutional melancholia, etc.

So far as is known estrogen has no immediate effect on the human organism such as nausea, vertigo, headache, nor shock. However, mild pelvic distress may be experienced in patients in whom the blood estrogen is already high; and occasionally fullness and soreness in the breasts when large doses are used. When used hyperdermatically, the oily preparation will occasionally become encysted, making a small painful spot which occasionally required removal.

Estrogen increases the motility of the uterus, and tends to cause interum bleeding; and it should therefore, because of the danger of abortion, not be used in the presence of pregnancy.

In the evaluation of such a popular remedy as estrogen, it is perhaps well to emphasize its possible disadvantages. Laboratory experiments on rats have seemed to prove that the use of this hormone is very destructive to the gonads of the opposite sex—reducing the weight of the tests by 80 per cent. Zondek has caused the formation of tumors of the pituitary by the injection of estrogen into laboratory animals. Large doses for long periods, it has been reported, have tended to induce virilism, hyper-

trichosis, hypertrophy of the clitoris, and sex perversion.

Estrogen may be administered by mouth, by hyperdermic injection dissolved in oil, by vaginal suppository, and by inunction into the skin in the form of a cream or dissolved in 96 per cent alcohol. The most generally useful method of administration is that of intramuscular hyperdermic injection. When facilities for such use are not available, capsules by mouth may be used effectively but usually in larger dosage for equal effects. The cream has proved quite satisfactory. Zondek states that the use of the hormone dissolved in 96 per cent alcohol by inunction into the skin is very effective; but that seven times the amount must be used as by hypodermic.

The transfusion of the blood of pregnant women, especially in the second trimester, has also been used with striking effect in amenorrhoea.

The relation of the estrogenic principle to cancer is not established; however many observers advise strongly against the use of the hormone in cases which have been operated upon for cancer of the breast or pelvic cancer. Warning is also given by Moore that cream with estrogen content used by normal women for wrinkles may upset endocrine balance by its action on the master endocrine—the putuitary.

CLINICAL INDICATIONS

We may recommend estrogen as being useful in the following conditions:

1. Menopause.
2. Senile vaginitis.
3. Pruritus vulvae.
4. Menopausal hypertension.
5. Gonorrhoeal vaginitis in infants.
6. So-called menopausal arthritis.
7. Certain cases of dysmenorrhoea.
8. Obesity.

Menopause.—Estrogen has found its greatest usefulness in the control of the menopausal symptoms, viz.: Hot flushes, tension, vertigo, etc.; and there are very few cases intelligently managed that cannot be controlled by it. The symptoms are not so much due to the lack of estrogen, as to a relative or actual increase in the anterior pituitary hormone. Two thousand international units in oil, hypodermatically introduced into the deltoid are usually effective, after a few doses. When control of symptoms is obtained, the hormone is used for symptomatic control just as one might use a headache tablet. This is a much beter plan in our experience than subjecting every patient to a course of treatments covering a period of weeks or months.

The addition of a small dose of bromide or phenobarbital is undoubtedly helpful in many cases, especially those associated with nerve tension.

Gonorrhoeal Vaginitis.—All of us who have fussed with the messy technic of treating little girls with g. c. vaginitis have rejoiced in the improved results produced by the use of estrogen vaginal suppositories. It acts by bringing about a temporary maturation of the vaginal mucous membrane, and a resulting acid reaction in the vaginal secretion. Some observers claim equally good results with weak lactic or acetic acid douches. However, it is much more desirable to introduce a small vaginal suppository containing 75 to 100 international units of estrogen once daily, than it is to give two or three vaginal douches per day.

Vaginitis of the *senile type* with pruritis is benefited greatly by the use of estrogen. The salve form of the hormone may be used effectively, although most of our patients prefer the hypodermatic form of treatment. When practicable, it is interesting to follow the progress of the treatment by quantative estimations of blood estrogen, or by the microscopic examination of minute slips of tissue from the affected area.

The dose is 2000 international units three times weekly, increased if necessary to obtain results. The dose is then reduced to just enough to control symptoms; and this dose should be maintained for at least several months. When the blood estrogen is high, small doses of thyroid and wheat germ oil are said to be effective.

Arthritis.—We have noticed in a few cases of sufferers from active arthritis that, when estrogen is used in sizable dosage for the control of menopausal symptoms, the arthritis subsided. We know of no rationale for this treatment other than that these patients, who were

below par in general health, seemed to be improved in their general physical condition while taking the hypodermics.

In the masoplasia described by Cheatle and Cutler—the sore nodular breasts found in young women—estrogen is very useful. The pain is often, but not always, worse just before the menses. For these cases we have given moderate dosage throughout the month, increasing the dose in the week preceding the pain in those cases in which it occurs with periodicity. The condition, being physiologic rather than pathologic, is not seen after the menopause; and of course in the years immediately preceding the menopause, it should only be diagnosed, as such, after exhaustive study.

Leukoplakia and kaurosis have not been benefited in our experience by estrogen therapy.

Hormonal therapy has so far been most disappointing in dysmenorrhoea. An occasional case is helped, usually but not always, those with hypomenorrhoea. We have used very large doses in this type of case without benefit. Of course it is not indicated at all unless demonstrable pelvic pathology is absent.

Estrogen is useful in amenorrhoea of the obese, combined with thyroid in small doses in the cases with low basal metabolism rate. But even in these cases, as in all cases of obesity, diet and exercise are the main considerations.

Pituitary headaches are supposed to be due to excess of pituitary hormone in the body following the fall in the amount of estrogen which occurs at the menopause. Estrogen should be theoretically useful in these cases, but in our own experience even in large doses has not been encouraging. X-ray therapy to the pituitary has been used successfully, but some observers believe it causes too much damage to the related anatomical structures.

CONCLUSION

The use of estrogen is essentially substitutional therapy. Under certain conditions its use may be harmful, or even dangerous to the patient. When large dosage is contemplated, its administration should be preceded by a comprehensive medical survey of the patient.

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622 Cooper Street

INFANTILE PARALYSIS AND THE BETTY BACHARACH HOME

(A Preliminary Report)

By DAVID B. ALLMAN, M.D., F.A.C.S., Medical Director, Atlantic City, N. J.

The occurrence of a few sporadic cases of infantile paralysis in Atlantic County, and the mild epidemic of the disease in other counties of the State, again awakes our interest in this dread disease. And as mild epidemics in the past have been forerunners of more extensive ones in the succeeding year, a review of our knowledge and present treatment, in the light of that knowledge, might not be amiss.

There has been in recent years an increasing amount of publicity given this disease; and because not all of this information has been factual, there has been much undue anxiety on the part of the parents whose children may, or may not, have been exposed to known sources of infection. The disease is a "catching" one,—that is, it is communicable, and is spread by a human being who is carrying the virus of the disease, but not necessarily suffering from the disease.

In the first place, the name "infantile paralysis" is highly misleading. The disease is not restricted to infants; but it affects other children, and even adults as well. Neither is paralysis always present. In the light of our present knowledge, probably not more than one-quarter of the cases develop any paralysis.

The proper name for this disease is *polio-*

myelitis, or *anterior poliomyelitis,*—the "polio" meaning the grey matter of the spinal cord; and the "itis" meaning an acute inflammation. The term *anterior* is sometimes used, inasmuch as the anterior horn cells are most frequently affected, and are the ones which, when affected, cause the residual paralysis.

THE ORGANISM

The cause of this disease is not a germ but a very minute living substance known as "virus". Other diseases, such as measles, are also caused by viruses. The virus of poliomyelitis is only about one two-millionth of an inch in diameter. This much has been definitely proven by highly technical laboratory procedures.

The disease possibly is carried from one human being to another, as in coughing and sneezing; upon the fingers; and various articles such as toys, eating, and drinking utensils, common towels, et cetera. Any set of circumstances that permits the transfer of nose and throat secretions from one person to another increases the chances of infection. There is no evidence that flies or other insects play an important part in the spread of poliomyelitis. Chlorination of water supplies, as now practiced, and the proper pasteurization of milk, probably eliminate water and milk as sources of infection.

The disease usually manifests itself in this locality in late Sumer or early Fall; and the incidence again subsides as Winter comes. Even in the most severe epidemics, the chances of any child contracting the disease are not numerically great.

SYMPTOMS AND SIGNS

The early symptoms and signs of this disease are neither constant nor regular in their appearance, and may not be unlike those present at the onset of any acute infection.

The onset is usually sudden, with a rapidly rising temperature fluctuating between 101 and 103 degrees. The child appears to be more prostrated than the clinical findings would indicate. Some of the patients have an apprehensive appearance. Headache is a common symptom. The young child is apt to appear irritable, and cries easily when disturbed. The patient is usually willing to stay in bed and appears drowsy, and takes little interest in his surroundings. Vomiting is fairly characteristic. Constipation is present more often than diarrhea.

Frequently the characteristic symptoms of cold or sore throat are present. These children complain of soreness in the back of the neck and spine as well as pain in the joints of the arms and legs. In many cases of poliomyelitis the condition does not go beyond this stage, and terminates after four or ten days' illness.

On the other hand, the symptoms may persist, and signs of meningeal irritation become more definite. This is the second stage, in which the elevation of temperature and rapid pulse are accompanied by marked irritability and drowsiness. The patient may become delirious; sleep may be disturbed by twitching; and the hands may shake and tremble. The so-called Kernig's sign, and Brudzinsky's sign, may also be present.

When such a group of signs and symptoms is present, poliomyelitis should always be considered, especially in the late Summer and the Fall of the year.

LUMBAR PUNCTURE

With these clinical findings and knowledge of its seasonal incidence, an examination of the cerebro-spinal fluid, as obtained by lumbar puncture, will in the majority of instances confirm the diagnosis largely by ruling out other diseases associated by meningeal irritation. We usually find from twenty to four hundred lymphocytes per cubic millimeter; and this finding, together with the other clinical signs and symptoms, is sufficient to establish the diagnosis.

It must be emphasized, however, that a number of other clinical entities may produce such a lymphocytic reaction in the spinal fluid; but they are not as common as poliomyelitis, and are not attended by the symptoms and signs above described.

ISOLATION AND DISINFECTION

When a diagnosis of poliomyelitis has been made, the patient must be isolated for a period

of at least three weeks. Since other members of the family are likely to be carriers of the virus, the protection of the community requires that they also be quarantined until the danger of further spread has been eliminated. Care should be taken to see that articles which have become contaminated by the patient are disinfected thoroughly or burned. Those handling the patient should exercise special care regarding their hands and person before coming in contact with other people. Masks during the acute stage should be worn, and special precautions should be taken in regard to the disposal of nasal and alimentary discharges.

GENERAL TREATMENT IN THE ACUTE STAGE

In the treatment of this disease, *absolute rest in bed* in the acute stages is most essential. Medication is only indicated when the pain or soreness of muscles is present, or when the child is delirious. The diet in the acute stages is limited to fruit juices, and this should be administered at frequent intervals.

Intravenous injection of glucose and saline may be used in the very severe cases. It is unfortunate, but true, that the use of serum has been somewhat disappointing; and conflicting evidence at present does not permit of any final decision regarding the value of convalescent serum in the prevention of paralysis. The principal treatment of paralyzed muscles is "rest" in maintained positions wherein the origin and insertion of these muscles are approximated.

The medical treatment of the acute stage of poliomyelitis where the chest and diaphragmatic muscles are involved requires a special apparatus such as the so-called "Iron Lung".

The damage caused by the virus of this disease is limited practically entirely to the anterior horn cells in the spinal cord. There is nothing really wrong with the paralyzed muscles themselves; they are paralyzed because the motor nerve supply to them is cut off at the lesion in the spinal cord. Their recovery depends on the recovery of the nerve cells; and the paralyzed muscles can regain power only when the damaged nerve cells have sufficiently recovered to bring motor stimuli to them. Some of these damaged nerve cells have been only slightly damaged and recover rapidly; some take a long time to recover; and some of them are so badly damaged that they do not recover at all.

Unfortunately, there is no known method of treatment that will hasten or improve in any way the recovery of these damaged nerve cells. We must wait for nature to take its course, and all that we can do in the way of treatment is to keep the paralyzed muscles in such a condition that they will be able to resume their function as soon as the nerve supply to them is restored.

MUSCLE TREATMENT

The way to keep these paralyzed muscles in condition to resume functioning is to maintain their nutrition as well as possible, and to avoid anything that does them harm. There are two main things that will prevent a muscle from acting even when the nerve cell has recovered, and these are over-stretching, and over-fatigue. A muscle held constantly in the over-stretched position will not regain power when the nerve supply to it is restored; and frequent over-stretching will delay the return of power. To avoid this over-stretching, the paralyzed muscle should be held constantly in the relaxed position. Over-fatigue of a muscle that is regaining power will greatly delay its improvement. If the over-fatigue is repeated, the power may disappear; and if it returns at all, will return slowly. Muscles just beginning to regain power become over-fatigued very easily, and it is a mistake to encourage the patient to perform movement that are just reappearing until the recovery is fairly far advanced. The activity of the limb should be greatly restricted, particularly during the early stages of recovery. In the lower limbs, any walking, even with a supporting brace, should be delayed until the muscles have regained almost as much power as they will eventually have.

These harmful factors, over-stretching and over-fatigue, can best be avoided by the use of splints, and by adopting a more or less standard position, with the patient flat on his back on a Bradford Frame. With the arm abducted, with the hip and knee extended, and the foot at right angles with the leg, the ob-

taining of the required form of splint is made much simpler. Instead of having special splints made for each individual case, ready-made splints can be easily obtained of the proper sizes. These splints should be well padded, and simple in construction. The so-called Toronto Arm and Leg Splints, together with the ordinary Bradford Frame, have worked exceedingly well at the Betty Bacharach Home.

In the early stages, at any rate, physiotherapy should be limited to massage and passive movement. The main object of massage is to stir up the sluggish circulation. Rubbing the muscle will not restore power to it when the nerve supply is cut off, and will not entirely prevent atrophy; but massage will greatly improve the circulation and general condition of the whole limb, and will tend to lessen the atrophy. It should be done gently, and about five to ten minutes a day for each limb should suffice.

Toronto Arm Splint as used at the Betty Bacharach Home.

Passive movement is intended to keep the joints from becoming stiff, but there is no point in overdoing it. It is a mistake ever to force a joint into extreme flexion, because this can only be done by over-stretching the muscles, which is a position to be avoided. As a general rule, moving all the joints through about half their normal range once or twice a day is enough in the way of passive motion.

Except in mild cases—in which recovery is very rapid,—encouraged active movement should have little part in the treatment during the first six months. After six months active movements may be encouraged within limits, but should always be stopped short of producing fatigue. Massage should not be employed while there is superficial or deep tenderness in the extremities. Pain is not often present after the third week, and massage may then be employed. Muscle training, however, should not be undertaken until recovery is well marked, and then only in a very conservative manner.

The course of treatment should consist of a combination of the use of splints and physiotherapy. The splints should be applied as soon as possible, because during the early stages the muscles are sore and any movement of the joint stretches them and causes pain, and the splints restrict these movements and lessen the pain. If the application of the splints is delayed for three or four weeks, the joints are likely to become a bit stiff,—usually in a position that does not fit the splints,—and the application of the splints is often made difficult, and

Patient F. P. Admitted with paralysis of muscles of both shoulder girdles, arms, and forearms. Splints applied immediately upon admission.

Splints are put on *immediately*—before there is any deformity, with the hopes of preventing it. Therefore no *correction* will be needed. They are used to *rest* the paralyzed limbs, and maintain them in a neutral position.

for a time very uncomfortable. The sooner the splints are applied after the paralysis is established, the less discomfort the patient has.

The massage and passive movement should be started as soon as the muscle soreness permits. The severity and duration of this muscle soreness vary greatly; but usually massage and movement may be started gently as soon as two or three weeks after the onset, and gradually increased to the maximum. Five or ten minutes' massage should be enough for one limb each day, and should be gentle, particularly in

the younger children. The splints, of course, are taken off for the massage; and they may be taken off a second time each day for the necessary washing, but they should be kept on continually for the rest of the time. The splints are comfortable, and the children, except the very young ones, coöperate very well, and know when the splint is properly applied.

This course of treatment—relaxation of the muscles by splints, and the use of physiotherapy—should be continued until one of two things happens,—either enough recovery has taken place in all the muscles to warrant increased activity, or enough time has elapsed to indicate that there is no hope of further recovery.

Toronto Leg Splint as used at the Betty Bacharach Home

If the paralyzed muscles are recovering, active movement is started very slowly. Exercise is beneficial to a muscle only when it stops short of producing fatigue;—and these recovering muscles are very easily over-fatigued. Over-fatigue will stop their recovery, whereas improvement will continue if they are kept at rest in the relaxed position by splints.

The advantage of the exercise can be obtained later, when recovery is well advanced; and exercise can be used then with less chance of doing harm. For instance, if the muscles of a lower limb show signs of recovering, the patient is not immediately allowed to walk. The constant fixation of the limb in a splint is continued until occasional tests show that power in the muscles is improving, and recovery is fairly well advanced. The splint is then removed for a short time,—at first for about fifteen minutes each day,—and the child is encouraged to kick the whole leg about, rather than to use the particular muscles that is recovering.

If there is no decrease in the power, the time and amount of active movement are gradually increased. When he first gets up, it should be only for a short time each day, slowly increasing if there are any signs of fatigue. When a patient is up and walking, fatigue can be detected by an increasing limp. The recovering muscles should be protected against over-stretching and over-fatigue for a long time; and these patients should wear their splints at night and lead a quiet life, until their recovery is far advanced.

In the cases where recovery is incomplete,

Patient J. A. Complete loss of power in both lower extremities with marked weakness of abdominal group.

it is often difficult to tell how long it is worth while to continue treatment by splints. In the early stages, there is no way of predicting how much recovery there will be, or how rapid it will be. Most of the recovery that is going to take place occurs during the first six months; but while improvement after that becomes slower, it may continue for two years or even longer, if over-stretching and over-fatigue are prevented. Time means little to these children, but even a slight improvement in muscle power

means a good deal, and if there is any chance of further improvement, it is well worth while continuing the treatment. If, therefore, at the end of a year from the onset of the paralysis, there has been absolutely no improvement during the previous three months, and if treatment has been carried out efficiently, it is perhaps time to abandon splints; but if there has been even the slightest increase in power, or if the treatment can be improved in any way, it is worth while continuing it until two years from the onset, or in some cases longer.

When the splint treatment is finally given up, it does not mean that the child is going to be permanently incapacitated. It means that no further recovery can be expected in the paralyzed muscles, and the amount of disability depends on the extent of the permanent muscle paralysis. It is surprising how well some of these patients get about with fairly extensive paralysis; and at this stage the treatment should be directed towards making the most of what muscle power remains. Many of the patients need no further treatment beyond exercise to improve the muscles that were paralyzed or have recovered, and the massage should be continued until the affected limbs are being used a reasonable amount each day. In the more severe cases, some further treatment may be necessary. The usefulness of a limb can often be considerably improved by the use of a brace; or by some form of operation, usually one intended to stabilize a joint that has lost its muscle control in its most useful position.

In some cases, once the splint treatment is given up, a deformity may gradually appear, and this usually requires an operation for its correction. A good many patients affected by this disease are left with extensive paralysis; but there are very few of them who cannot be made able to get about fairly well, and to do some sort of work,—probably not heavy work, but work adapted to their particular ability.

We are firmly of the opinion that every case of muscle weakness or paralysis following poliomyelitis should be placed in a Bradford Frame. We feel that six months should be the minimum period of recumbency in these cases, and some should have the benefit of an eighteen months' period, or even longer.

We are definitely of the opinion that suitable splints should be worn on the extremities from the very onset of any signs of paralysis. We feel that gentle, careful massage should be given when it is indicated, and we feel that muscle treatment is to be begun only after the patient shows definite and considerable recovery in power.

We feel that because of the fact that, in this most recent epidemic, the cases have been sent directly from the Municipal Hospital to the convalescent home, our results will be better than they have been in any past epidemic. This phase of the subject will be covered by a more detailed statistical report as soon as sufficient time has elapsed to warrant definite conclusions in the matter. We are already satisfied, however, that, because these patients have not been permitted to go home and thereby become overfatigued, or to have their paralyzed muscles over-stretched, the end results in these cases will not only be definitely better than at any time in the past; but we are convinced that the period of treatment which will be required will be lessened. In other words, because of a closer coöperation between all agencies interested in this work, we feel that much has been accomplished not only from an economic standpoint, but from the standpoint of reducing the horrible permanent effects of this disease as well.

Those of us who are seeing much of this disease are satisfied that the statistics from this epidemic will show an amazing decrease in the permanent disability in the affected limbs.

As previously stated, this is a preliminary report and will be supplemented by a statistical report when sufficient time has elapsed to make such a report of definite value.

104 St. Charles Place

THE ADOPTION INVESTIGATION FOR SAFETY OF THE CHILD, THE PARENTS, AND SOCIETY

ARTICLE NUMBER FOUR ON CHILD ADOPTION

By Ellen C. Potter, M.D., Director of Medicine, New Jersey State Department of Institutions and Agencies, Trenton, N. J.

The scope and method of adoption investigations, ordered by the Court, under the new adoption law are thought by some to be an unnecessary procedure, perhaps merely a gesture which has no real purpose. Let us look at the facts before we accept this as a sound conclusion.

Throughout our entire economic and social structure a multitude of transactions are documented and recorded because in our increasingly complex society it is necessary to identify not only valuable commodities to be sold but also vital transactions which have taken place. No longer is it possible to trust as was true in the old days, the word of mouth promises, or statements that certain transactions had taken place.

Any first-quality watch is identified by number and maker. Every automobile is stamped with its engine number, and the bill of sale must be produced if a sale of the old car is to be effected.

The fact of birth and death is recorded in the Bureau of Vital Statistics, with penalties attached for failure to do so. Wills are probated and hedged about with careful legal procedures. Marriage license must be secured before the religious ceremony may take place. Divorce is surrounded by court procedure, and proof of divorce must be presented before remarriage may legally take place.

Prize cattle, horses, and dogs do not change hands for a substantial price unless a carefully established record of pedigree goes with them.

With the child accepted for adoption by thousands of persons all over the United States no such record is considered necessary. It is the rare adopting parent who has even seen the birth certificate of the child he has taken. As for any search to test the soundness of the "family tree", from which this final twig is about to be grafted into a new family line, that is not undertaken at all and some adopting parents say they "do not want to know" anything of the heredity.

No child is born into the world with his heritage stamped upon him; a feeble-minded child may be beautiful; a normal child may be physically unattractive. Rarely does a family have a record for two generations back on both sides of the house of the names of the great grandparents and what manner of men and women they were. But there is a family tradition which is handed down, and one's family line is accounted for.

Not so with the child "free for adoption", so frequently an unwanted child. He needs to have an authentic background for himself built up by means of an adoption investigation to provide him with a certain status. In addition the adopting parents must be vouched for as worthy stock to receive this child into their heritage. It is no guarantee of their worth that they want this child.

What is the chain of events which the "order of the court" sets in motion?

The legal petition to adopt is very limited as to the facts stated. Not only must these be verified, but essential facts may be lacking entirely, and an effort must be made to find and piece these together so that the real quality of the child and his family background may be revealed, and that of the adopting family as well, for the information of the Court.

What is the road traveled by the investigator, not as a detective seeking out a criminal, but as an archaeologist digging for treasure of the past? In every case the search differs, no two lives are just alike.

First comes an interview with the adopting parents who under the law must have had the child in their home at least six months (prefer-

ably a year). During this interview the worker sees the reaction of parents and child to each other; sees the physical setting in which the child is growing up; notes the quality, good taste, simplicity; or the chaotic, untidy establishment which is to be called home. The reason for the desire to adopt is explored, and an attempt is made to make clear the pitfalls which an adoption unwisely entered into presents; safeguards to protect this new relationship are suggested if that seems necessary.

The family physician, who ought to be a party to the health protection of every adoption procedure, is in a position to throw sidelights on the total family situation, and its suitability for this adoption; while the lawyer, often a family friend, who draws up the petition can clear up doubtful points. In addition, the pastor of the church or synagogue may be most helpful in connection with problem cases. Particularly is this true of the parish priest whose fatherly interest on behalf of both child and adoptive parents may greatly strengthen the adoptive relationship.

Following these personal contacts there comes the verification of technical points which may lead the worker into the Bureau of Vital Statistics for births and deaths; to the Marriage License Bureau; and to the court records covering divorce and covering citizenship, for no adoption petition may be granted unless the petitioner is a citizen of the United States or has taken out first papers.

The State boundaries do not limit the scope of investigation. The child may have been placed by an out-of-State agency, or the adopting parents may have themselves gone into another state and have returned with the child in their arms. Then the question arises,—Did the agency or the parents conform to the Bonding Act in regard to "importation of children"? New Jersey, in common with many other states, requires that permission to bring the child in must be secured from the Commissioner of the Department of Institutions and Agencies, and a bond must be filed guaranteeing that the child will not become dependent or delinquent. If such proves to be a fact, then it is required that the child shall be removed on order of the Commissioner; and if there is failure to act, the bond is forfeited. In consequence the lines of investigation may run out into neighboring states, Canada, or more remote lands.

In regard to the child himself, especially the child born out of wedlock, the trail may lead into the records of correctional institutions, maternity homes, hospitals, and other agencies which may have dealt with the mother. Where possible the searcher seeks to learn the quality of the man and woman who are the parents of this child,—not to expose them to contempt, but only to learn something of the heritage which may be an asset or liability to be guarded against in this child's development.

Unfortunately the law does not require that tests for the presence or absence of syphilis, gonorrhea, or tuberculosis shall be made before an adoption placement is made; but because it is so important that such facts shall be known, an attempt is made to learn the facts. If this is not possible, then the brief returned to the court states that there is no record, in other words, the adopting parents are warned that "they take it at their risk".

And risks there are! During this past year records have appeared in the press and elsewhere of children adopted who have been found feeble-minded; syphilis has manifested itself; great emotional instability has been found to exist which made satisfactory adjustment impossible. No family can wisely graft on to its family tree a branch of unknown origin!

Through the medical profession a great service can be rendered in educating the public as to the necessary safeguards which should surround every adoption placement covering physical and mental health; emotional stability; adaptability of racial strains; religious ties; the social quality of the adopting parents, and the economic security which they are able to provide for the child.

The law states that the investigation shall not only *"verify the allegations of the petition"* but also *"reveal such facts as may be necessary to determine the condition and antecedents of the child and of the adopting parents, in order that it may be ascertained whether the said*

child is a proper subject for adoption and whether the petitioner or petitioners and their home are suitable for the proper rearing of the child".

To the physician as an individual and to the medical profession as an organized group, New Jersey looks for help in protecting the standards of adoption.

TWO ESSENTIAL POINTS IN MATERNAL WELFARE

MATERNAL WELFARE ARTICLE NUMBER FORTY-FIVE

By ARTHUR W. BINGHAM, M.D., East Orange, N. J.
Chairman, Committee on Maternal Welfare of The Medical Society of New Jersey; and
Chief Advisory Obstetrician, Bureau of Maternal and Child Health,
State Department of Health

The maternal mortality rate in New Jersey is still too high.

In the urban counties a high percentage of patients are delivered in hospitals, and in most of these counties the maternal mortality rate from *accidents of childbirth* is higher than the State rate. In order to improve this rate the hospitals must check more closely on all operative procedures.

In the rural districts the maternal mortality rate is too high for toxemia, showing a lack of early preventive prenatal care.

While carrying out its twelve-point program as published, the Committee on Maternal Welfare of The Medical Society of New Jersey is especially anxious to have two of the points taken up by every county.

1. Regular *obstetrical conferences* for every physician interested in obstetrics. Such conferences, if properly conducted, are of interest and of great educational value. Deaths and stillbirths are discussed, and also many obstetrical problems. If no interesting cases are presented, the various complications of pregnancy and labor, as well as post-partum care, may be taken up with a general discussion by all present. Local problems may also be discussed. Occasionally having a guest from another county to add his experience to the discussion adds interest to the meeting. Any member of the Committee on Maternal Welfare will be glad to attend one of these conferences if invited. Let us have more obstetrical conferences.

2. Prenatal care for every expectant mother. The Committee on Maternal Welfare urges all physicians in the State who take obstetrical cases to check the prenatal care they give their patients and see that nothing is omitted. Prenatal care is not just a matter of recording weight, blood pressure, etc., but the patient must be told what to do in order to get her into the best possible condition for delivery and to prevent complications. All patients are urged to apply for prenatal care early in pregnancy.

For the indigent and low-wage groups the committee suggests two systems of prenatal care:

a. The Maternity Center System of Prenatal Care.
   1. Executive Committee to supervise work —representatives of agencies involved.
   2. Prenatal Centers—usually in hospitals with a physician in charge.
   3. Field Nurses—
      Public Health Nurses
      Visiting Nurses
      Red Cross Nurses.

The field nurse contacts new patients in the indigent or low-wage groups and gets them to attend the Prenatal Center at regular intervals. There the patient is given routine prenatal care. The nurse calls on the patient between her visits to the Center and helps her carry out instructions received. In some districts they assist the physician by taking the blood pressure and making a urinalysis. If abnormal conditions are found they are reported to the

Center and the patient is sent there for a check-up. If patient is delivered in a hospital, nurse may call again when patient goes home.

b. The Community System of Prenatal Care.
   1. Executive Committee — to supervise work:
      Field Physician, Chairman
      Two physicians appointed by the President of the County Medical Society
      Representative of Field Nurses.
   2. Physicians—who have expressed a willingness to do this work without charge through a questionnaire sent out by the Committee on Maternal Welfare.
   3. Field Nurses—The field nurse contacts the patient in the indigent or low-wage group who needs prenatal care. She then notifies the field physician, who assigns the patient to a physician in the neighborhood who has agreed to give her prenatal care in his office. The physician is required to see the patient at regular intervals and use the literature, including the prenatal history card, prepared by the State Committee on Maternal Welfare and distributed by the State Department of Health.

The Maternity Center System applies more to the city, and the Community System to the rural districts. Some counties require both for both systems may be carried on at the same time in different parts of the county. Cases to be delivered by midwives should be included in both systems.

The visiting nurse sends the patient to the prenatal center if there is one near, and if not she refers the patient to the Field Physician, who assigns her to a physician in the neighborhood.

There is nothing complicated about either system and the Committee on Maternal Welfare recommends they be given a trial.

144 Harrison Street

A LESSON FROM A DEATH CERTIFICATE

NUMBER SEVENTEEN

Patient had a low-lying placenta. After delivery she was packed.

Twenty-six hours post deilvery *the packing was removed,* shortly after which she had profuse bleeding. She was repacked and transfused, and forty-eight hours post delivery she developed an embolism and died.

Some of us believe it is safer to leave the packing in at least forty-eight hours, removing only a part at this time, and the remainder the next **day.**

A. W. BINGHAM, M.D.

STATE SOCIETY ACTIVITIES

THE MEDICAL SERVICE PLAN OF NEW JERSEY

A committee of The Medical Society of New Jersey to study "Voluntary Health Insurance" has been active since October, 1938, as was reported in the Journal of March, 1939, pages 165 and 168. This committee is distinct from that on "The Medical Care of the Indigent", in that it provides a means by which *self-supporting* persons in the low-wage group may be assured of medical care for themselves and their families, given by their family physicians.

The committee did a great amount of investigation and planning, and reported "The Medical Service Plan" to the House of Delegates on June 6, 1939. The House approved the Plan, and directed that steps be taken to put it in operation (Transactions, pages 13 and 18).

In the meantime somewhat similar plans were adopted by the Medical Societies of thirteen other States,—Arizona, California, Connecticut, Idaho, Massachusetts, Michigan, Missouri, New York, Oregon, Pennsylvania, Utah, Vermont, and Washington; and by the District of Columbia. In view of this nation-wide movement, Dr. R. G. Leland, Director, Bureau of Economics of the American Medical Association, invited Dr. Norman M. Scott, Executive Assistant, to give a description of the New Jersey Plan before the Annual Conference of State Secretaries and Editors on November 17, 1939 (Journal, December, 1939, page 726). Dr. Scott distributed a printed description of this Plan consisting of twelve pages, which summarized the history of the Plan, and gave its proposed Constitution and By-Laws. He has prepared the following *outline* of the essential features of the Plan:

I. THE ORGANIZATION

A. Non-profit corporation, to administer a voluntary medical service plan.

B. Date of Incorporation,—October 27, 1939.

C. Governing Body:

1. Board of Governors of the Corporation, consisting of eight members,—five medical, and three lay. It will determine all policies, rules and regulations governing administration of Plan.
2. The Board will appoint a State Medical Director to carry out the policies of the Board, and the regulations of the Plan.
3. The members of the Board will be appointed by the Board of Trustees of The Medical Society of New Jersey.

D. Medical Advisory Councils

1. Appointed by the Board of Governors for each county in which the Plan operates. The members of the Council to be recommended from the membership of the County Medical Societies, each Council to consist of five medical members.

II. ELIGIBILITY FOR MEMBERSHIP

A. Age

Under 65 years, except after physical examination, and then at discretion of Board.

B. Upper Income Limit of Applicant

1. $1200.00—Single subscriber.
2. $1800.00—Subscriber and spouse.
3. $ 200.00—Additional for each dependent.

Income signifies family income.

C. Other qualifications:

1. Groups of ten or more from the same place of employment.
   a. 100% of groups of 10 to 20 members.
   b. 90% of groups of 20 to 50 members.
   c. 60% of groups of 50 or more members.
2. Dependents are:
   a. Spouse.
   b. Unmarried children not over 16 years of age.

III. PAYMENTS FOR MEDICAL SERVICES ARE MADE FOR:

A. Home and office calls.

B. Hospital calls.

C. Surgical services.

1. Emergency surgery and care of traumatic injuries will be paid for during first year.
2. Elective surgery will not be paid for in first subscription year; and afterward only after consultation and approval by Board of Governors, or authorized representative.

D. Obstetrics

1. Maternity care, except for pre-natal care, will not be paid for during first year.

E. X-Ray and Laboratory Services

1. Routine laboratory services will be paid for. X-ray and special laboratory services will be paid for at the discretion of Board.

F. Anesthetics
   1. Anesthetics, being considered drugs, will not be paid for.
   2. Anesthesia will be paid for at discretion of Board, upon advice of the Advisory Council.

G. Consultant
   1. Will be paid for when, in the judgment of participating physicians, consultation is necessary, and after approval of Advisory Council and Board.

H. Hospital Care
   1. Professional calls only, operative work as determined by Board.

I. Other services:
   1. Privilege of annual physical examination.

IV. LIMITATIONS

A. Value of Services
   1. $250.00 annually per individual.
   2. $500.00 annually per family group.

B. Other conditions:
   1. Waiting period of two months, covering first three payments of monthly subscriptions during first subscription year.

V. EXCLUSIONS

A. Deductable,—None.

B. Drugs and Appliances—None are supplied.

C. Diseases and conditions excluded:
   1. Insanity, tuberculosis, and feeble-mindedness when institutionalized.
   2. Acute alcoholism.
   3. Certain phases of venereal diseases.
   4. Conditions existing prior to acceptance of the beneficiary.

D. Conditions compensable under Workmen's Compensation or similar insurance laws.

E. Diseases receiving medical care by Federal, State, or other governmental agencies.

VI. DUES (SUBSCRIPTIONS)

A. $1.50 per month for the subscriber.
B. $1.25 per month for the first dependent.
C. $1.00 per month for the second dependent.
D. $ .50 per month for the third dependent.
E. $ .50 per month for the fourth dependent.
F. $ .50 per month for the fifth dependent.

VII. MEDICAL PARTICIPATION

A. Patient has free choice of physician from among participating physicians.

B. Professional participants are limited to those who have full license to practice medicine in New Jersey, and under emergency or special conditions physicians holding similar license in other States.

C. Control retained in hands of medical profession.

D. Professional and beneficiary participants have the right to appeal to the Board of Governors in cases of dispute.

VIII. FINANCING

A Physicians' fees will be paid according to a limited, guiding, fee schedule.

B. Amount actually paid will depend upon—
   1. Amount of money available.
   2. Consideration of amount usually charged in the particular area for similar services to that particular group of people, and upon advice of County Advisory Council reviewing physicans' bills.

C. Payments for special laboratory procedures will be paid only after consideration by Advisory Council, and on decision of Board of Governors or proper representative of the Board.

IX RELATION TO PHYSICIANS

The corporation will not furnish medical care. It is only concerned with the *payment* for medical services.

Medical service will be furnished by the participating physicians of the Plan administered by the Corporation.

The Corporation will not interfere with, or determine the activities of participating physicians; neither will it modify existing physician-patient relationship. Physicians may treat patients or operate upon patients according to their best judgment. Whether or not the corporation will pay for services may be determined prior to time service is rendered or may be left for determination after bill is rendered.

It will, however, determine what medical services it will pay for; this to be determined according to availability of funds, and the recommendations of the Advisory Committees.

This venture will be experimental. It will be promoted and controlled by the medical profession, for the common welfare of physician and patient. His success will depend upon (1) the coöperation of the profession, and (2) the demand for such services by the public.

We believe there is merit in this undertaking, and request the coöperation of the profession during an experimental period.

ENABLING ACT

Since the Plan has insurance features, an enabling bill is in preparation to be presented to the Legislature.

SCHEDULE OF ANNUAL REPORTS

The Journal of February, 1939, page 117, contained a schedule for the preparation of all the annual reports of the officers and committees of The Medical Society of New Jersey in time for their publication in the May Journal. The efficient observance of the schedule has accomplished two purposes:

1. It encouraged the committees to make their reports promptly, accurately, and concisely.

2. It enabled the House of Delegates to transact its business promptly and wisely.

THE SCHEDULE OF 1939

It was especially necessary that the annual reports of the advisory committees should be prepared at an early date in order that they might be edited and coördinated by their respective sub-committees; and that in turn, those of the sub-committees might be considered and approved by the Welfare Committee. All these reports were summarized in the annual reports which were printed in The Journal of May, 1939, pages 280-314.

Statistics regarding the reports of the Welfare Committee and its subsidiaries are shown in the following table:

	No. of Reports	Pages
1. Internal Affairs (officers and committees generally)	19	25
2. External Relations (Welfare Committee)	23	35
3. County Society Presidents	13	13
Totals	55	73
Totals for similar reports in 1938	40	48
in 1937	43	42
in 1936	40	30

However, previously to 1939 a number of the reports had not been given until the House of Delegates had assembled, thereby taking up the time of the Delegates; and preventing a broad consideration of the subjects.

OUTLINING FUTURE OBJECTIVES

The outstanding success of the system of annual reports led the Welfare Committee to adopt a series of meetings of the subsidiary committees to be held during the summer and early fall of 1939, in order to determine their objectives for the coming year, and the means of attaining them. (Journal, July, 1939, page 407.)

First, each Advisory Committee met on a convenient date, and outlined a program for the year, which it reported to its sub-committee.

Second, each sub-committee met on the morning of October first to consider the reports that had been submitted by its Advisory Committees.

Third, the sub-committees made a detailed report to the Welfare Committee at two o'clock on the same day.

The detailed reports and plans of the several committees were printed in the November Journal, pages 669-679.

Progress reports of several of the committees were published in the Journals of December, 1939, page 773; and January, 1940, pages 27-34.

These objectives and progress reports will be excellent bases on which the annual reports of 1940 may be constructed.

THE 1940 SCHEDULE

The next step will be to adopt a time schedule specifying the dates for submitting the annual reports of the several subsidiary committees of the Welfare Committee. The following schedule, which is almost a duplicate of that of 1939, is therefore submitted to the several chairmen:

Since the annual meeting will open on Tuesday, June fourth, 1940, the reports of the officers and the chairmen of committees will appear in the May issue of The Journal, whose normal date of mailing is May tenth. The following schedule of dates for submitting the reports allows a reasonable time for the preparation, approval, editing, and printing of each one.

MONDAY, APRIL 1, 1940

A draft of the report of the chairman of each advisory committee should be completed and mailed to the Executive Office so that it will be received not later than April first. This means that the drafting of each report should be begun not later than the fifteenth of March. The report will be set in type at once.

WEDNESDAY, APRIL 10

A copy of the report of each Advisory Committee, set in type and proof-read, shall be sent to each chairman making the report.

SUNDAY, APRIL 14

Meetings of the Advisory Committees to the Sub-Committees shall be held during the morning of Sunday, April 14.

During the early afternoon, the Chairman of each Advisory Committee shall present his pro-

posed report to his committee for discussion and approval. The Executive Office will supply each Chairman with a sufficient number of copies of his report so that each member will own a copy.

The report of each Advisory Committee shall be submitted to the proper sub-committee at once.

The Chairman of each sub-committee shall submit his report to the Welfare Committee for its final approval.

Immediately after the close of the meeting each chairman shall return a copy of his report to the Executive Offices so that it may be corrected and proof-read in its final form at once.

This system worked smoothly and efficiently in 1939; and should be equally successful this year.

SCHEDULE OF THE GENERAL OFFICERS AND COMMITTEES

The report of each officer and general committee of the State Society should be received by the Executive Office on or before April 15, in order that it may be prepared for publication in the May Journal.

REPORTS OF COUNTY SOCIETY PRESIDENTS

Since each county society is an integral unit of the State Society, each President is expected to submit a report in accordance with the action of the House of Delegates in 1938 (see Transactions, 1938, pages 12, 51, and 53). These reports should be received in the Executive Offices on or before April first. Thirteen Presidents responded with excellent reports in 1939. Let's have 100 per cent response in this year, 1940.

E. Z. Hawkes, *President,*
The Medical Society of New Jersey

Henry C. Barkhorn, *Chairman,*
The Publication Committee.

February 1, 1940.

COUNTY SOCIETY DUES

I desire to remind the membership that their annual county assessments are due and payable in advance on January first, 1940.

According to the By-Laws of the State Society, Chapter I, Section 2, the Treasurer of each component county society is required to forward a complete list of paid-up members in good standing, with their correct addresses, on March 10th, and at that time remitting the assessment covering such membership. March 15th in each year is the final date for closing the Official List of members. The list submitted by March 15th becomes the Official List upon which the basis of representation of each component society is based. No additional appointments of delegates are permitted after that date.

Members whose dues are not paid by March 15th are dropped from the State Society membership rolls, and their names will not appear on the Official List of members. Membership and fellowship in the American Medical Association automatically lapse, for a physician is entitled to membership or fellowship in the American Medical Association only when he is a member in good standing of his State Society. Your medical defense insurance is also nullified if you allow your membership to lapse.

Pay your annual dues promptly for your own sake and for the benefit of the medical organization whose assistance and inspiration you share.

Alfred Stahl, M.D., *Secretary,*
The Medical Society of New Jersey.

MENTAL HYGIENE COMMITTEE

A meeting of the Mental Hygiene Committee was held January 10th, 1940, at the Academy of Medicine, Newark, at 4:00 p. m. Those present were: Dr. Raycroft, Chairman, who presided; and Drs. Curry, Trippe, Davidson, Wassing, Doody, Fuhrmann, Murray, Dowd, Wilson, Levy, Nichols, Sandler, and Wilkes.

CO-OPERATION OF MONMOUTH COUNTY

Dr. Raycroft reported a letter from Dr. Graves, Chairman of the Mental Hygiene Committee of Monmouth County Medical Society, in which he offered coöperation with the State Society program.

PAPERS FOR PUBLICATION

Dr. Trippe reported, through Dr. Raycroft, that he has two pertinent papers. One now in preparation covers 1,000 cases with mental complications; and one that is now about finished might be offered to the Journal of The Medical Society of New Jersey for publication if approved by this committee.

SURVEY OF RESOURCES

Dr. Davidson's committee reported on the survey of resources available in New Jersey. The committee has consulted with Commissioner Ellis and Dr. Frankel, and has obtained information on available mental hygiene clinics in hospitals. This committee is to address a conference of the Hospital Association on the use of mental hygiene facilities. Out of eighty-four hospitals surveyed, thirty-two have mental hygiene services. Of these thirty-two, the service is carried on by the hospital staff in seven hospitals. The remaining twenty-five use either State or county psychiatric staffs. Only those psychiatrists who are on these seven staffs in hospitals aid in training and helping the staff physicians. Government service visiting psychiatrists do not routinely see hospital cases, or aid the staff physicians. An effort will be made to get these twenty-five hospitals who have government staff psychiatrists to add to their duties the instruction of the members of the staff, and also to see in-patients.

In the discussion following Dr. Davidson's report it was brought out that the first difficulty to overcome is the attitude of the physicians who fear loss of private patients' loyalty through the mental hygiene clinic. This is believed to be based on misinformation, as the family physician is in no way interferred with. At first, hospitals rejected an offer of a mental hygiene service; but that attitude is now changing and becoming more favorable. Economic reasons now prevent commuities from financing mental hygiene staffs in each community.

Dr. Raycroft suggested that the State Mental Hygiene Clinic service in a community be limited to two years, and then have the communities finance mental hygiene staffs where approved psychiatrists are available. It was reported that below the Raritan River there is no trained psychiatrist. Funds might be obtained to underwrite a psychiatrist to begin practice in a locality where needed.

Dr. Wilson suggested that the committee promote the program aimed to train and enlist local psychiatrists in areas not now covered. Dr. Davidson thought that any community with a population of 75,000 could support a psychiatrist—such as Camden, Trenton, and Atlantic City. It was decided that the immediate problem was to make physicians "psychiatric conscious", either through prviate, or public, phychiatric specialists. A suggestion was made that local physicians interested in psychiatry become staff assistants to these trained psychiatrists on the hospital staffs.

Dr. Fuller, of the State Mental Hygiene Clinic, has time only for diagnosis and advice, and cannot engage in therapeusis. Twenty-five per cent of internists, five per cent of surgeons, and five per cent of gynecologists especially need the help of a psychiatrist.

RELATION TO THE HOSPITAL ASSOCIATION

A motion was made and carried to have Dr. Davidson speak before the Hospital Association on January 26th at 2:30 p. m. on "Mental Hygiene Needs and Service in Hospitals in New Jersey".

It was suggested that if possible a staff physician, interested in psychiatry, assist the visiting trained psychiatrist and act as local follow-up man in each hospital.

LECTURE

Dr. Davidson announced that Dr. Muncie will deliver an address at 9 p. m. on February 14, 1940, at the Academy of Medicine in Newark, on "Mental Hygiene and General Practice". Invitations are to be issued to hospital staffs, emphasizing the subject as "mental hygiene" and *not* psychiatry.

MENTAL HYGIENE IN HOSPITALS

Two methods of increasing mental hygiene services in hospitals were suggested by Dr. Doody:

1. Addresses to hospital staffs.
2. Addresses to Medical Societies on a special program to which hospital staffs are invited.

A special sub-committee of the Mental Hygiene Committee was appointed to approach fifty-four hospitals individually, to suggest to them the value of establishing a mental hygiene service in their hospitals, and of having a psychiatrist on each of their professional staffs.

It was suggested that a clinical demonstration be presented at the forthcoming Annual Meeting.

The next meeting of the Committee on Mental Hygiene will be held on February 14th, 1940, at 4:00 p. m. at the Academy of Medicine in Newark.

LeRoy A. Wilkes, M.D., *Secretary.*

SUB-COMMITTEE ON LEGISLATION

A meeting of the Sub-Committee on Legislation was held on December 3rd, 1939, at 11:00 a. m., in the Executive Offices, Trenton. Those present were: Dr. B. S. Pollak, Chairman, who presided; Dr. Frederic J. Quigley, Executive Secretary to the Committee; and Drs. Samuel Alexander, H. Roy Van Ness, Charles H. Mitchell, and Thomas E. Manly.

EXECUTIVE SECRETARY TO THE COMMITTEE

Chairman Pollak announced that on October 15th, 1939, the Board of Trustees had created the office of Executive Secretary to the Legislative Committee, and had appointed Dr. Frederic J. Quigley to the position, with the following duties:

1. Contact Legislators in the various counties, through county officers and key men, where and when such contacts are desirable and feasible. Contact Legislators in the Legislative Halls when necessary.
2. Establish contacts with various State agencies, allied professional groups, and lay organizations interested in public health, and endeavor to secure the support of any or all of these groups in legislation affecting public health when deemed advisable.
3. Attend the sessions of the State Legislature and follow the course of Legislation in which The Medical Society of New Jersey has a legitimate interest.
4. Analyze bills affecting public health or medical practice, and from time to time furnish the county officers and keymen a digest of such bills and the reasons for the attitude taken with respect to them. Also issue to the Legislators, as seems expedient, bulletins or letters regarding these measures, and the position of the profession with respect to them.
5. Contact key men, during the Legislative session, when necessary, to ascertain the position of the Legislators regarding measures of interest to the profession.
6. Maintain contact with the Committee on Public Relations.

The committee voted to submit this outline of duties to the Board of Trustees for endorsement.

LEGISLATIVE KEY MEN

The committee appointed the following "Key Men" for the several counties:

Atlantic—Dr. David B. Allman, 104 St. Charles Place, Atlantic City

Bergen—Dr. Samuel Alexander, Park Ridge

Burlington—Dr. Joseph M. Kuder, Mount Holly

Camden—Dr. George B. German, 429 Cooper Street, Camden

Cape May—Dr. George F. Dandois, Wildwood

Cumberland—Dr. Millard F. Sewall, 195 E. Commerce Street, Bridgeton

Essex—Dr. Frank A. Bien, 999 Clinton Avenue, Irvington

Gloucester—Dr. Wendall J. Burkett, Pitman

Hudson—Dr. James F. Norton, 299 Varick Street, Jersey City

Hunterdon—Dr. B. S. Fuhrmann, Flemington

Mercer—Dr. D. Leo Haggerty, 227 N. Warren Street, Trenton

Dr. Charles H. Mitchell, 1100 W. State Street, Trenton

Middlesex—Dr. William C. Wilentz, 188 Market Street, Perth Amboy

Monmouth—Dr. Robert E. Watkins, Belmar

Dr. William G. Herrman, 501 Grand Avenue, Asbury Park

Morris—Dr. Thomas S. Thomas, Jr., 18 Elm Street, Morristown

Ocean—Dr. William E. Dodd, Beach Haven

Dr. Walter G. Hayden, Toms River

(Dr. J. Edwin Obert, Main Street, New Egypt, will take Dr. Dodd's place during the month of February.)

Passaic—Dr. J. Allen Yager, 420 Broadway, Paterson

Dr. Thomas Clay, 351 Totowa Avenue, Paterson

Salem—Dr. David W. Green, Salem

Somerset—Dr. Frank L. Field, Far Hills

Sussex—Dr. James H. Spencer, Jr., Franklin

Union—Dr. Rowland P. Blythe, 30 Springfield Avenue, Cranford; and Dr. Chris A. Brokaw, 1045 North Avenue, Elizabeth

Warren—Dr. William H. Varney, Washington

CHIROPODY

Dr. Quigley presented a preliminary study of the law relating to the practice of chiropody, and also a résumé of the educational standards of the 343 chiropodists who are registered in New Jersey up to November 1, 1939.

The committee considered the necessity of enacting a legal definition of chiropody, since the present chiropody act permits the practice of methods which are "In conformity with the teaching of chiropody schools".

DINNER CONFERENCES

The committee discussed the advisability of arranging meetings of the officers and key men of county societies with the local legislators,—preferably dinner meetings with the county societies as hosts.

CONFERENCE ON MATERNAL WELFARE

The annual Conference on Maternal Welfare under the auspices of the Advisory Committee on Maternal Welfare was held on January 18, 1940, in the Essex House, Newark, in four parts:

1. A meeting of Field Physicians.
2. A conference on progress reports of the committee.
3. A social supper.
4. A meeting in the Academy of Medicine.

1. FIELD PHYSICIANS

A Field Physicians' meeting was held on January 18th, 1940, at 3:00 p. m., in the Essex House, Newark. Those present were: Dr. Bingham, who presided; Drs. Shore, Burnham, Fahrenbruch, Way, Muerlin, Donnelly, Harman, Calvin, Heatley, Nicoll, Graham, Hilliard, Pogoloff, Aitken, and Tator. Also present were Drs. Levy and Rizolli of the Bureau of Maternal and Child Health; Dr. Brown, of Atlantic County; Dr. Walker, of Middlesex County; Dr. Scott, Executive Assistant; and Dr. Overton, Editor of the Journal.

DUTIES OF FIELD PHYSICIANS

Dr. Bingham reviewed the activities and accomplishments of the Field Physicians as follows:

1. Calling on new physicians in the county, and explaining the literature sent to them by the State Department of Health. The field physician is the contact man.
2. Investigating maternal deaths, and obtaining a complete history of each case. It is important to know where the patient was given prenatal care.
3. Checking on hospitals. Many hospitals do not have their obstetrical rules posted. There is a new rule which every hospital should include, and that is that no patient shall take the knee-chest position while in the hospital. Several die each year because of this, and the exercise is not necessary.
4. Getting the annual obstetrical reports, and delivering the obstetrical record books to the hospitals.
5. Holding obstetrical conferences regularly in the county. Camden County has combined with Burlington and Gloucester Counties, and the three now have a wonderful conference every month. In Camden County the deaths are reduced one-third from the 1938 record. In these conferences not only the deaths, but the difficult cases should be discussed. Other counties also are holding conferences.
6. Explaining refresher courses to physicians. Those who have taken these courses at the Margaret Hague Hospital report that they are excellent. Almost any arrangement can be made to suit the convenience of the physician wishing to take such a course. All that is needed is an introduction by the Maternal Welfare Committee.
7. Sending the names of members of County Maternal Welfare Committees to the Chairman of the State Committee.
8. Explaining how to get a consultation on an indigent or low-wage group case, and give out application slips to be filled out. Dr. Levy has these slips. This consultation service is not to be used in hospitals with regular obstetrical staffs.
9. Explaining how to get a course for delivery service for an indigent or low-wage case; and giving out the necessary slips to be filled out.
10. Keeping a list of appointed consultants for use in proper cases. The Federal Government insists that we have a list of consultants, appointed by the Maternal Welfare Committee. The list is now about ready, and if anyone whose name is not included wishes to be a consultant, he may send his name to Dr. Levy, who will send him a questionnaire to be filled out. This questionnaire will determine his qualification as a consultant.
11. Directing the community system of prenatal care where it is being used, and trying to get it organized in rural districts. In Cape May County the system is so well organized that every case delivered has received excellent prenatal care in physicians' offices. This system is also working well in Dover, Morris County. Nurses send in the patient's name, who is referred to a physician for free prenatal care. The maternity center system is used in the large cities where hospital facilities are readily available.
12. Checking on the efficiency of the prenatal centers, and the need of more centers.

OBSTETRICAL RECORD BOOKS

Dr. Bingham exhibited a sample of the official record book in which all the obstetrical data for each case is recorded in a single line—there are about twenty-five lines on each page. The leaves of the book are bound together in durable covers, so that the danger of loss of any record is slight.

The books are sold to hospitals which have obstetric departments. There was a discussion on how to get the doctors and nurses to record the date immediately after it is obtained, for accuracy and completeness are necessary in

order to utilize the records as evidences of the efficiency of the obstetrical service in New Jersey.

BABY KEEP-WELL STATIONS

Dr. Levy reported that about seventy physicians were now conducting Baby Keep-Well Stations. Arrangements have been made with the Fellows of the American Academy of Pediatrics to have them visit the stations and assist the physicians in their work.

CARE OF PREMATURE BABIES

The Bureau of Maternal and Child Health has completed a study of facilities for the care of premature babies in the several hospitals. There has been a conference with the members of the American Academy of Pediatrics and several obstetricians, and it was decided to have meetings with the Academy members and representatives of the obstetrical services of the hospitals to work out a better plan for premature care.

A study will be made of all deaths in the first year of life. Considerable progress has been made in preserving the life of infants of two or three weeks and over, but very little has been made in the first week of life.

PRENATAL CARE IN CAPE MAY COUNTY

Cape May County adopted a program that every pregnant woman in the county should have prenatal care. Every physician was consulted and practically all agreed to give prenatal care free to the indigent or low-wage group. The county is divided into seven sections to correspond with the nursing services. The nurses report the cases, and each patient has the privilege of selecting her own physician. The divisions are Ocean City, Stone Harbor, Wildwood, Cape May City, North Wildwood, Avon, and Sea Isle City. During the first eleven months of 1939 every case in the county had prenatal care.

DELIVERIES BY MIDWIVES

There is still a considerable percentage of women in certain parts of the State that are delivered by midwives. The instructions are that each patient must have at least a physical examination by a physician, and should receive prenatal care. If the physician finds any condition that makes him feel the case will be abnormal, the midwife cannot deliver it. In the whole State six per cent of all cases are delivered by midwives, but in some sections it runs as high as 20 and 25 per cent.

2. CONFERENCE ON PROGRESS REPORTS

The second part of the program was opened at 4:30 o'clock and was attended by about thirty physicians in addition to the Field Physicians. The first part of the session consisted of a review of the accomplishments in carrying out the twelve-point program of the Maternal Welfare Committee, which was outlined in The Journal of November, 1939, page 659. The discussions were of a friendly, intimate nature, and included confidential reports on the comparative standings of the several counties. The maternal mortality and statistics for each county are now being compiled and will be published in a graphic form similar to those in the Journal of August, 1939, page 510.

ANNUAL MEETING PAPERS

Dr. J. Carlisle Brown, Chairman of the Section on Obstetrics and Gynecology of the annual meeting of The Medical Society of New Jersey, reported that a tentative program for the section meetings at the forthcoming annual meeting has been outlined. Anyone from New Jersey who would like to present a paper may communicate with Dr. Brown.

DR. COSGROVE'S ADDRESS

Dr. Samuel Cosgrove, Medical and Executive Director, Margaret Hague Hospital, Jersey City, gave an address on "Prolonged Labor", illustrated with lantern slides. This address will be published in the Southern Medical Journal.

3. SOCIAL SUPPER

At 5:30, the physicians gathered in the grill room in informed groups, and later in the private dining room for dinner.

4. EVENING ADDRESS

At 8:45 o'clock the participants in the afternoon conference attended an open meeting of the Section on Obstetrics and Gynecology of the Academy of Medicine of Northern New Jersey. The guest speaker was Dr. Edward H. Dennen, Instructor in Gynecology and Obstetrics, Cornell University Medical College, who gave a lecture on "Choice of Instruments in Delivery with Forceps", illustrated with motion pictures.

Dr. Walter B. Mount, of Montclair, showed specimens of obstetric forceps, and pictures of deliveries in the sixteenth century.

PUBLIC RELATIONS IN ESSEX COUNTY

By Stuart Zeh Hawkes, M.D., Chairman of Press and Radio Sub-committee, Public Relations Committee, Essex County Medical Society

The following paragraphs appeared in an editorial of the January issue of the Bulletin of the Medical Society of Cape May County:

"If someone asked you the purpose of the public relations program of your State or county medical society, what would you answer? That question is occasionally asked of a physician."

"Would you tell your questioner that the purpose is to make the medical society 'better understood'? If so, he will probably want to know the reason behind the desire for 'better understanding'."

"Would you tell him that the purpose is to fight 'state medicine'? If so, he will probably regard your organization as another propaganda and pressure group, with an axe to grind."

"There is a socially commendable reason for a public relations program. Briefly stated, it is *health education*. More extensively stated, it is to encourage the general public to make maximum use of available medical knowledge and available medical facilities. It is an objective which will make for a healthier citizenry, if it is energetically pursued."

These ideas made such an immediate impression that it was considered worthwhile to describe activities which have been undertaken in Essex County during 1939, and which will be extended and enlarged in 1940. In some parts of the State there is the feeling that it might be better to develop methods of paid advertising to bring the medical society to the people in a more forceful and forthright way. However, the trend of thought in this county is almost specifically embodied in the previously quoted paragraphs. Let us examine the methods which have been employed in promoting this undertaking in Essex County.

The Public Relations Committee of the Essex County Medical Society consists of about 100 members, or approximately one-twelfth of its membership. The members of the committee have been chosen from every possible group and cross-section in the society. It is divided into four sub-committees. Each sub-committee has its own chairman who is directly responsible to the general chairman.

1. THE SPEAKERS' BUREAU

These physicians have been chosen especially for their ability to speak before lay or professional groups on some topic with which they are familiar. It has been the motto of this Bureau that it will send a man at any time, anywhere, to speak on anything. The speakers are expected to avoid controversial angles of their topic, if possible, and to frame their speech in such a manner as to avoid distortion of their words or ideas. They are also admonished to stick to their assigned topic, so that they will not be drawn into debate without first being prepared.

However, controversial subjects for and against organized medicine have often been discussed by those speakers who have previously carefully weighed the arguments. Individuals have spoken to women's clubs, political gatherings—including communistic organizations—industrial employees' groups, semi-scientific groups, Rotarian clubs, and members of labor unions; and in fact, to every type of individual the county holds. At present the bureau is even organizing a class for expectant fathers in collaboration with one of the local newspapers.

2. SOCIAL WORKERS

This sub-committee has as its objective the development of better contacts with one of the most important groups of non-medical workers which rubs shoulders with the medical profession daily. The members of this group might be called the *eyes and the ears* of medicine. They carry the theory of medical care into the homes of the sick and the needy. They are front-line press agents for better or for worse. In the past they have complained of many things the profession has left undone, and many things which the profession has done. These social workers have been met on several occasions, individually and collectively, and have placed their troubles squarely before the medical society. Definite adjustments to meet their requests have been made to such a degree that in their own words, at present, they "feel they have been met more than half-way".

3. PUBLIC EXHIBITS

From February 5 to 10, 1940, there will occur something which has never been done before. The public will be treated to a combined exhibit of advances in medicine, and interesting factors in medical care, together with salient points in the history and recent developments in medicine, dentistry, and pharmacy. (Jour., Jan., p. 42.) The total number of exhibits will approximate 40, with their content ranging from "Why an Autopsy?" to "Insurance statistics on the increased longevity of

man due to medical advances". At this exhibit a person may see a typical operating room, the machines of medicine, and the instruments of precision which help in arriving at an exact diagnosis. Medical movies on numerous subjects will be shown each day at three intervals. A speaker of national prominence will discuss some interesting and timely topic at an open forum each evening. The whole activity is being grouped under the caption "Medical Week". Nothing obnoxious or too heavy for the average upper grade school child will be shown, so that no chamber of horrors will exist, and no prim mother will rise up in arms because the medical society showed her child objects beyond her moral depth.

4. PRESS AND RADIO DIVISION

Until recent years the medical society has received adverse publicity from many directions because, on the one hand, it was afraid to talk; and on the other hand, it did not know how to speak. Incidents occurred almost monthly which aggravated the individual doctor, and which antagonized the profession as a whole. To remedy this situation a liason was established with each newspaper, so that one man on that paper was assigned to medical news. These men are known personally by the press sub-committee, and they are urged to ask medical questions freely and also to seek information through this channel rather than through the individual doctor. The newspaper editors were told they would get the information, and that it would be correct. In return the only request was that anonymity and authenticity be observed as closely as possible.

A series of medical articles were also begun in the leading paper on medical topics and medical history, under the title "The Story of Modern Medicine". These articles are written by society members themselves. They are published after correction; and uniformity is reached in the hands of the sub-committee's rewrite men. These articles attempt to present the true facts on medical subjects, and to counteract many of the incorrect and flashy notices which appear in print. They have appeared under such titles as "Tuberculosis", "Smallpox", "Public Health", "Typhoid Fever", "Diabetes", "Syphilis", "Pneumonia", "Rabies", "Medical Education", "Anesthesia", "Surgery", "Obstetrics", "Fractures", and many others. The dental profession has been asked to join in writing these articles. The druggists and pharmacies have been included as well. These articles have been appearing weekly for more than a year. Favorable reactions have been encountered from many directions.

Let us now again examine the quotation from the Cape May Bulletin, and let us see if public relations have been bettered by the activities as outlined in it. We feel that a similar program broadly applied not only to this State, but even nationally, would advance our cause and preserve our individuality without shackles, far better than by sitting by the side of the road and grabbing the passing coattails while crying, "Down with Socialized Medicine!"

RESPONSIBILITY OF OPTOMETRISTS

The case involving the responsibility of an optometrist for an incorrect diagnosis was discussed in the Journal of the A. M. A. of December 9, 1939, page 2180.

On May 17, 1935, a woman consulted an optometrist in Alabama for failing eyesight, and was examined and given glasses, but without relief. During the summer and early fall, she visited the optometrist several times, but was assured that the glasses would remedy her ailment as soon as she became accustomed to wearing them. On November 2, 1935, the patient made her last visit, complaining that she could not see out of one of her eyes. The optometrist then discovered that the sight of her right eye was completely gone; and advised the patient to consult a physician.

The physician whom the patient consulted discovered that she was suffering from glaucoma which had caused a detached retina of her right eye, and which was, at that time, affecting her left eye. Subsequently her right eye was removed and her left eye was treated for the purpose of saving it.

The patient then brought suit against the optometrist, and also against the jewelry firm for whom he worked. However, before the case was given to the jury, the court dismissed the action against the optometrist, and later gave judgment in favor of the defendant corporation.

The plaintiff then appealed to the Supreme Court of Alabama, which affirmed the judgment in favor of the defendant.

The appellate court upheld the point that the

jewelry firm was liable for damages resulting from the negligence of the optometrist in its employ; but the court also decided that the optometrist had not been negligent in performing the duties which are prescribed by the Alabama law of "Examining the patient's eyes for the purpose of ascertaining any departure from normal vision; measuring their functional power; and adapting mechanical means for the aid thereof".

The court also inferred that, if it was apparent to the skilled optometrist that there existed in the eye a disease or malformation, the optometrist's duty would have been to advise the patient, in order that the proper medical or surgical treatment might be had. But the evidence in this case convinced the court that the disease of the plaintiff's eyes was not such a disease as should have been detected by a skilled optometrist. The optometrist therefore was not negligent in failing to detect it.

This decision is contained in Hampton vs. Brackin's Jewelry and Optical Co., Inc. (Ala., 186 So. 173).

RADIO BROADCASTS BY THE HOMEMAKERS' FORUM

The program of a series of weekly radio broadcasts by the Home Economics Extension Service of Rutgers University is announced for the first three months of the year, as follows:

January 3—What If Father and Mother Disagree?
Father reprimands Mother because she scolds five-year-old Tommy for spilling his milk.

January 10—Is Routine a Fetish?
Father favors feeding the baby now, but cry or no cry, Mother says it isn't time.

January 17—Are Habits Harmful?
Father thinks all the fuss about little Jim's thumbsucking may be pure nonsense.

January 24—Should Johnny Take a Dare?
That's Father's question after Johnny jumps in the pond to win Brother Bob's dare.

January 31—What Good Is Collecting?
Mother calls it "junk"—but Jack prizes his marbles, and any man would envy Father's fishing tackle.

February 7—Who's a "Stuck-up"?
The girls say Alice, but Father says it's just because she's a bit too good for the crowd.

February 14—And Who's a "Sissy"?
The boys say Bill. Father contends that a good scrap with the boys might strengthen the lad's muscle and morale.

February 21—Can We Avoid Prejudice?
Charley wants to play with Tom and Mother objects, but Father has a different point of view.

February 28—Is Curiosity a Virtue?
Father provides simple experimental equipment and the boys learn how steam makes the wheels go round.

March 6—Is Every Child Musical?
Father asks whether a test for musical ability will be wise for Mabel, who refuses to practice her piano lessons.

March 13—What About the "Rough-House" Age?
Bumps, bangs, and broken furniture? Not after Father builds a recreation room!

March 20—Shall They Go Dutch?
Father remembers that girls of his age didn't, but he reconsiders and boosts Peggy's allowance.

March 27—Who Wants a Perfect Child?
Not Father, who remembers that "to err is human."

Mrs. Marion F. McDowell, Director of the Service, Rutgers University, New Brunswick, makes the following announcement:

During the winter months the Homemakers' Forum will be heard on Wednesdays at 11:45 a.m., E. S. T., on WOR Mutual Broadcasting System, and on short wave over W2XJI.

A single copy of any one talk may be obtained free of charge, directly following the broadcast, by anyone who makes a request to the Homemakers' Forum, New Jersey College of Agriculture, New Brunswick, New Jersey. If you would like to receive copies of all the talks, write to us for further information on how to become a member of the Homemakers' Forum.

DR. ANDREW F. McBRIDE HONORED

Dr. Andrew F. McBride, of Paterson, Past President of The Medical Society of New Jersey and an active worker on its committees, was created a Knight of the Order of St. Gregory the Great, Civil Class, by Pope Pius XII, on the nomination of Bishop Thomas H. McLaughlin of Paterson. The citation of his appointment dated November 28, 1939, reads:

"His Excellency, Most Reverend Thomas H. McLaughlin, S.T.D., Bishop of Paterson, is happy to announce that His Holiness Pope Pius XII by a brief dated November 28, 1939, has graciously granted his petition and has created Doctor Andrew F. McBride a Knight of the Order of St. Gregory the Great, Civil Class. This honor has been granted by virtue of Doctor McBride's Catholic activities and membership in the Holy Name Society and particularly because of years of service in the cause of the poor and sick. It comes as the crowning honor of fifty years' service at St. Joseph's Hospital."

In addition to his years of service at St. Joseph's Hospital, Dr. McBride has also served as chairman of many undertakings sponsored by Catholic organizations in Paterson, including the drive for the funds for the addition to St. Joseph's Hospital several years ago.

This honor had also been conferred on the late Dr. John F. Hagerty, of Newark, President of The Medical Society of New Jersey in 1931, for raising a large endowment for Seton Hall College.

OBITUARIES

MRS. FRANCES C. WILKINSON

Mrs. Frances C. Wilkinson, Assistant Secretary and Inspector of the New Jersey State Board of Medicinal Examiners, Trenton, died on Tuesday, January 23, 1940, of chronic heart disease, at St. Francis Hospital, Trenton. Mrs. Wilkinson was born on December 16, 1888, at Trenton, and was educated at the Joseph Wood School, and the Horton Business College of that city. Mrs. Wilkinson had been with the Board for twenty-two years. She was thoroughly familiar with its standards and methods of action, and handled its routine business with rare efficiency and tact.

DR. OSHER GORDON

Dr. Osher Gordon died in his home in Passaic on December 5, 1939, in the 77th year of his age. He was born in Lithuania, Russia, in 1863, the son of a grain merchant. He studied medicine in Moscow and graduated from the P. & S., Baltimore, in 1899. He practiced in New York City for nineteen years, and then moved to Passaic in 1899. He was a specialist in eye, ear, nose, and throat work, and was President of the Beth Israel Hospital, of which he was one of the founders. He was active in the Passaic County Medical Society and a member of the New York Academy of Medicine.

Dr. Gordon was a linguist, and a student of the Hebrew language and literature. He was also a director of the Hebrew University in Palestine.

Two of his three children are now practicing medicine, Dr. Abel Gordon, of Passaic, and Dr. Sarah Gordon, of Teaneck.

DR. MAURICE R. ZENTNER

Dr. Maurice R. Zentner, a practicing physician of Trenton for the past seven years, died on October 30, 1939, in the University Hospital, Philadelphia, after an illness of ten weeks.

Dr. Zentner was born in 1906. He studied in the University of Pennsylvania, and graduated from the New York Homeopathic College, Flower Hospital, New York City, in 1932, and was a member of the Mercer County Medical Society, The Medical Society of New Jersey, and the American Medical Association.

PHYSICIANS DYING IN NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
John F. Condon	67	Dec. 8, 1939	Glen Ridge	Newark	Coronary thrombosis.
Osher Gordon	74	Dec. 5, 1939	Passaic	Same	Carcinoma of pancreas.
Harrison A. Greaves	75	Dec. 14, 1939	Browns Mills	Same	Heart failure.
George L. Johnson	67	Dec. 12, 1939	Morristown	Same	Chronic myocarditis.
Carl R. Keppler	62	Dec. 27, 1939	Hillside	Union City	Cerebral apoplexy.
James Mulligan	60	Dec. 7, 1939	Hoboken	Same	Arterio sclerotic heart disease.
William Rado	46	Dec. 30, 1939	Newark	Maplewood	Gangrenous appendicitis.

NUMBER OF CHILDREN REPORTED AS RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1939

DIPHTHERIA TOXOID

County	Total to Nov. 30	Month of Dec.	Total to Dec. 31	Average per Month
Atlantic	94	22	116	19.3
Bergen	1137	275	1412	235.3
Burlington	32	42	74	12.3
Camden	790	269	1059	176.5
Cape May	33	0	33	5.5
Cumberland	28	8	36	6.
Essex	4167	1137	5304	884.
Gloucester	60	6	66	11.
Hudson	2882	991	3873	645.5
Hunterdon	253	140	393	65.5
Mercer	687	79	766	127.6
Middlesex	914	8	922	153.3
Monmouth	1003	51	1054	175.6
Morris	346	121	467	77.8
Ocean	0	0	0	0
Passaic	1709	316	2025	337.5
Salem	173	5	178	29.6
Somerset	59	16	75	12.5
Sussex	1	1	2	.3
Union	905	121	1026	171.
Warren	27	3	30	5.
Totals	15300	3611	18911	3151.7

SMALLPOX VACCINE

County	Total to Nov. 30	Month of Dec.	Total to Dec. 31	Average per Month
Atlantic	208	124	332	55.3
Bergen	1565	115	1680	280.
Burlington	202	6	208	34.6
Camden	884	40	924	154.
Cape May	51	22	73	12.1
Cumberland	99	1	100	16.6
Essex	2645	905	3550	591.6
Gloucester	159	3	162	27.
Hudson	3344	193	3537	589.5
Hunterdon	277	0	277	46.1
Mercer	830	29	859	143.1
Middlesex	490	21	511	65.1
Monmouth	241	849	1090	161.6
Morris	517	78	595	99.1
Ocean	19	0	19	3.1
Passaic	1341	128	1469	244.8
Salem	194	2	196	32.6
Somerset	379	19	398	66.3
Sussex	0	0	0	0
Union	1236	47	1283	213.8
Warren	110	0	110	18.3
Totals	14791	2582	17373	2895.5

LOCATION FOR A PHYSICIAN

The following announcement has been received for publication:

If there is a doctor who would like to locate in a small country town, with a well-populated surrounding country, address Mrs. Dora E. Blair, Delaware, Warren County, N. J.

Delaware is on the Delaware River, about seven miles south of the Water Gap.

AMERICAN ACADEMY OF PEDIATRICS

The District of Columbia members of the American Academy of Pediatrics will be hosts for the Annual Meeting of Region One of the American Academy of Pediatrics on April 4th, 5th and 6th, 1940, at the Mayflower Hotel, Washington, D. C. We would appreciate it if you would announce this meeting in The Journal of the Medical Society of New Jersey for February and March. New Jersey is included in Region One.

WM. F. O'DONNELL, M.D.,
Chairman, Publicity Committee.

BOOKS RECEIVED FOR REVIEW

Diagnostic Signs, Reflexes and Syndromes, standardized by William Egbert Robertson and Harold F. Robertson. Pp. 309. Price $3.50. Philadelphia, F. A. Davis. 1939.

Proctology for the General Practitioner. By Frederick C. Smith. Pp. 386; illustrated with 145 illustrations. Price $4.50. Philadelphia, F. A. Davis. 1939.

Population, Race and Eugenics. By Morris Siegel. Pp. 206. Price $3.00. Hamilton, Ontario. By the author. 1939.

Unto the Fourth Generation, Gonorrhea and Syphilis, What the Layman Should Know. By Irving Simons. Pp. 243. Price $2.50. New York, E. P. Dutton. 1940.

BOOK REVIEWS

CANCER HANDBOOK OF THE TUMOR CLINIC, STANFORD UNIVERSITY SCHOOL OF MEDICINE. Edited by Eric Liljencrantz, M.D., Chief of Tumor Clinic, Stanford University School of Medicine; Consultant in Neoplastic Disease, United States Naval Hospital, Mare Island, and United States Marine Hospital, San Francisco. Stanford University Press, Stanford University, California. London: Humphrey Milford, Oxford University Press. $3.00.

This short book is a splendid compendium on cancer, and although it is necessarily didactic in many respects, it derives one of its main virtues therefrom. It should be of much aid to the student and to the general practitioner. A bibliography of a few essential texts has been included for those who wish to delve further into the subject.

C. ABBOTT BELING, M.D.

Chronic Diseases of the Abdomen—A Diagnostic System. By C. Jennings Marshall, M.S., M.D. (Lond.), F.R.C.S. (Eng.); Surgeon, Charing Cross Hospital and Victoria Hospital for Children; etc. Boston—Little, Brown and Company, 1939; pp. 247. $6.00.

Diagnostic systems are, at best, difficult to execute in a satisfactory, comprehensive manner. The author of this work has fortunately confined himself to the abdomen, and excluding acute diseases, has organized his attack in an interesting sequence, particularly with relation to the location of pain. Although some will not agree with the arbitrary divisions, the material is handled in a clear and concise manner. The illustrations are well correlated with the text.

This book should be of real value to all students and general practitioners, who will find therein important points emphasized in dark type. Part I on physical examination and various special investigations is excellent, and could be read with profit by anyone. In their advent into the field of medical publication Little, Brown and Company have done well.

Epidemic Encephalitis: Etiology, Epidermiology, Treatment. Third report by the Matheson Commission. Pp. 493. Price $3.00. New York, Columbia University Press, 1939.

This third report of the Matheson Commission brings the literature of the subject up through the first half of 1937, with a few references in 1938. The clinical evidence and experience on a large number of follow-up cases have been valuable in differential diagnosis, and estimating methods of treatment. The work done on the viruses which have been isolated is outlined, the most important being those relating to human encephalitis caused by the viruses of Eastern and Western equine encephalitis. Much of the work of the commission consists in giving consultation service to physicians from all parts of the country, either personally or by letter. The book is well indexed, and should prove valuable to specialist and general practitioner.

Tumors of the Skin, Benign and Malignant. By Joseph Jordan Eller, M.D. Philadelphia. Lea & Febiger (c. 1939). 607 pages, illustrated. 8 vo. Cloth, $10.00.

Dr. Eller has written a book on a specialized subject which should be of interest to the general practictioner, as well as the dermatologist and pathologist. In addition to tumors, a discussion is included of certain benign skin lesions, such as senile keratosis, leukoplakia, and lupus erethematosus, which occasionally become the seat of cancerous lesions.

An excellent feature of the book is the detailed diagrammatic outline for the treatment of epithelioma in special locations. The various methods suitable for each case are discussed, and the reasons for the method chosen are given.

Another practcial feature is a chapter on plastic surgery. This is in effect a brief monograph on how to improve the cosmetic results in skin surgery. A detailed bibliography is appended to each chapter and the book is well indexed. The roentgen ray dosage used in some instances seems high to this reviewer, but Dr. Eller has used them in his own practice for many years, and his results are good.

S. J. Fanburg, M.D.

Textbook of Nervous Diseases. By Robert Bing, Professor of Neurology, University of Basel, Switzerland. Translated and enlarged by Webb Haymaker. The C. V. Mosby Company, St. Louis. 1939. 838 pp. Price $10.00.

This new edition of the "Textbook of Nervous Diseases", translated and enlarged by Webb Haymaker, is a great improvement over the previous editions. Apart from the vast amount of information contained in this book, it is valuable in that it gives quite an extensive bibliography at the end of each chapter. It can be recommended to the specialist and general practitioner alike, not only because it is very readable, but also because of the great wealth of material it contains. It should find a ready place on your bookshelf.

Christopher C. Beling, M.D.

Psychobiology and Psychiatry: A Textbook of Normal and Abnormal Human Behabior. By Wendell Muncie, M.D., Associate Professor of Psychiatry, Johns Hopkins University. The C. V. Mosby Company, St. Louis. 1939. 739 pp. Price $8.00.

This book represents an honest effort to learn about man, "the unknown".

The psycho-biological method is an endeavor to study man as a whole in his concrete objective expression, letting the observed facts speak for themselves. To use an analogy, it is psychiatry of the card index system, open at both ends, as compared with the old system of the bound-book method. From this alone we may say that it holds out an excellent promise for the future, not being hidebound but elastic. It had its beginnings, strange to say, about the same time that antiquated hospitals for the insane began to change their record systems from books to folders, cards, and cross-indexes. Like any new ideas, a few decades are needed for rooting, growth, and blossoming.

Whatever the future holds for the development and perfection of psychiatric knowledge, we are of the belief that Dr. Muncie's book is a forward-looking, progressive contribution towards that end. Every medical man will profit by reading it. With its enormous mass of technical detail, collected from the four corners of the neuropsychiatric world, it baffles abstraction and review. Apart from the setting forth of what might be called a *new science of abnormal man,* this book is really an encyclopedic work.

The psychiatric or psychological part of the book is fashioned after the teachings of Dr. Adolf Meyer, whose influence in bringing psychiatry a long way on the road towards a better grasp of the psychic disorders of the elusive creature—man—has been so significant. One cannot but fail to appreciate

the sincere effort to collate and correlate much, if not all, of the worthwhile available knowledge extant today. Still one wonders what it is all about, and how much is not really known, and how it meets the challenge put forth by Carrel in "Man the Unknown".

An epoch-making book like this cannot be adequately reviewed. It mus be read and re-read. One may not agree with all the author says, but he will not disagree with us that it is open to receive additions and changes.

The historical bibliographic survey at the end of the book is a valuable guide for orientation in the development of the concepts of mental disorders.

Perhaps, in a future edition of this book, one might like to see something more said about biochemical reactions which have their influence on the functioning of the mind.

CHRISTOPHER C. BELING, M.D.

PRINCIPLES OF CHEMISTRY. By Joseph H. Roe. Pp. 503. Price $3.00. St. Louis, C. V. Mosby Co. 1939.

I have completed a full survey of the "Principles of Chemistry", and find therein a good, concise manual for the group of students for whom the work was intended,—nurses and students of home economics.

The work covers in fair detail the fundamental principles of inorganic and physiological chemistry. The section dealing with organic chemistry is condensed, but the author succeeds in putting much information in a few words.

Valence is treated in a most direct, yet understanding manner, wihch enables the student, who does not intend to go further into chemistry as a science, to grasp this difficult expression for the value of the different combining powers of the element.

The author lays the most stress on *physiological chemistry*, and gives a clear picture to the student who needs to grasp physiology as a subject as well as chemical relations.

The style of the author is simple and lucid, and he has succeeded in conveying an abundance of practical and useful information.

ALBERT E. EDEL, M.D.

FORGOTTEN TOWNS OF SOUTHERN NEW JERSEY, and MORE FORGOTTEN TOWNS OF SOUTHERN NEW JERSEY, both by Henry C. Beck. Price $3.75 each. New York City. E. P. Dutton & Co.

To us, born and bred in New Jersey, Mr. Beck's books are most revealing and give us a thorough factual knowledge of "forgotten" towns; not forgotten by most of us because we never knew such towns existed. Delightful and humorous anecdotes about the early inhabitants and towns are contained in the great amount of detail which Mr. Beck has gathered in his extensive travels through the wastelands of New Jersey.

How many times we have ridden through the pines of Southern New Jersey, never realizing we were passing over ground that once was the scene of a thriving community. School history and geography never brought these forgotten towns to light; they are too important a part of our existence to be dropped so completely. Mr. Beck has provided an insight into the industries of these early towns, industries which most people believe to be alien to New Jersey—whaling, ship-building, iron mining, lumbering, and glass-blowing. Barnegat, now a small shore town, was once a thriving port of entry for sea-going vessels. At the time of the Revolution, much of the cargo of war materials was landed at Barnegat.

These books will be interesting to the people of New Jersey and the frequent travelers of our southern counties. The dreary travel through the pines of Southern New Jersey will become an exploration to visit some of the forgotten towns brought to life again by Mr. Beck.

E. L. M.

TREATMENT IN GENERAL PRACTICE. Two volumes. Pp. 436. Price $7.50. Boston, Little Brown & Co.

These two volumes contain a scries of concise articles by various authors, each a specialist in the subject about which he writes, which deal with the treatment of the usually encountered diseases in clear and brief manner. Only so much of pathogenesis and diagnosis is discussed in most of the articles as has bearing on the rationale of therapy.

The chapters are short, well written, and clear and thorough in the outline of treatment for the different conditions. Beginning with the respiratory tract the chapters range through acute infections, cardio-vascular diseases (including a short but very sensible chapter on the electro-cardiogram), nervous diseases, the gastrointestinal tract, blood, rheumatic and metabolic diseases, and the kidney. Therapy is thoroughly modern, though treatment of pneumonia necessarily omits mention of sulphapyridine which was developed after the publication of the second English edition, from which this edition is printed.

Whoever wants a sensible compendium of treatment which contains no frills, and which deals with all the major conditions to be encountered by the busy general practitioner, will do well to possess himself of these two volumes.

G. H. L.

THE HEALTH INSURANCE DOCTOR. By Barbara N. Armstrong. Pp. 264. Price $3.00. Princeton, Princeton University Press. 1939.

This book is a timely work by a well-qualified authority on the medical systems in England, Denmark and France. It is written by a layman and presents the layman's viewpoint as gathered as honestly as possible from the medical profession of these three countries.

The balance of judgment from the data presented seems to be in favor of medically controlled insurance for medical care in a democracy. This is of special interest to The Medical Society of New Jersey at this time.

E. P. C.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

FEBRUARY, 1940				MARCH, 1940			
6	Camden	13	Bergen	5	Camden	14	Burlington
6	Hudson	13	Cumberland	5	Hudson	14	Essex
8	Burlington	14	Mercer	8	Atlantic	14	Passaic
8	Essex	14	Ocean	8	Salem	14	Somerset
8	Passaic	15	Gloucester	12	Bergen	20	Middlesex
8	Somerset	15	Morris	13	Mercer	21	Gloucester
9	Atlantic	21	Middlesex	13	Ocean	21	Morris
9	Salem	28	Monmouth	13	Union	27	Monmouth

ATLANTIC COUNTY

Charles Hyman, M.D., Reporter

The regular meeting of the *Atlantic County Medical Society* was held at the Hotel Ambassador in Atlantic City. December 8, 1939, at 9 p. m., with the President, Dr. Edward F. Uzzell, presiding.

SCIENTIFIC

Dr. William Wolf, author of "Endocrinology in Modern Practice", addressed the society on "Reflections on Procedures Common in Endocrinology". Dr. Wolf's remarks were specifically limited to an evaluation of the diagnostic procedures in the study of thyroid disturbances.

Dr. Wolf's interesting paper was followed by a discussion in which Drs. Molitch, Johnson, Carrington, Hyman and Shavelson participated.

OFFICIAL VISIT

Dr. Watson B. Morris, President-Elect of The Medical Society of New Jersey, gave a brief summary of the work being done by many of the state committees, giving particular attention to the Workman's Compensation Committee, and the Advisory Committee on Hospital Relationships.

CONSTITUTION AND BY-LAWS

In order to clarify the eligibility for membership in the society a motion was made and carried that the By-Laws Committee study this matter, and bring in a report on their recommendation at the next meeting, at which time a general discussion on the matter will be invited.

NEW MEMBERS

Drs. M. J. Levine and John Perez were admitted to membership.

Two applications for membership were received.

NATIONAL PHYSICIANS' COMMITTEE

The National Physicians' Committee for the Extension of Medical Services was discussed, but no official action was taken.

The regular meeting of the *Atlantic County Medical Society* was held at the Hotel Ambassador in Atlantic City, Friday evening, January 12, 1940. The meeting was called to order at 9 p. m. by the President, Dr. Edward F. Uzzell.

SCIENTIFIC

Dr. G. Harlan Wells, Professor of Medicine at the Hahnemann Medical School, addressed the society on "The Cause and Treatment of Congestive Heart Failure".

Dr. Wells gave a broad working classification of heart disease, as follows: 1, Valvular disease. 2, Syphilis. 3, Chronic myocarditis of various causes. 4, Coronary sclerosis.

The paper was discussed by Drs. Marvel, Scanlan, and Durham.

POST-GRADUATE COURSE

Dr. Sloan Stewart outlined plans for the annual lecture course to be started in the spring. It was decided that osteopathic physicians were not to be invited to take the course of lectures.

HOSPITAL INSURANCE

Dr. Subin reported that the Atlantic City Hospital would not contract with any plan that did not have the recommendation of the county society. It was moved that the Hospital Service Plan of New Jersey be asked to send literature and specimen policies to the members for examination before the next meeting, at which time action will be taken.

WORKMEN'S COMPENSATION

Dr. Johnson, acting on the communication of the local W. P. A. relative to a list of approved physicians for the treatment of injured, recommended that the society conform to the ruling of the State Society which refused to approve the certification of physicians. This report was accepted.

PUBLIC RELATIONS

Dr. Kaighn reported that fifteen members had lectured before lay groups.

TELEPHONE COMMITTEE

Dr. Kilduffe reported progress with the Bell Telephone Company in a promise to give the doctors of

medicine listing separate from that of osteopaths and other cults.

MEMBERSHIPS

Two applications for membership were referred to the Board of Censors.

Dr. E. C. Chew, after forty-nine years of active practice, was voted an Honorary Member of the society.

JOINT MEETING WITH DENTAL SOCIETY

Members of the *Atlantic County Medical Society* were guests of the *Atlantic County Dental Society* at its meeting January 3, 1940, at the Chalfonte Hotel in Atlantic City. Dr. Raymond Ingersoll, President of the Dental Society, presided.

Roy L. Sexton, M.D., and Daniel F. Lynch, D.D.S., of Washington, D. C., presented a "Combined Slide and Paper Demonstration on Oral Diseases in Relation to Gastro-intestinal Dysfunction". They believe that oral sepsis is a definite factor in a large percentage of diseases of the gastro-intestinal tract. Oral foci have been found in approximately 30 per cent of such disturbances. These figures appear to be rather consistent from many clinics. Gastroscopic pictures of lesions of hyperthropic, atrophic, ulcerous and cancerous type were demonstrated in all stages of their development, as well as many of the subclinical groups. Definite oral foci were demonstrable in all.

The paper was discussed by Drs. Davidson, Scanlon, Barab, Hyman and Stewart.

BURLINGTON COUNTY

Paul R. Sparks, M.D., Reporter

The regular meeting of the *Burlington County Medical Society* was held at the Moorestown Field Club on December 14, 1939. President Munro called the meeting to order at 9:30 p. m.

President Munro introduced the following guests: Drs. Diverty, Wood, and Greunwald, Mrs. Ruby R. Freer, Executive Secretary of the Burlington County Tuberculosis League, and the Public Health Nurses of Burlington County.

W. P. A. PATIENTS

The Executive Committee recommended that no action be taken on the request of the Works Project Administration to have a list of physicians submitted who are qualified to treat injured Works Project Administration employees, for the House of Delegates at the last Annual Meeting of The Medical Society of New Jersey did not approve the submission of such a list. The Delegates approved of the present plan of distributing the injured cases, i. e., sending the injured person to the nearest doctor.

Upon motion, the recommendations of the Executive Committee were adopted.

MEETING PLACE

Dr. Imhoff reported as a committee of one on the proposed change of meeting place and stated that he had been assured of comfort at the Moorestown Field Club, and after having investigated other places felt that a change was not advisable. Upon motion regularly made, seconded and carried, the report was accepted and the committee was discharged.

SCIENTIFIC

President Munro then turned the meeting over to Dr. Hammell P. Shipps, Chairman of the Program Committee. Dr. Shipps requested Mrs. Ruby R. Freer to introduce the speaker of the evening, Dr. Harold H. Mitchell, President of the American School Health Association. Dr. Mitchell presented a most interesting discussion on "The Health of the School Child". Following the talk a discussion brought out many pertinent questions.

The regular monthly meeting of the *Burlington County Medical Society* was held at the Moorestown Field Club on January 11, 1940. President Munro called the meeting to order at 9:20 p. m., welcoming Drs. Diverty, Crane, Pratt, and Ziccardi as guests.

LEGISLATION

Dr. Kuder reported for the Legislative Committee, bringing before the society several items of current interest,—revision of the Workmen's Compensation Act; the appointment of a secretary to the Legislative Committee; discussion regarding the chiropody act; a request from the Pneumonia Commission that legislators be urged to continue State funds for pneumonia serum.

Motions were made and passed that the Legislative Committee meet with our county legislators in order to promote future relationships; and that we go on record as favoring continuance of State appropriations for distribution of pneumonia serum.

DELEGATE TO STATE SOCIETY

Dr. Sparks' resignation as delegate to the State Society was accepted. Dr. Shipps was elected to succeed himself.

Dr. Shipps presented Dr. Garfield Duncan, Chief of the Metabolic Clinic at Pennsylvania Hospital and Assistant Professor of Medicine at Jefferson Medical College, who gave an address on "Diabetes and the General Practitioner". The talk, elaborating physiologic considerations, stressed the fact that 75 per cent of diabetics were overweight, and hence were potentially mild. He noted the decrease in the renal threshold in pregnancy and in hyperthyroidism. Body weight, rather than blood sugar, is the better indication of the severity of the disease. Mention was made of his recent innovation of treating diabetics who are febrile from infection by the division of carbohydrate intake and insulin dosage into four or six shorter interval administrations.

Open discussion followed the formal talk.

CAMDEN COUNTY

Harold D. Barnshaw, M.D., Reporter

The regular meeting of the *Camden County Medical Society* was held in the City Dispensary Building on December 5th, 1939, at 9 p. m., Dr. R. L. Sharp presiding in the absence of the President. There were 104 members and guests in attendance,—60 per cent of the official membership.

NEW MEMBER

Dr. Richard Kerdasha, recently elected member, took the oath of membership and was introduced to the society.

Three proposals for membership were received.

OFFICIAL VISITOR

Dr. E. J. Marsh, Vice-President of the State Society, briefly outlined the plans and objectives of the State Society for the coming year.

SCIENTIFIC

The scientific program was "A General Talk on Diabetes, Bringing the Subject Up-to-Date", by Dr. Priscilla White. This was a splendid lecture, and everyone enjoyed it.

Discussion was opened by Dr. Ellis and Dr. Herbert T. Kelly, followed by Drs. Dillon, Mahaffey, Casselman, A. B. Davis; and was closed by Dr. White.

POST-GRADUATE

Dr. Bentley reported for the Post-Graduate Committee and requested that additional members enroll for the courses.

CAPE MAY COUNTY

Clarence W. Way, M.D., Reporter

A regular meeting of the *Cape May County Medical Society* was held at the Ocean City Golf Club, Somers Point, N. J., at 9 p. m., January 9, 1940. President Aldrich C. Crowe presided, and the following members were present: Drs. Crowe, Smith, Haines, Cooper, Corson, Cohen, Bernheisel, Cameron, and Way.

The following visitors from Atlantic County were also present: Drs. Scanlan, Irvin, Read, Hudson, Sr.; Hudson, Jr.; Henderson, Madden, Fish, Marvel, and Reick.

MEMBERSHIP

Dr. Maurice B. Cohen, Wildwood, was elected to membership.

SCIENTIFIC

Dr. George Wilson, Professor of Clinical Neurology, University of Pennsylvania Medical College, Philadelphia, Pa., spoke on the subject "Interpretation of Pain of the Extremities", discussing the following causes: Neuritis, Bell's palsy (seventh nerve), Herpes zoster, sacral and lumbar plexus, multiple neurosis, tumors of nerves, neuro-fibroma, inflammation of the nerve roots, girdle pains, arthritis, carcinoma of the spine, sciatica, tumors of the spinal cord, bursitis, multiple arthritis, Paget's disease, sarcoma, Pott's disease, myalgia, Parkinson's disease, Raynaud's disease, arterial disease, neuralgia, trigeminal neuralgia, kidney stone, angina pectoris, and the very interesting cases of mental pain.

Dr. Wilson's paper was very ably discussed by Dr. Hilton S. Read, F.A.C.P., Atlantic City.

The next meeting will be held on March third, at the Sea View Golf Club. It will be a joint meeting with the Bar Association, and an outstanding jurist will address the meeting.

CUMBERLAND COUNTY

F. Muriel Ramsey, M.D., Reporter

The *Cumberland County Medical Society* held its regular meeting on January 9, 1940, at 9 p. m. in the Nurses' Home of the Millville Hospital, Millville, N. J. The President, Dr. J. Franklin Reeves, presided.

SCIENTIFIC

There was no business transacted, but the meeting was given over to the Cancer Control Committee, which consists of Dr. Charles Sharp, Port Norris, N. J.; Dr. Burton Walker, Vineland, N. J., and Dr. F. Muriel Ramsey, Millville, N. J. Dr. Sharp introduced the speaker, Dr. I. W. Teahan, Jeanes Hospital, Fox Chase, Pennsylvania, who spoke on "Extension and Facilities for Treatment and Diagnosis of Cancer".

Dr. Teahan described the two fundamental types of cancer services,—the *diagnostic,* and the *therapeutic,*—and described equipment and the personnel which each should have.

The Cancer Control Committee met immediately after the lecture for the purpose of organizing and promoting the cancer control work of Cumberland County.

Dr. Teahan pointed out that the Jeanes Hospital was approved by the American Medical Association in 1928 and was the sixth to receive such an appointment in the United States. At the present time there are 307 approved tumor clinics. The speaker pointed out that there are two types of clinics in the United States, diagnostic and full-fledged. The Diagnostic Clinic, as its name signifies, is established mainly for the purpose of confirming diagnosis of malignancy. In this clinic complete records, together with follow-up records, simple diagnostic instruments, and well-trained physicians, are necessary.

In the Full-fledged Clinic is a definite organized staff consisting of a pathologist, radiologist, surgeons, and skilled diagnosticians. In this clinic, as in the Diagnostic Clinic, records of each case, together with the follow-up records, are carefully filed. It is also necessary in this clinic to have x-ray equipment sufficient that deep therapy can be given at least 200 K. V. There also must be 100 milligrams of radium at the disposal of the physicians.

Dr. Teahan pointed out that cancer deaths comprised ten plus per cent of all deaths in 1937 in the United States. He emphatically showed the importance of lay education and suggested the Women's Field Army as a worthwhile unit.

ESSEX COUNTY

Paul H. Hosp, M.D., Reporter

The regular monthly meeting of the *Essex County Medical Society* was held in the Academy of Medicine, Thursday, January 11th, 1940. The meeting was called to order promptly at nine p. m. by the President, Dr. Royal A. Schaaf.

SCIENTIFIC

Dr. M. Edward Davis was introduced by Dr. Schaaf. Dr. Davis, who is Attending Physician at the Chicago Lying-In Hospital and Associate Professor of Gynecology and Obstetrics at the School of Medicine of the University of Chicago, took for his subject "The Treatment of the Late Toxemias of Pregnancy". Dr. Davis has for many years been associated with Dr. DeLee, and brought to us the present up-to-date views of the Staff of the Chicago Lying-In Hospital on this subject. He held the attention of everyone assembled during his en-
York City—"Care of Pre-School Children".
showing motion picture films of eclampsia cases, and the proper method of treatment both in the home and in the hospital. These films were the ones taken by Dr. DeLee.

He said that about 15 per cent of fetal deaths are due to toxemia in later part of pregnancy; and when we figure about 150,000 fetal deaths annually, this means a lot of deaths.

He stated that from the occurrence of the number of cases of eclampsia you can tell the kind of pre-natal care received.

MEDICAL WEEK

The program of the *Medical Week,* February 5th to 10th, 1940, will consist of an all-day exhibit, and popular lectures each evening. The place,—The Mosque Theatre Building, Newark.

This Medical Exhibit is for the laity, and all arrangements have practically been completed.

There will be thirty-three exhibits prepared by members of the Medical Society, Dental Society, instrument houses, pharmaceutical houses and hospitals of the county. The Exhibit will be open daily from 10 a. m. to 10:30 p. m.

Each evening at 8:30 p.m. a nationally known speaker will address the public. The speakers are as follows:

On Monday, February 5th, Dr. Howard W. Haggard, Director of Laboratory of Applied Physiology, Yale University—"Progress in Medicine".

Tuesday, February 6th, Dr. Grant Thorburn, Associated Phthisiologist to Bellevue Hospital—"Tuberculosis".

Wednesday, February 7th, Dr. Hendee Smith, Professor of Pediatrics, Bellevue Medical College, New York City—"Care of Pre-School Children".

Thursday, February 8th, Dr. Paul Padget, of Baltimore—"Syphilis".

Friday, February 9th, Dr. Harrison Martland, Chief Medical Examiner of Essex County and Professor of Forensic Medicine at New York University College of Medicine; and Inspector Coffey, Chief of the Technical Laboratory of the Federal Bureau of Investigation—"Accidental Deaths and Crime Detection by Laboratory Methods".

Saturday, February 10th, program by the Essex County Dental Society.

Motion pictures will be shown daily from 10 a.m. to 6 p.m. All of this is free.

MOTHER'S MILK STATION

It is gratifying news that the Babies' Hospital-Coit Memorial reports that much progress is being made in the Breast Milk Station. At this station mother's milk may be obtained at reasonable cost for infants in need of this food.

MEMBERSHIP

The following physicians were elected to associate membership:

Joseph Barbella, Newark
Pasquale Dante, Millburn
George L. Erdman, Maplewood
William Halpern, Belleville
Henry L. Kaplan, Newark

ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

Franklin J. Tobey, M.D., Secretary

The stated meeting of the *Academy of Medicine of Northern New Jersey* was held on Thursday, January 18, 1940, under the auspices of the Section on Obstetrics and Gynecology. Vice-President Dr. Charles F. Rathgeber presided and called the meeting to order at 9 p. m.

The tellers of the election, Drs. Pannullo and Crane, reported that all the ballots were in the affirmative. Dr. Rathgeber declared the following new members were elected to fellowship:

Charles N. Dezer, Jr., Englewood
Leonard M. Matthews, Passaic
Raymond H. Mathews, Morristown
Maurice L. Ripps, Elizabeth
Henry Reich, Newark

The following were elected Junior Fellows:

Walter Haschec, Newark
Samuel D. Kaplan, Hillside
DeHart Krans, Plainfield
John J. McGuire, Newark
Harrison R. Wesson, Montclair

Dr. Rathgeber welcomed the visiting obstetricians of the Maternal Welfare Committees to the Academy. He invited the physicians present to attend the Dr. John F. Hagerty memorial meeting on January 23rd and the joint meeting for doctors and dentists on Tuesday, February 27th, when Dr. John S. Lundy, Mayo Clinic, will be the guest speaker.

Dr. Rathgeber turned the meeting over to Dr. Paul J. Kreutz, Chairman of the Section on Obstetrics and Gynecology. Dr. Kreutz introduced the guest speaker, Dr. Edward H. Dennen, Instructor in Gynecology and Obstetrics, Cornell University.

Dr. Dennen's paper, "Choice of Instrument in Delivery with Forceps", was an interesting and masterly discourse, illustrated by moving pictures. The paper was discussed by Drs. Bingham, Cosgrove, and Pudney.

Dr. Walter B. Mount showed the various types of forceps, old and new, by lantern slides.

The meeting adjourned with a rising vote of thanks to the guest speaker.

PROGRAM FOR MARCH, 1940

Council ..... March 7
Obstetrics and Gynecology ..... March 7
Eye, Ear, Nose and Throat ..... March 11
Medicine and Pediatrics ..... March 12
Stated Meeting, 29th Anniversary ..... March 21

Obstetrics and Gynecology, Thursday, March 7, 1940, 8:45 p. m.

"The Histological Cycle in the Human Cervical Mucosa and Its Clinical Significance" (illustrated).

Anthony Wollner, M.D., Associate in Gynecology, New York Post-Graduate Medical School.

Eye, Ear, Nose and Throat, Monday, March 11, 1940, 8:45 p. m.

"The Cause and Treatment of Catarrhal Deafness."

Grevais W. McAuliffe, M.D., Assistant Professor of Otolaryngology, New York Hospital, Cornell Medical College.

Medicine and Pediatrics, Tuesday, March 12, 1940, 8:45 p. m.

"The Diagnosis and Treatment of Recurring Sciatica."

Alfred W. Adson, M.D., Professor of Neurosurgery, Mayo Foundation, University of Minnesota.

Stated Meeting—29th Anniversary, Thursday, March 21, 1940, 8:45 p. m.

Speaker: Leon Herman, M.D., Professor of Urology, Post-Graduate School, University of Pennsylvania.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

The regular monthly meeting of the *Gloucester County Medical Society* was held at the Homestead, Woodbury, Thursday, December 21, 1939, with twenty-six members present, as follows: Drs. Barrowes, J. P. Burkett, W. J. Burkett, Broselow, Collins, DeMarino, Diverty, Gairdner, Gillis, Hollinshed, Hughes, Livengood, Moore, Nelson, Patterson, Pegau, Rogers, Sinexon, Ulmer, Underwood, Venturo, Wandall, Weems, Wood, Wright, Wentsell and Zapf.

SCIENTIFIC

The speaker of the evening was Ralph Pemberton, M.D., Professor of Medicine at the Graduate School of the University of Pennsylvania, on the subject "Arthritis".

The regular monthly meeting of the *Gloucester County Medical Society* was held in The Homestead, Woodbury, on the evening of January 18, 1940, with President Herman W. Wright presiding, and the following members present: Drs. Hollinshed, Wright, W. J. Burkett, Paul Burkett, Sheets, Collins, Wood, Livengood, Bowersox, Zapf, Sinexon, Hughes, Patterson, Gardner, Campo, Weems, Moore, Ruttenberg, Sherman, Hunter, Rogers, and Diverty.

Visitors attending were: Dr. R. E. Schall, Camden; Dr. Reed of Underwood Hospital; Dr. Stewart of University Hospital, Philadelphia; Dr. Silverman, Pennsgrove; and Dr. Church of Salem County.

Drs. Ulmer and Brewer were reported sick.

SCIENTIFIC

Dr. Eugene P. Pendergrass, of Philadelphia, was the speaker for the evening. His subject was "The Rôle of the Radiologist in the Diagnosis of Intestinal Obstruction, Illustrated by Lantern Slides". The paper was discussed by Dr. Steward of Underwood Hospital.

HUDSON COUNTY

John N. Connell, M.D., Reporter

A regular meeting of the *Hudson County Medical Society* was held on Tuesday, January 2, 1940, at the Carteret Club, Jersey City, at 9:20 p. m., with Dr. James F. Norton, President, presiding.

HOSPITAL SERVICE PLAN

The society discussed the proposal that it should endorse the Hospital Service Plan of New Jersey as proposed at the December meeting. (This Plan was founded in 1932 for giving hospital services to its members and their families, at rates of $10 for one person; $19 for two persons; and $26 for a family. It now has a membership of over 150,000. It was endorsed by the Trustees of The Medical Society of New Jersey on December 10, 1939.—The Editor.)

On motion the general scheme of the Plan was endorsed, although there was some difference of opinion regarding the amount and kind of laboratory services to be included.

WASSERMANNS FOR MARRIAGE

The Secretary, Dr. Brennock, read the following opinion from Dr. Rice, Commissioner of Health of New York City, regarding a practical way by which residents of New Jersey, wishing to be married in New York City, can secure an acceptable Wassermann examination that is required by law:

"State Health Department Laboratories, which are all subject to the supervision and control of the U. S. P. H. S., have been approved as a convenience to out-of-town residents desiring to be married in New York City.

"Residents of New Jersey, contemplating marriage in New York City, under existing regulations, should have their physician send blood specimens marked 'Premarital in New York City', to either the New York City Health Department Laboratory at 125 Worth street, or the State Health Department Laboratory at Trenton."

MERCER COUNTY

The *Mercer County Medical Society* met in the Trenton Country Club on October 11, 1939, with President Walsh presiding.

PUBLIC RELATIONS

Dr. Watts reported on the meeting of the State Public Relations Committee and its program for publicity.

MEMBERSHIP

Sixteen applications for membership were received.

Drs. Knauer and Nayfield were elected to membership.

MUNICIPAL COLONY STAFF

The President appointed a committee to select a staff of physicians for the Municipal Colony, and to submit the list to the society for consideration and approval.

BANQUET

The *Annual Banquet* of the Mercer County Medical Society was held on November 8, 1939, with an attendance of about ninety.

The Annual Meeting of the Mercer County Medical Society was held on December 13, 1939, in the Stacy-Trent Hotel, Trenton, with President Walsh presiding.

SCIENTIFIC

Dr. S. Leon Israel, Mt. Sinai Hospital, Philadelphia, was the guest speaker, and spoke on "Disfunctional Menstrual Disorders".

LEGISLATION

The Legislative Committee was authorized to entertain the legislators from Mercer County.

ELECTION OF OFFICERS

At the annual election of officers, the following were duly elected:

President, E. J. Elias
Vice-President, Harold C. Cox
Secretary-Reporter, A. D. Hutchinson
Treasurer, Harry R. North

Executive Committee: Louis A. Stein, C. J. Slack, B. Hirschfield

Board of Censors: C. H. Mitchell, J. T. Dimun, G. W. Williams

State Nominating Committee: H. R. North. Alternate, D. L. Haggerty

Delegates: A. D. Hutchinson, H. R. North, J. S. Vanneman, P. J. Warter

Alternates: J. F. Pessel, R. T. Buckley, G. N. J. Sommer, Jr.; M. H. Friedman, W. H. J. Wittenborn, J. A. Holland

Delegates and Alternates for 1940: D. B. Ackley, H. D. Bellis, E. B. Bearisto, S. Blaugrund, J. A. Connelly, W. E. D'Arcy, A. J. Fessler, D. L. Haggerty, J. J. Haney, A. D. Hutchinson, H. R. North, J. M. Schildkraut, R. B. Seely, Nathan Swern, J. S. Vanneman, P. J. Warter.

Committees appointed:

Program: Pessel, Sommer, Jr.; Ivins, Proctor, Little

Membership: Chianese, D'Arcy, Moriconi

Entertainment: J. R. Pierson, Wikoff, Blaugrund, Corio Franzoni

Public Relations: Watts, Engelhart, Wittenborn, Burns, W. Carroll

Industrial Relations: G. W. Williams, Walsh, Zimskind, Wikoff, Wayman

Post-Graduate: Purcell, Buckley, MacDermid, Urbaniak, Burroughs, Hiden, H. Cohen, Storaci

Maternal Welfare: Rowan, Poyad, Harman, Sr. and Jr.; Purcell

Legislative: Haggerty, Mitchell, Connelly

Medical Defense: McCullough, Sica, Ackley

Finance: Rogers, North, Slack, D'Arcy

Insurance: Graham, C. W. Carroll, Waters

Pharmacy: Zimskind, J. J. Haney

Venereal Disease: Cowlbeck, Belting, Lettiere, McGuigan, Dean

Tuberculosis: Henley Smith, Davenport, Klempner, L. L. Friedman

Liaison: Sommer, Scammell, Belting

Constitution and By-Laws: G. W. Williams, Zimskind, Cotton, Burroughs, Moriconi, Wikoff

Cancer Control: Bearisto, Schildkraut, Urbaniak

Fee Schedule: Chianese, Dimun, Warter.

MEMBERSHIP

The following were elected to associate membership: Perry Albert, R. E. Bennett, W. L. Bonnet, D. K. Charleroy, H. F. English, N. W. Garwood, J. H. Grindhart, J. A. Kinezel, A. B. Light, Louis Linn, J. J. Kline, A. E. Magson, W. P. McCarthy, W. G. Rose, H. M. Woff, Ada V. Wright.

Dr. I. F. P. Turner was made an honorary member.

The Mercer County Medical Society met in the Trenton Country Club on January 10, 1940, with President Elias presiding.

SCIENTIFIC

Dr. Carl TenBroeck, Director of the Rockefeller Institute, Princeton, delivered an interesting "Résumé of Experimental Studies on Encephalo-Myelitis".

MEMBERSHIP

Drs. Abrams, Colavita, Commini, Dodge, Hafetz, Janoff, Johnson, Kohn, Koplin, Lynch, Mountford, Minschwaner, O'Neill, Sackin, Steel, and Tenney were elected to active membership.

Drs. Silver and Wildman were elected to associate membership.

Dr. Burr W. McFarland was made an honorary member.

BUILDING COMMITTEE

On motion, the President appointed a Building Committee for the purpose of investigating the possibility of obtaining a permanent home, and of establishing of a library, conference rooms, and an assembly room for the society meetings.

MIDDLESEX COUNTY

Howard Dieker, M.D., Reporter

The annual dinner meeting of the *Middlesex County Medical Society* was held at Pfaff's Restaurant in Metuchen on Wednesday evening, December 20, 1939. The President, Dr. N. N. Forney, presided.

NEW MEMBERS

Dr. W. R. Greenwood, of New Brunswick, and Dr. Leo J. Kelley, of Perth Amboy, were elected to regular membership.

Dr. Bart Howley, of New Brunswick, was elected to associate membership.

SCIENTIFIC

Mr. Robert Nance, representative of the Walker-Gordon Farms of Plainsboro, N. J., introduced Dr. L. T. Wilson, Director of Nutrition, Laboratories of the Walker Gordon Farms, who spoke on "Nutrition in Regard to Milk Production".

Following this a film called "Eclampsia" was shown.

BUSINESS

Dr. Uhr reported that only ten members have signed up for the Post-Graduate Course. Forty more are needed before the course can be given.

There was a short discussion in regard to our meeting place for next year. It was finally decided to leave the selection of a meeting place up to the new President.

A resolution was passed recommending to the Board of Trustees of the State Society that Dr. Haywood and Dr. Fithian be considered when they appoint a successor to Dr. Nafey, who has resigned.

ELECTION OF OFFICERS

The following new officers were elected for the year 1940:

President, Dr. B. F. Slobodien
Vice-President, Dr. R. J. Faulkingham
Secretary, Dr. Edward F. Klein
Treasurer, Dr. Marshall Smith
Reporter, Dr. J. J. Jablonski

Delegates to the State Society for three years:
Dr. N. N. Forney, Sr. Dr. J. J. Mann

Alternates:
Dr. Witterberg Dr. Joseph Kler

Delegate to State Nominating Committee for 1940:
Dr. N. N. Forney, Sr.

It was decided that we name the alternate at the May meeting so that we will be sure to have someone represent us in the State Society if the delegate is unable to go.

The January meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, N. J., Wednesday, January 17, 1940, with the new President, Dr. B. F. Slobodien, presiding.

One physician was proposed for membership.

SCIENTIFIC PROGRAM

Dr. James Duffy, Attending Surgeon of the Memorial Hospital, New York, N. Y., gave an enlightening talk on the subject "The Effect of Radiation and Surgery upon Cancer".

TUBERCULOSIS CO-OPERATION

A resolution was passed empowering the President, Dr. B. F. Slobodien, to appoint a committee from the Medical Society of Middlesex County to meet occasionally with the Middlesex County Tuberculosis and Health League and assist it in its problems.

WOMAN'S AUXILIARY

A resolution was passed on the motion of Dr. H. Haywood recommending that we meet with the Woman's Auxiliary for an evening of entertainment. The time and place of the affair was referred to the Chairman of the Woman's Auxiliary Committee, Dr. C. Howard Rothfuss.

A. M. A. FELLOWSHIP

A resolution was passed urging that the form of defining "Membership and Fellowship in the A. M. A." be published in the Bulletin of the Middlesex County Medical Society.

Refreshments were served after the meeting.

MONMOUTH COUNTY

Samuel Edelson, M.D., Reporter

The Executive Committee of the *Monmouth County Medical Society* held its regular meeting at the Monmouth Memorial Hospital, Long Branch, on Monday evening, December 4th, 1939. The meeting was devoted entirely to regular business routine.

Just preceding this meeting there was a meeting of the Venereal Disease Clinicians.

NOVEMBER MEETING

From President MacKenzie's message:

"Everyone will be glad to know that the papers presented so ably by members of our society at the November meeting on the subject 'Symposium on Physiology of Water Metabolism' will be mimeographed, and a copy distributed to each member.

"Any member of our society with an unusual case study or treatment record to present should communicate with the Secretary. His contribution will be most welcome."

MENTAL HYGIENE

Dr. Graves and his committee on Mental Hygiene are making a significant survey of conditions in this county and considering recommendations. The report will be anticipated when our society meets at the hospital in Marlboro in May. All of us must be greatly interested by the progress of the new buildings and the plans for separate care of children who, as "mental cripples", will be cared for by the State, at Marlboro. But the prevention of these cases is of even greater importance.

CONSERVATION OF VISION

The Advisory Committee on Conservation of Vision recommends that County Medical Societies be urged to appoint a County Medical Society Committee on Conservation of Vision. A committee was appointed consisting of Drs. J. A. Fisher, William Matthews, Helen Upham, and Arthur Strauss.

CRIPPLED CHILDREN'S COMMISSION

Dr. Barclay W. Moffat gave the following report on the Crippled Children's Commission:

"With the participation of the Federal Government, under the Social Security Act, the scope of the work of the Crippled Children's Commission has been greatly expanded. So that now it is possible to secure hospitalization, braces, etc., for any indigent child in counties which are willing to coöperate to the extent of appropriating the small amount required, which is augmented by State and Federal funds. It would seem that this is the first test of so-called Socialized Medicine.

"The standards for professional personnel and hospitals were fixed by the Advisory Committee, and the Commission functions purely as an administrative unit, to make available to the indigent crippled child the facilities already at hand.

"The success of this program is due to the cooperation of everyone concerned in its carrying out."

The regular meeting of the Monmouth County Medical Society was held on Wednesday, December 20th, 1939, at the Fitkin Memorial Hospital. Dr. R. A. MacKenzie spoke on the activities of the Committee on Maternal Welfare, and those of the Field Physicians in each county.

SCIENTIFIC

The guest speaker of the evening was Dr. H. Dawson Furniss, Consulting Gynecologist, New York. He presented an interesting paper on "Office Gynecology".

MEMBERSHIP

During the month four members were admitted to active membership in our society:

Jack Levin, Freehold, N. J.
Max M. Jarecki, Asbury Park, N. J.
Bernard Halbstein, Long Branch, N. J.
Ernest F. Heymann, Red Bank, N. J.

MORRIS COUNTY

F. Clyde Bowers, M.D., Reporter

A regular meeting of the *Morris County Medical Society* was held in Greystone Park on December 21, 1939, with the President, Dr. Ervin McElroy, presiding.

SCIENTIFIC

In accordance with the expressed wish of the State Advisory Committee on Tuberculosis, the meeting was devoted entirely to a discussion of tuberculosis, in accordance with the suggestion of the State Committee, with the following guest speakers:

Dr. Charles S. Prest, Secretary, Brooklyn Tuberculosis and Health Association, on "Need of Medical Care of Apparently Well Persons as Revealed by X-Ray of the Chest".

Philip P. Jacobs, Ph.D., Director of Publications, the National Tuberculosis Association, "Case Findings Then and Now".

Dr. A. E. Jaffin, Chairman, Advisory Committee on Tuberculosis, discussed the papers.

Refreshments were served at the close of the meeting.

OCEAN COUNTY

L. R. Carmona, M.D., Reporter

The regular meeting of the *Ocean County Medical Society* was held at the Lakewood Country Club, Lakewood, N. J., December 13, 1939, with President J. Edwin Obert presiding. Dr. Benjamin Kramer, Professor of Pediatrics at the Long Island College of Medicine, was the speaker of the evening. The following members were present: Drs. Blumberg, Buermann, Bunnell, Carmona, Dodd, Falkenburg, Goldstein, Herbener, Henriksen, Ivory, Menge, Obert, Pecora, Rubin, Schneider, Towbin, Taylor, Zold, Witte; Dr. Comoda and Mrs. Kraemer as visitors.

SCIENTIFIC

After the dinner Dr. Towbin introduced the speaker, Dr. Benjamin Kramer, Professor of Pediatrics, of Long Island College of Medicine, who gave an interesting outline on the subject of *nephrosis*, particularly in children. He demonstrated his lecture with lantern slides; and discussed the etiology, classification, diagnosis, positive findings, and treatment of the condition. In the discussion Dr. Kraemer pointed out that contrary to old thoughts, the fear of proteins had been allayed; and the recent procedure is that the diet shall contain large amounts of protein of high caloric value, plus an efficient amount of vitamins.

BUSINESS

The revised By-Laws were read by Dr. Dodd for the second reading.

Dr. Taylor moved that the North Shore Regional Health Commission be notified that the Ocean County medical Society officially withdraws its support from the Venercal Clinic work, as the specified trial year has now elapsed.

The programs of tuberculosis and of the conservation of vision were discussed at the meeting, but no official action was taken.

Dr. Obert appointed Drs. Ivory, Witte, Carmona, and Menge to investigate the influx and the number of physicians in Summer practice in the resort areas throughout the county.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held Thursday, January 11, 1940, at 9 p.m., at the Paterson Health Center, Paterson. The President, Wayne Hall, M.D., presided.

MEMBERSHIP

Three applications for active membership and one for associate membership were read.

MEMORIAL TO DR. OSHER GORDON

A resolution was adopted in memory of the late Dr. Osher Gordon, of Passaic.

MEDICAL-DENTAL SERVICE BUREAU

The following physicians were elected as representatives to the Board of Trustees of the Medical-Dental Service Bureau:

Leon E. DeYoe	Sigurd W. Johnsen
Norman M. Dingman	Jacob Roemer
Wayne W. Hall	William Spickers

NEW RADIO STATION

The request of the North Jersey Broadcasting Company to establish a radio station in Paterson was endorsed by the Welfare Council, and the society voted to approve that endorsement. A letter will be sent to the Federal Communications Committee.

BULLETIN OF THE SOCIETY

Dr. E. Marsh moved a vote of congratulation and commendation to the Publication Committee for the fine Bulletin that this county is publishing each month.

SCIENTIFIC

Dr. Jesse G. M. Bullowa, Clinical Professor of Medicine, New York University College of Medicine, gave a lantern-slide lecture on the subject "Sero-therapy and Chemo-therapy in Pneumonia".

SALEM COUNTY

L. C. Hummel, M.D., Reporter

The regular monthly meeting of the *Salem County Medical Society* was held at the Salem Tea Room, in Salem, N. J., December 15, 1939. Dr. W. S. Davison, Vice-President, presided.

DISTRICT MEETING

A communication from our District Councilor, Dr. Ulmer, suggesting our society act as host for the district meeting was read and discussed. It was decided to accept the invitation and hold the meeting at our regular May session and shad dinner, at the Salem Country Club.

DUES

The question of dues for the year of 1940 was discussed. The dues were raised to twenty-three dollars for the coming year to meet the increase in State assessment.

SCIENTIFIC

Following the business session a paper on "The Treatment of Pneumonia" was presented by Dr. Thomas Kain, of Camden, N. J. The subject was most thoroughly covered with special reference to the use of serum, and sulfapyradine. Much interest in this timely subject was manifest by the lively discussion which followed, and by the number of members taking part.

Dinner was served at the tea room following the meeting.

SALEM COUNTY HEALTH ACTIVITIES

By Franklin H. Church, M.D., Salem, N. J.

1. SOCIAL DISEASE CLINICS

During the year 1939 the customary five weekly clinics for the treatment of venereal disease were held in this county,—three Monday, Wednesday and Fridays from 3 to 5 p. m. in the clinic rooms of the Salem County Memorial Hospital; and two each week Thursday and Saturdays from 2 to 4 at the clinic rooms in the Old Moose Hall in Pennsgrove furnished by the Borough.

Forty-one new cases of syphilis were admitted to the two clinics, so that the record stands:

1935	125
1936	74
1937	27
1938	50
1939	41

The incidence of new cases depends upon the annual influx of seasonal labor and not upon local spread of the disease. A white female factory hand who came to Salem late in 1938 served as the starting point of a small epidemic of syphilis as at least eight cases were traced to her before she was brought under control.

There were 7,300 clinic visits this year, and 5,250 treatments were for syphilis. As in previous years, a tendency toward the lessening of the frequency of gonorrheal infection is noted.

Six hundred and twenty-four clinic hours were supplied by the clinic physicians—Dr. H. F. Suter, of Pennsgrove, 104 hours; Dr. A. S. Mason, 156 hours; and Dr. F. H. Church, 364 hours. The clinic clerk, Miss Elizabeth Schuh, was on duty for 364 hours.

The State Department of Health furnished the County Clinics this year with some of the drugs used in the treatment of syphilis. It is to be hoped that from this saving Dr. H. F. Suter, who for five years has served as a voluntary assistant in the Pennsgrove Clinic without remuneration, may be paid at the rate of five dollars per hour, which is the minimum standard of pay.

With the development of the European war and the establishment of the present "Cash and Carry" system of munitions sales in this country, it is very likely that the county will again experience a labor boom like that of 1914 to 1918. Your clinician has been assured that the DuPont Company will not employ Wassermann-positive (syphilitic) individuals who do not have previous records with them. Another of our large manufacturers in the county is contemplating routine blood testing of employees in 1940, with the final result that no workman with positive blood test for syphilis will be employed.

The routine of clinic and plant work as now established will prevent any great influx of infected individuals as happened during the 1914-1918 period.

2. THE SALEM COUNTY HOME

With the establishment of the present system of old-age pensions, some of the individuals who were otherwise admitted to the County Home now are enabled to remain in their own homes; and it is only when they become invalided and unable to be cared for at home that they are sent to the County Home. Thus the County Home begins to serve to a considerable extent as a County Hospital.

The following figures as to admission to the County Home may prove of interest:

Year	White	Colored	Foreign-born	Total
1934	25	16	1	42
1935	13	13	7	33
1936	21	4	4	29
1937	25	10	4	39
1938	27	11	3	41
1939	18	6	6	30
Average per year	21	10	4	35.6

ADMISSIONS TO SALEM COUNTY HOME

The Physician to the Salem County Home has made about 173 visits there during the year. In July, a small epidemic of bacillary dysentery was initiated by one of the patients, and twelve or fifteen cases resulted, with four deaths. This was investigated by the State Department of Health, and the water supply and sewage disposal were thoroughly checked. No other source for the outbreak was found than the regularly committed patient, who was probably a dysentery carrier. This is a type of epidemic which frequently inflicts itself on institutions, and sometimes without any apparent cause.

SOMERSET COUNTY

Hayward F. Day, M.D., Reporter

The regular *Annual Dinner Meeting of the Somerset County Medical Society* was held at Bernards Inn, Bernardsville, New Jersey, on October 12, 1939. Forty-eight members and guests were present.

LEGISLATION

The interneship provision of Bill 210 was discussed and referred to the Medical Practice Committee.

DUES

A communication from the State Society was read with regard to the proposed elevation of the dues to $17.00 to the State Society for the coming fiscal year. After discussion it was moved that dues of the Somerset County Society be raised to $19.00 per annum.

SEAL

Dr. Ely called attention to the fact that Somerset County Society is the oldest county society in the United States, and moved that the original seal of the society with its date of establishment be hereafter incorporated on the stationery of this society.

An excellent dinner was then enjoyed by the members, Dr. Pigott acting as toastmaster.

The regular meeting of the *Somerset County Medical Society* was called to order on December 14, 1939, in the Nurses' Home of Somerset Hospital by the President, Dr. Pigott. Twenty members were present.

NATIONAL PHYSICIANS COMMITTEE

Dr. Field then read a report from the Welfare Committee of the State Society to the effect that Dr. Hawkes and the Trustees of the Society were of the opinion that since the National Physicians Committee was not authorized by the A. M. A. to proceed in its self-appointed task, such matters had best be left in the hands of the American Medical Association.

PANEL OF W. P. A. PHYSICIANS

A letter was received from the W. P. A. Executive Office requesting the society to submit a list of physicians who are interested and qualified in industrial surgical work. The Secretary was instructed to reply that, since the State Medical Society does not approve such lists, injured W. P. A. workers will be referred to the nearest available practicing physician.

MEMBERSHIP

Dr. Sokal was granted a letter of transfer to the Kings County Medical Society.

Drs. Frank P. Reale, Milton Kibbe, Howard Snyder and William Loeb were elected to membership.

BULLETIN

Dr. Pigott then mentioned that Somerset County was one of the few societies which did not regularly issue a printed bulletin. It was moved, seconded and carried that subsequent bulletins be prepared at the discretion of the Secretary.

ADDRESS BY DR. MORRIS

The society was then briefly addressed by Dr. Watson B. Morris, President-Elect of The Medical Society of New Jersey. Dr. Morris described the present progress and functions of Dr. Hawkes' administration and briefly outlined some changes which he contemplated in his coming regime as the next President. He urged the society to avail itself of competent speakers, if the need arose, through the Executive Office in Trenton.

UNION COUNTY

C. C. Carpenter, M.D., Reporter

The *Union County Medical Society* held its best-attended meeting of the season at the Ilderan Outing Club, Rahway, on January 10th, 1940, with President Rowland P. Blythe presiding.

SCIENTIFIC

Dr. Paul Geary, Plainfield, reported on forty-one patients with pulmonary abscesses in which neither tuberculosis nor cancer was the cause. He illustrated his report with lantern slides showing that favorable results may be obtained in a large proportion of patients on whom operations were performed.

A motion was adopted that the paper be submitted to The Journal of The Medical Society of New Jersey for publication.

MEDICAL SERVICE PLAN OF NEW JERSEY

Dr. Elton W. Lance, Rahway, gave a comprehensive report on the proposed Medical Service Plan of

New Jersey. He passed out copies of this plan as compiled by the State Medical Society. He introduced Dr. Norman M. Scott of the State Medical Society, who with Dr. Lance, answered questions and carried on an open discussion with members from the floor.

Members present were asked to state on a card given them their approval or disapproval of the State Society trying to put this plan into practice. These cards will represent a poll of the County Society. Although the financial problems involved were not completely worked out, on Dr. Nittoli's motion the County Medical Society voted its confidence in this plan.

SOCIALIZED MEDICINE

Dr. Elias J. Marsh, of Paterson, Second Vice-President of the State Society, explained the finances of the Society briefly; and then discussed the threat of socialized medicine.

REVISION OF CONSTITUTION

President Blythe discussed the need of revising the Constitution and By-Laws, and since there were no objections he appointed a committee to see to this matter. The committee is to consist of Drs. E. P. Weigel, H. Murphy, and C. H. Schlichter.

EXPENSE OF TUBERCULIN TESTING

Dr. Blythe reported there was to be no appropriation from the Freeholders of Union County for Mantoux testing and x-ray of high school students.

COMMITTEE REPORTS

Sight Saving and Hearing Committee: Dr. Boozan, of Elizabeth, Chairman, reported that the committee will hold a meeting in the next month to take care of material sent from the State Committee on Conservation of Vision; and after that he hoped to be able to have the coöperation of every county member in putting on the program that has been suggested by the State Committee.

Industrial Hygiene Committee: Dr. Dunn, of Elizabeth, reaffirmed the coöperation between medicine and industry, and said that better education was necessary for the general practitioner who, at the present time, was doing 80 per cent of this work. He submitted the A. M. A. Congress and Council on Industrial Health proceedings, which the committee had reviewed. The recommendations were approved in the main. However, there was some lack of cohesion in their transactions. The work of the State Committee on Indutsrial Health was endorsed.

Child Hygiene: Dr. Lathrop, of Plainfield, reported that there had been one committee meeting, and that there were no health problems presented to it. The committee is now working on an educational project with the idea of presenting to the County Society a program, such as a symposium on important child health problems.

Maternal Welfare Committee: Dr. Kruetz, of Elizabeth, reported that a meeting had been held which was primarily for organization purposes; and that there would be no activity until the State Maternal Welfare Committee meeting on January 18.

Public Health Committee: Dr. H. Murphy, of Roselle, reported two committee meetings at which the question of which physicians are eligible to do x-ray work under county appropriations for high school students was referred to the Executive Committee for its decision.

Medical Service Bureau: Dr. Falconer-Slater, the Executive Secretary, reported for December, 1939: Checks sent out: Under $20.00, 28; over $20.00, 3; over $40.00, 3; one check for $70.00; $773.00 collected. Net profit $30.89. Accounts for seven new doctors total $4,292.50.

MEMBERSHIP

The following physicians were elected to membership in the society:

Sol Berman, Elizabeth
David Rubin, Elizabeth

Four applications for membership in the county society were received.

Refreshments were served in the dining room after the meeting.

SUMMIT MEDICAL SOCIETY

The December meeting of the *Summit Medical Society* was held at the Beechwood Hotel.

Dr. Milligan, the President, presided. Dr. Evelyn Holt introduced the speaker of the evening, Dr. Willis S. Knighton, of New York City, whose subject was "Common Eye Ground Changes", illustrated by a series of slides.

Following the meeting a collation was served.

NORTHERN NEW JERSEY DERMATOLOGICAL SOCIETY

C. C. Carpenter, M.D., Secretary

A regular meeting of the *Northern New Jersey Dermatological Society* was held in the auditorium of the Academy of Medicine in Newark, on November 15, 1939. Dr. Louis J. LeBel presided. There were approximately twenty members and guests present. The members were first invited to inspect a number of interesting cases.

The following cases were presented for diagnosis:

1. By Dr. G. K. Tweddel, Paterson. A man, aged 70, with a general dermatitis, with atrophy of the skin and possibly ichthyosis, possibly the result of vitamin deficiency.

2. By Dr. S. Ravitz, Newark. A colored man, aged 33, who for a year has had small, flat, pustular eruptions on the face, with no subjective symptoms. A biopsy and tuberculin tests were suggested as aids in reaching a diagnosis.

3. By Dr. S. Oleynick, Newark. A case of urticaria pigmentosa.

4. By Dr. S. Ravitz, Newark. A white man, aged 57, with a mild diabetes, has draining abscesses in both axillae following the use of crutches. It was suggested that his might be a severe infection which has destroyed the gland tissue; and that the draining pus should be examined for the ray fungus of actinomycosis.

THE WOMAN'S AUXILIARY

STATE EXECUTIVE BOARD MEETING

The regular meeting of the Woman's Auxiliary to The Medical Society of New Jersey was held at the Young Women's Christian Association, Trenton, on Monday, January 8, 1940, with the President, Mrs. G. E. McDonnel, presiding.

The Treasurer, Mrs. T. P. McConaghy, submitted a report showing a balance of $505.29.

The resignation of Mrs. Frank Nicholson, First Vice-President, was received with regret, and Mrs. George A. Rogers was appointed by the President to act in her place until the end of the year.

Legislation: Mrs. A. W. Bickner, Chairman, suggested study groups on legislation in each county. She also explained in general the Wagner Health Bill and presented the criticism by the American Medical Association.

Art, Hobbies, and Medical History: Mrs. Ily R. Beir, Chairman, appealed to the members for contributions to the Art, Hobby and Medical History exhibits.

Archives: Mrs. C. C. Chianese, Chairman, stated that reports taken from the New Jersey State Medical Journal have been filed in the Executive Offices and suggested that provisions be made for binding these reports. Mrs. Don A. Epler moved that such a book be purchased by the Archives Chairman. Seconded and carried.

Widows and Orphans: Mrs. G. A. Scheller, Chairman, reported that more than fifty new members have been added to the society during the past year and that most of these additions were due to the activities of the Auxiliary members.

The Corresponding Secretary read a letter from the national organization calling attention to the fact that affiliation with the Federated Women's Clubs was contrary to the by-laws of the Auxiliary to the American Medical Association and suggesting that this affiliation be discontinued. It was explained that while as an organization we cannot affiliate, as individuals we should be very active in Women's Clubs, using our influence against improper activity by such clubs. It was regularly moved, seconded and carried that as an Auxiliary we withdraw our affiliation with the New Jersey State Federation of Women's Clubs.

During the discussion it was stated that the Federation of Women's Clubs has sponsored programs not approved by the American Medical Association. As an example the Wagner Health Bill was cited.

The reports of the Presidents of twelve counties were presented: Atlantic, Bergen, Burlington, Camden, Essex, Gloucester, Hudson, Mercer, Middlesex, Ocean, Passaic, Union

Mrs. R. J. Vreeland, President of Passaic County, called attention to a paid advertisement in the daily paper "The Morning Call", published under the direction of the Public Relations Committee of the Passaic County Medical Society, the subject being "Socialized Medicine". This article is to appear each Monday for twenty weeks. Physicians have been asked to call the attention of their patients to these articles.

Mrs. G. E. McDonnel reported that the loose-leaf folders were ready for distribution and requested that each member make a note to paste in the folder stating that it is the property of the State Auxiliary, and is to be handed to each officer's successor.

Delegates and alternates to the A. M. A. Auxiliary were chosen.

On motion the meeting was adjourned, and the members gathered in the assembly room, where a very enjoyable luncheon, arranged by the Mercer County Auxiliary, was served. The entertainment consisted of baritone solos by John Fox, accompanied by Mrs. Norman Hartman.

After the luncheon Dr. Hammel Shipps, Chairman of the Advisory Committee, gave an interesting résumé of the progress of the practice of medicine during the critical period through which we have just passed, citing the fact that during 1939 we had the lowest death rate of any country in the world. He suggested that the article "Health under Hitler" published in the Reader's Digest be read by each member of the Auxiliary.

Dr. Thomas K. Lewis, First Vice-President of the State Medical Society, discussed State Medicine, explaining the part that the State had taken in the control of health problems in the past, such as the question of quarantines, vaccinations, control of sanitary conditions, supervision of milk supply, and handling of foodstuffs. He emphasized the fact that we must see to it that the private practice of medicine for the sake of patient and practicing physician shall have as much freedom as is compatible with social development. He stated that compulsory health insurance is not approved by the State Medical Society.

Atlantic County

Mrs. Samuel L. Winn, Publicity Chairman

The regular meeting of the *Woman's Auxiliary to the Atlantic County Medical Society* was held Friday evening, January 12th, 1940, with Mrs. Morton Major presiding. There were twenty-five members present.

Dr. Harold Davidson, Director of the Cancer Clinic of the Atlantic City Hospital, gave us an interesting talk on cancer. We also were shown "Yours Truly—Ed Graham", a short film of the Institute of Life Insurance.

Mrs. Ruffin Stamps, Chairman of the Legislation Committee, announced that study groups will be

continued on the third Tuesday of each month. The next meeting will convene at the home of Mrs. Stamps.

The Public Relations Committee, of which Mrs. Ernest Shore is chairman, reported three speakers placed this month.

The Entertainment Committee, of which Mrs. Samuel Gorson is chairman, sponsored an open meeting with the Women's Club on Tuesday afternoon, January 16th, 1940. During the afternoon Dr. Harold Davidson again addressed us on cancer, while Mrs. A. Haines Lippincott spoke on organizing and the projects of the Woman's Field Army for the Control of Cancer. Several vocal solos were presented, and tea was served.

The program for February includes the awarding of prizes for essays in a contest in grammar grades throughout the county.

Camden County

Reported by Mrs. Magdalena W. Hirst

The regular meeting of the *Woman's Auxiliary to the Camden County Medical Society* was held on Tuesday afternoon, January 16th, 1940, at two o'clock at the home of the First Vice-President, Mrs. Oram R. Kline, 510 Cooper Street, Woodbury, N. J. There were forty-eight members and guests present.

The Librarian, Mrs. William Braun, presented a list of approved books which she had purchased. These books are to be circulated and read by the members, during the year, before being donated to the libraries in Camden County.

Mrs. George B. German, and Mrs. Oram R. Kline serving as co-chairman, are making plans for our card party to be given on Monday, February 26, at eight o'clock, at the Walt Whitman Hotel, Camden, N. J. This party is given annually for the benefit of the Tuberculosis Association and the other charities to which we contribute.

Mrs. O. R. Carlander, Public Relations Chairman, reported that plans were being made for the Public Relations Meeting to be held March 26, which will be an all-day institute this year. The speakers will be announced later.

Mrs. Paul R. Betancourt was named Chairman of Arts and Hobbies, to serve the unexpired term of Mrs. Joseph E. Roberts, who resigned.

Mrs. M. L. Weimann read a letter from the Betty Bacharach Home in Longport asking the Auxiliary for any help that could be given. The Auxiliary voted to send a donation of $25.00, to help the worthy work.

The topic "Medical Social Work" was discussed by two guest speakers from the Pennsylvania Hospital in Philadelphia.

Miss Jane C. MacNeal, Director of Social Service at the hospital, told how her staff assists the patients, and helps the physicians.

Rev. Robert D. Morris, Supervisor of Theological Service, cited the religious need of patients, and the importance of "Clinical training for the clergy in its relation to Medical Social Work". The theological students learn how to meet the problems of illness in the homes of their parishioners, and to meet needs in a family where trouble exists.

Mrs. M. L. Weimann welcomed the new members, and gave each one a corsage of gardenias.

Tea was served by Mrs. G. F. West, Hospitality Chairman; and Mrs. O. W. Saunders and Mrs. Wesley Jack poured.

Hudson County

Reported by Mrs. Flora A. Chayes

The *Woman's Auxiliary to the Hudson County Medical Society* met Monday, January 8th, 1940, in the parlors of the Young Women's Christian Association, Fairmount Avenue, Jersey City, N. J.

Mrs. Arthur Largay, President, conducted a business meeting, after which Mrs. Joseph Ruvane, Chairman of Program, introduced the guest speaker, Mrs. Christopher Wyatt, mother of Jane Wyatt, moving picture actress.

Mrs. Wyatt discussed "The Man Who Came to Dinner", "Life with Father" and "Key Largo", all Broadway successes of the season.

Preparations were discussed for a card party and tea to be held Saturday afternoon, February 3rd, 1940, at the Masonic Club in Jersey City, proceeds of which will benefit the benevolent fund of the Auxiliary.

Mrs. Richard Cupaiuoli, of West New York, was welcomed as a new member in the society.

After the program tea was served, with Mrs. Warren Duckett pouring.

Union County

Reported by Mrs. Rowland P. Blythe

A regular meeting of the *Woman's Auxiliary to the Union County Medical Society* was held Wednesday evening, January 10th, 1940, at the home of Mrs. George L. Orton of 196 Elm Avenue, Rahway, with the President, Mrs. Herschel S. Murphy, of Roselle, presiding, and eighteen members present.

At the conclusion of the meeting, family heirlooms were displayed and their histories disclosed. A "friendship" patchwork quilt with quaint verses, made in 1850, was shown by Mrs. Murphy; also an antique chair, one of a set of eight, made by her great-great-great-grandfather for his daughter, a bride in 1800. Mrs. du Buse exhibited a sampler dated 1821; Mrs. Hanson, an old music box; Mrs. Laird, a hand-cut bead necklace; and Mrs. Orton, a sampler.

The *Woman's Auxiliary to the Union County Medical Society* held a meeting at Koos Brothers, Rahway, N. J., on the afternoon of January 16, 1940, with the presidents of the Parent-Teacher Associations of Union County as guests.

The program speaker was Dr. Elizabeth Ford Love, of Moorestown, N. J., who spoke on Child Behaviour Problems, and the parents' responsibility in the development of the conditions.

A bridge competition was held, and prizes were given to the winners; and refreshments were served.

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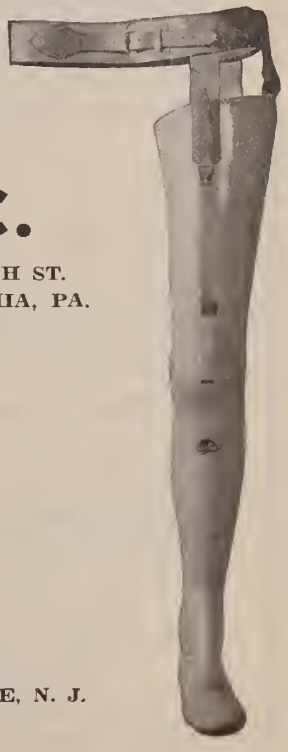

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[1-7] Bibliography on request

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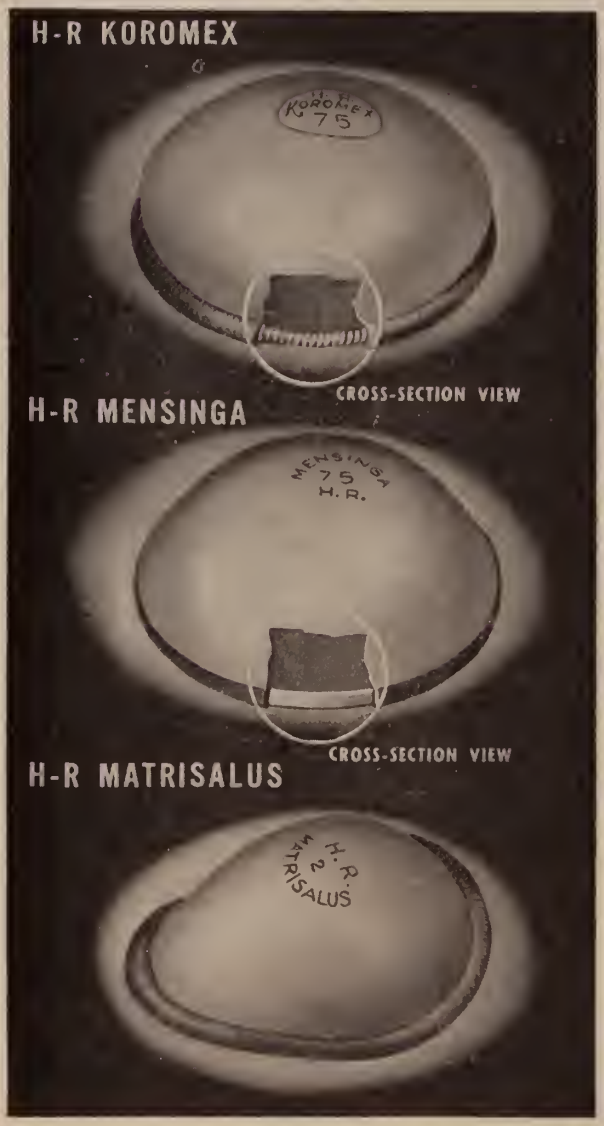

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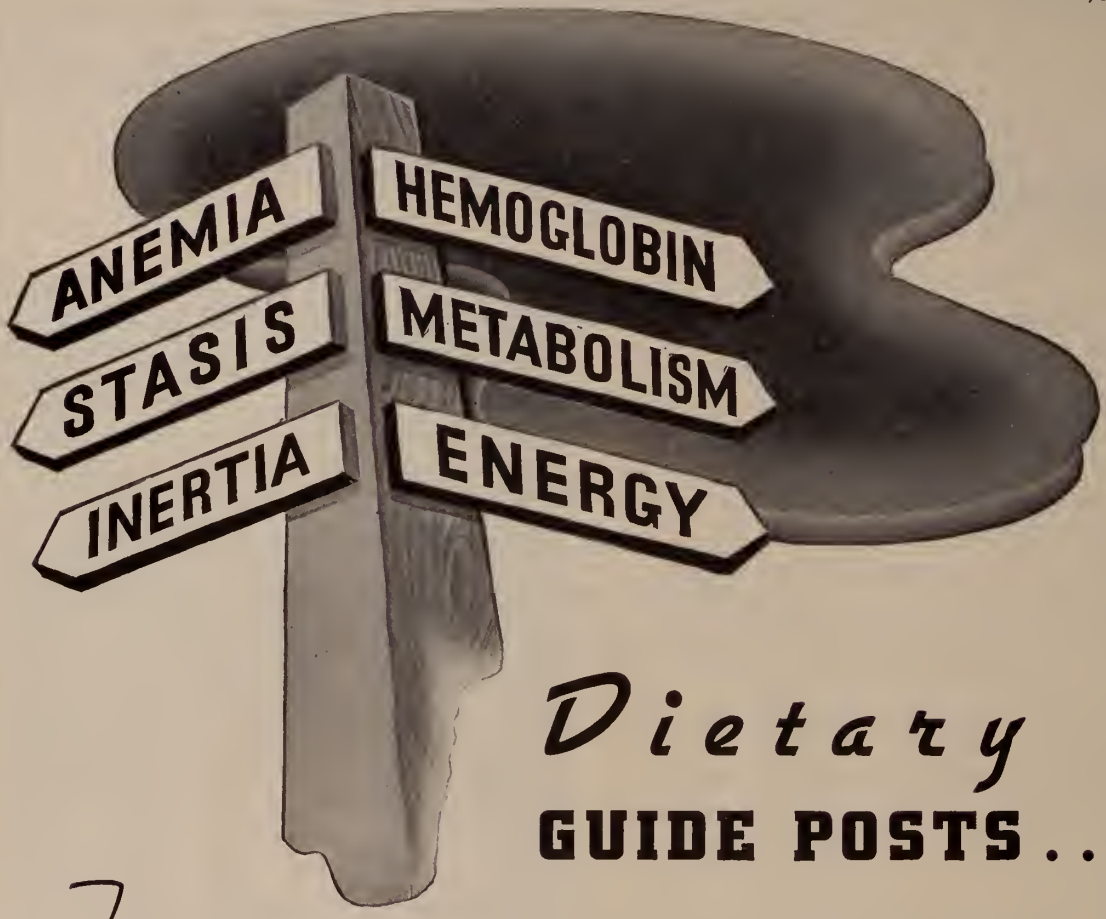

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* Medical Record—149:63:1939 ** Archives of Pediatrics—Nov. 1939

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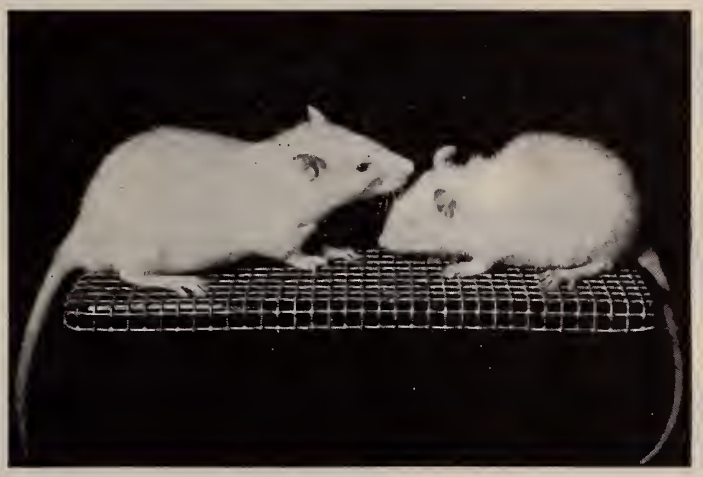
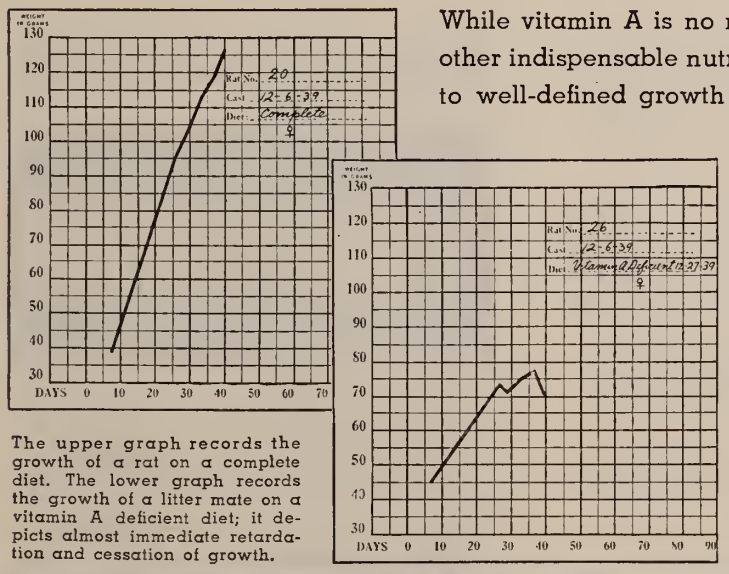
STUDIES IN THE AVITAMINOSES

This page is the third of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A full color, two-page insert on the same subject appears in the March 9 issue of The Journal of the American Medical Association.



INHIBITION of growth in the rat produced by restriction of vitamin A in the diet. The animals, litter mates, were 21 days old at the start of the experiment which was continued for 33 days. The animal at right received a diet containing all nutritive substances except vitamin A; the animal at left, an adequate diet. Note the xerophthalmia in vitamin A deprived rat.

Retardation of Growth Due to Vitamin A Deficiency



The upper graph records the growth of a rat on a complete diet. The lower graph records the growth of a litter mate on a vitamin A deficient diet; it depicts almost immediate retardation and cessation of growth.

While vitamin A is no more essential for growth than are other indispensable nutritional factors, its deprivation leads to well-defined growth retardation in man as well as in experimental animals. This action is so predictable that it is employed as a basis for one of the methods of vitamin A assay. The immediate effect of vitamin A deficiency on growth is cessation of endochondral bone formation. The curves reproduced illustrate the prompt growth-inhibiting effect of vitamin A deprivation in rats.

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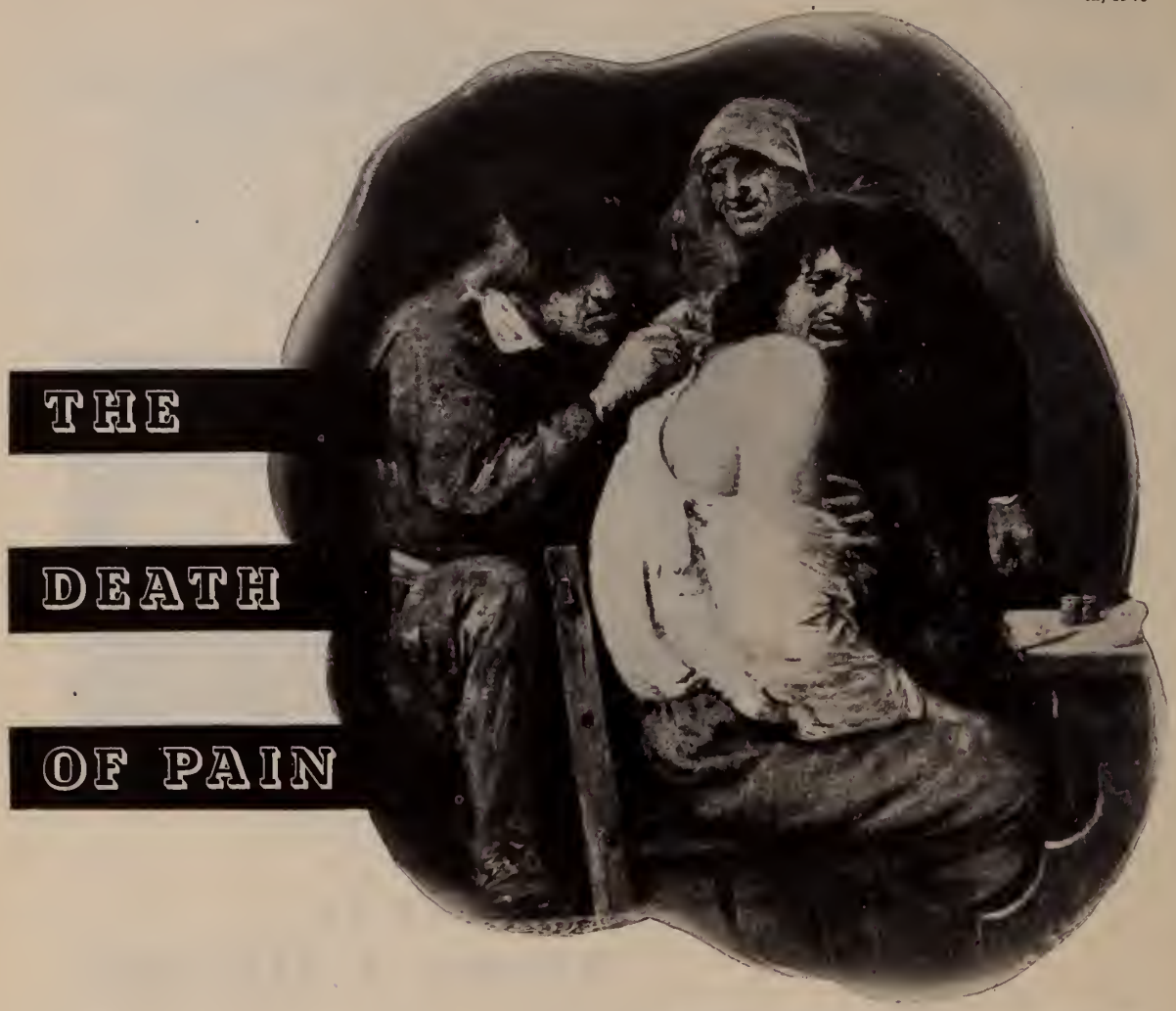

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METHODS FOR QUANTITATIVE ESTIMATION OF THE VITAMINS

VI. Measurement of the P-P Factor (Nicotinic Acid)

● Early investigations by the U. S. Public Health Service demonstrated that pellagra may be prevented or cured by dietary regulation. Human subjects confined to an institutional diet known to produce pellagra, were completely protected from this disease by proper supplementation of the institutional diet (1). Ultimately, the existence of the P-P or Pellagra-Preventive factor was established (2).

From the similarity in natural distribution of the dietary factors effective in the control of human pellagra and canine blacktongue—as well as the pathology of these two diseases—the working hypothesis that canine blacktongue is the analogue of human pellagra was adopted (2). Techniques (2, 3) were devised for estimating the pellagra-preventive value of foods by feeding tests with dogs and the results checked by clinical observations with human subjects. The ability of a food to supplement basal diets—known to produce canine blacktongue or human pellagra—so as to prevent or delay the development of characteristic symptoms were the criteria employed for judging the P-P values of foods. Such tests using dogs or human subjects are still the most reliable methods for measuring the P-P potencies of foods (4, 5).

Although pellagra-producing diets may frequently be deficient in a number of essential nutrients (4, 6), the value of nicotinic acid or nicotinic acid amide for the treatment of the specific symptoms of blacktongue or pellagra is well established (7, 8). Recognition of the importance of nicotinic acid in human nutrition created a definite need for rapid methods of estimating the nicotinic acid content of foods. The possibilities of the reaction between nicotinic acid, cyanogen bromide and aromatic amines as a basis of a colorimetric method for estimating nicotinic acid are receiving consideration (9). However, cyanogen bromide and aromatic amines may react with a number of compounds containing the pyridine ring to produce a yellowish green color. Therefore, it is essential that the specificity of any method for nicotinic acid be clearly established before nicotinic acid values determined by the method can be accepted as indicative of the pellagra-preventive values of foods.

Permanent control of endemic pellagra will require inclusion of a larger number of the protective foods in the pellagrin's diet (4, 6). General improvement of diets by this means will serve to correct not only deficiencies of the P-P factor, but of other essential factors, as well. The value of commercially canned foods in a program designed to correct pellagra—as well as its attendant or secondary dietary deficiencies—might well be emphasized.

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230 Park Avenue, New York, N. Y.

(1) 1915. U. S. Pub. Health Reports 30, 3117.
1923. Ibid 38, 2361.
(2) 1926. U. S. Pub. Health Reports 41, 297.
(3) 1928. U. S. Pub. Health Reports 43, 657.
(4) 1939. The Vitamins: A Symposium, page 297, Amer. Med. Assn., Chicago.
(5) 1934. U. S. Pub. Health Reports 49, 754.
(6) 1939. J. Am. Med. Assoc. 112, 2581.
1938. Ibid. 110, 1081.
1939. Am. J. Digestive Diseases 5, 807.
(7) 1937. J. Am. Chem. Soc. 59, 1767.
1938. J. Nutrition 16, 355.
(8) 1937. J. Am. Med. Assoc. 109, 2054.
1938. Ibid. 110, 622.
(9) 1938. Nature 141, 830.
1939. Biochem. J. 33, 264.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the fifty-seventh in a series, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

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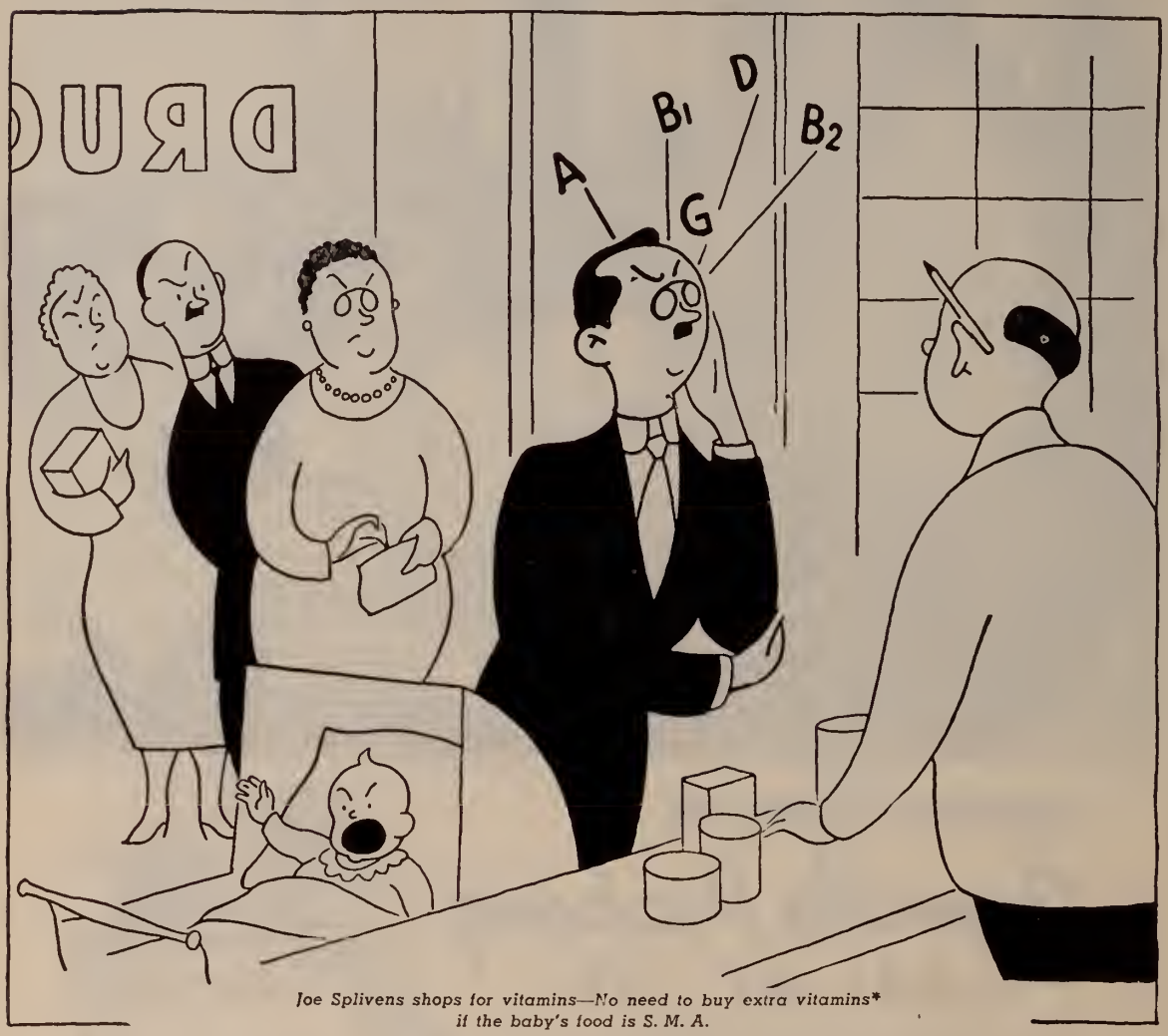

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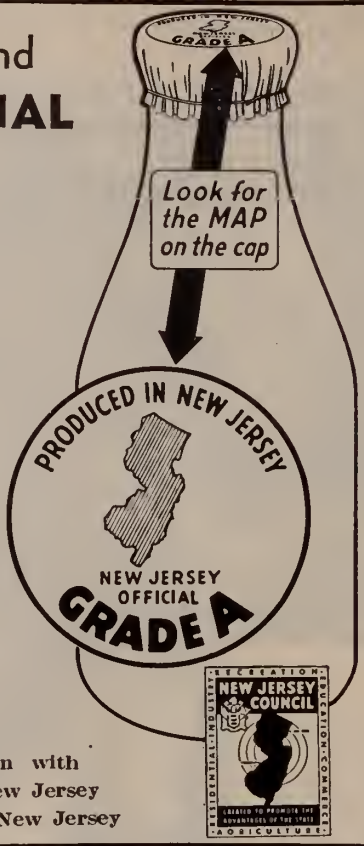

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*"Treatment of Acute Anterior Urethritis with Silver Picrate," Knight and Shelanski, AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES, Vol. 23, No. 2, pages 201-206, March, 1939.

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EDITORIAL

Medical Society Progress

The annual reports of the officers and committees are tangible evidence of great progress in the scope of the activities of The Medical Society of New Jersey and those of component County Societies.

Last year, for the first time in the long history of the Society, each sub-committee and advisory committee met on an appointed day in April and discussed the scope and content of its report, and submitted its suggestions to the Welfare Committee.

This year each sub-committee met on February 18, and prepared a tentative outline of the contents of its report and the scope of the reports of its advisory committees, and submitted the results of its preliminary deliberations to the Welfare Committee.

It is planned that a final meeting of all the committees will be held on April fourteenth to discuss their final reports. The results of their unified action should be that the annual reports of all the committees will be more concise and full, and more concretely informative than ever before.

In former years many valuable studies and suggestions had been neglected because no unified effort had been made to see that the suggestions were carried out. But all through the past year the suggestive activities that had been approved at the last annual meeting have been followed up, with the result that each committee was no longer a unit by itself, but was an essential part of a consistent plan of action looking forward to a concrete objective. If one year of concerted action can produce evident results of both instruction and inspiration, who can foretell what the results will be in the very near future? One happy result is already evident in the active participation of the County Societies in the broad projects of the State Society. Many of the County Societies—Cape May for example—have duplicated the committees of the State Society in their own organization. It is no exaggeration to state that practically every County Society is carrying on advanced activities which even the State Society, with its chosen leaders, were unable to accomplish a decade ago.

When in 1990 the history of The Medical Society of New Jersey is brought up to date, the years 1939 and 1940 will be quoted as striking landmarks of progress which initiated a new era in the participation of the entire medical profession in the practice of civic medicine.

The Annual Meeting

Every physician will have a personal interest in the Annual Meeting of The Medical Society of New Jersey, because it marks the close of the administrative year of both the State Society and of each county society, and the beginning of a new year of progress and advancement.

During his year of service each officer and committeeman has an opportunity to demonstrate the value of his ideas and plans. His year of service is an official *school of medical administration,* and those who are efficient are sure to be advanced to a higher grade of service. A great factor in the phenomenal progress of every medical society of New Jersey is the system of advancement "Through the Chairs" of service, whether it be in the county society or in the State Society itself. In fact, the ranks of leaders of the State Society are constantly recruited from those of the county societies. In this advancement the opportunities that are offered by the smallest county society are even greater than those by the larger societies in which competition for advancement is often keen.

The dominant feature of the Annual Meeting of The Medical Society of New Jersey is the opportunity for "Taking an account of stock" which it offers. The current year of administration opened with a clear statement of the plans of each committee for the coming year. The officers and committees are now actively engaged in "Striking a balance sheet" between their announced objectives and their accomplishments. On April 14, the officers and the committees will hold a final meeting in order to estimate the value of their year's work, and to suggest practical lines of activities for the coming year.

If an observer from Mars should drop in upon a committee meeting, he would probably wonder at the sparks and smoke of controversies; but if he should attend the Annual Meeting, he would realize the efficiency of the structure that had been forged in the heat and blows of the discussions. Evidence of this fact is the increasing frequency with which representatives from New Jersey are invited to address national medical organizations, and the respect which is accorded them.

Y. M. C. A. Health Week

The participation of civic organizations is essential in the practice of civic medicine by the medical profession. During the last half century the medical societies have advocated methods for bringing the benefits of scientific medicine within reach of that large group of persons who are unable or unwilling to lend their active assistance to the physicians. The needy group is composed of intelligent and the well-to-do citizens, as well as the indigent and the low-wage groups. Evidence of this need is the growth of cults, and their influence with legislators. It is the cry of these cultists that every person should be free to choose his own brand of so-called health service. Further evidence is the costly radio programs with their hordes of ready listeners who pay their good money for quack medicines. The amount of money spent by those who believe the assertions of the cultists and the vendors of patent medicines is probably equal to the amount paid to the members of the medical profession.

It is a good sign of an awakening intelligence of the people—rich and poor—that organizations such as the Y. M. C. A. are ready to sponsor a scientific program to inform the people of the superior health service which practicing physicians are ready and eager to render to the people.

During the last week in March the several Y. M. C. A. units of the State of New Jersey will conduct a series of educational meetings to be addressed by local physicians. This is an opportunity for each county medical society to assume its proper role as the adviser to an influential community organization.

New School Health Laws

Important anti-tuberculosis laws were enacted by the Legislature of New Jersey in July, 1939, sponsored by Senator Bowers of Somerset County, the Somerset County Tuberculosis and Health Association, and the Tuberculosis Committee of The Medical Society of New Jersey. The new legislation requires that Boards of Education shall periodically determine, or cause to be determined, the presence or absence of tuberculosis in any or all pupils. Physical examinations of teachers and school employees are to be conducted at least once in three years; and diagnostic data obtained by means of laboratory tests, fluoroscopy, or x-ray examinations may be required. The scope of these examinations including frequency, procedure and selection of pupils is to be determined by the State Board of Education.

Authorization was given Boards of Education to provide necessary equipment and services to fulfill the requirements of the act; or to contract to use services available through institutions or public health agencies with or without reimbursement. Pupils failing to comply with this requirement are to be excluded from schools. A pupil found by the examination to have tuberculosis in a communicable stage is also to be excluded and his case reported to the Board of Health of his home municipality. Readmission to school is to be granted by the school medical inspector on satisfactory proof that the pupil is free from tuberculosis, is physically competent to engage in school activities, and is not a menace to the health of other pupils.

In addition to the examination required periodically of teachers and other employees, the Board of Education may require an individual examination of an employee who shows evidence of deviation from normal health. The cost of examinations, laboratory tests, or x-ray procedures may be borne by the Board of Education when they are made by a physician or institution who is designated by the board, or is acceptable to it. If the result of the examination indicates a communicable disease, an employee shall be ineligible for further service until satisfactory proof of recovery is furnished. If under tenure protection, the employee shall be reëmployed on recovery with the same tenure status, provided his absence does not exceed a term of two years.

Public reaction to this legislation has been favorable in most instances. Boards of Education are now adjusting their budgets to cover the expense of teachers' examinations during the current school year. While the law requiring student examinations is not enforceable until after July 1st, 1940, many communities are now conducting examinations.

A valuable factor has been the attitude of the press which has not only given much space to the introduction and passage of the bills, but continues an effective editorial comment on their enforcement.

Undulant Fever

Clinicians recognize a human disease whose temperature chart shows a series of undulations or waves, each of which extends over a period of two or three weeks. The condition is chronic in its course, with intervals of remission between a series of temperature waves.

The disease is endemic in cattle, especially goats; but proof of its transmission to man in any specific instance seems to be lacking;—for its onset is slow and insidious; and by the time that a diagnosis is suspected, its source can be fixed on any individual animal or milk supply only rarely.

In the solution of the public health problems connected with undulant fever, the family doctor has an essential part. It is he who first sees any given case. He is in a strategic position to discover the facts early in the course of the disease, and to refer them to the health authorities for a thorough investigation.

Have you paid your annual dues for the year 1939? Be sure to do so before March 15, for the benefit of your brother members as well as yourself.

The 1940 Census

The sixteenth decennial census of the people of the United States has already been started, and will be continued during the coming Spring and early Summer.

The first census was taken in 1790, and included only the names of the heads of families, the number of persons in each family over sixteen years of age, and those under sixteen; and also the number of slaves. Its most practical object was that of determining the number of persons who were subject to *military duty*. Today the most common use of the first census is that of the determination of ancestry by genealogists and historians.

The census taken in 1890,—a century after the first one,—included many personal questions regarding the *economic* conditions of the families, such as "Do you own your own home?" and "Is it mortgaged?" These questions often aroused deep resentment, especially among the seemingly well-to-do who were actually in debt; and their accuracy and usefulness are still doubtful, for the people gave evasive answers, fearing that they would be used for the purpose of *taxation*.

In the present census the state of *health* of the people, rather than their personal *finances* will be emphasized; and the data will be gathered from the vital statistics reports which are on file in up-to-date health departments from local municipalities up to the United States Public Health Service. While the scope of the inquiries will be more comprehensive and intricate than ever before, the heads of families need not fear that the results will be applied to the personal inconvenience of any person. On the other hand, they will be used as accurate indicators of the health needs of the *community* in which every person has a personal interest.

Every family physician can render essential service in explaining the scope of the questions in which every head of a family is interested. Even in the item of *dependency,* health is a dominant factor which today is a major concern of The Medical Society of New Jersey.

The Bureau of the Census has issued a circular of information regarding those diseases in which there has been a great reduction of mortality, and of those in which the mortality has increased. This circular says:

The Division of Vital Statistics in the Census Bureau keeps accurate records on the fifteen maladies against which medical science has made its greatest advances. These are tuberculosis, typhoid, smallpox, measles, scarlet fever, diphtheria, influenza and pneumonia, erysipelas, malaria, bronchitis, diarrhea and enteritis, cirrhosis of the liver, maternity deaths, congenital malformations and diseases of infancy, and nephritis. For these fifteen, the net reduction of deaths per year per 100,000 people has been 542, which would indicate a saving of 704,600 lives this year as against the 1900 mortality rate.

Eight causes have increased in deadliness: cancer, cerebral hemorrhage, heart diseases, diabetes mellitus, appendicitis, suicide, homicide, and automobile accidents. The new death rate for these is 195 per 100,000 more than in 1900, therefore their current "contribution" over the number of deaths at the 1900 rate would be 253,500. Deduct this figure, therefore, from the savings by medical science, and the net gain this year is 451,100—equivalent to the 1930 population of Arizona, or New Mexico, or Idaho, or New Hampshire, and exceeding by wide margins the total populations of Delaware, District of Columbia, Nevada, Vermont, or Wyoming.

Students of vital statistics, medical men in general, sociologists, and the layman can find much to ponder over in these figures. Also to be considered are eight growing causes of death. Why are they growing? What can we do as individuals or professional men and women to combat them?

It is possible, through census records, to make interesting comparisons of death rates prevailing around 1900 and those of today. If the 1900 figures still governed, over 450,000 more deaths would occur this year in the United States than actually will take place.

In 1900, for instance, tuberculosis caused 201.9 deaths per 100,000 population. Now it causes but 53.6. Using the 1900 ratio against a present estimated U. S. population of 132,000,000, 188,500 Americans who otherwise would die are *not* dying this year from this cause alone—a cause which in the aggregate has cost more lives than the toll exacted in all the wars of history. This year, the *prevention* of deaths from tuberculosis will save more than four times as many people as the number of American soldiers killed on all the World War battlefields.

Forty years ago influenza and pneumonia were killing about 200 people per 100,000. Now the rate is approximately 110, a saving for today at an annual rate of 117,000 lives. The diphtheria rate has been reduced from 43.3 to two, a gain of 49,400 lives. Typhoid saving is 44,200.

Physicians can make practical use of these vital statistics and public health data in their "Health talks" which are sponsored by The Medical Society of New Jersey, and the county societies.

ORIGINAL ARTICLES

HORMONAL TREATMENT OF SENILE VULVO-VAGINITIS

REPORT OF FIFTY CASES

By Rita S. Finkler, M.D., and Zelda I. Marks, M.D.

From the Department of Endocrinology and the Division of Laboratories of the Newark Beth Israel Hospital.
Read before the Section on Obstetrics and Gynecology at the Annual Meeting of the Medical Society of New Jersey in Atlantic City, June 8, 1939.

Senile vulvo-vaginitis has long baffled the ingenuity of the medical profession. The great variety of therapeutic agents which have been used and recommended for its alleviation are indicative of its resistance to treatment. Medicinal, hygienic, and dietary measures, biochemical and vitamin therapy, even psychotherapy, are being used. In extremely intractible cases complicated by kraurosis vulvae or extensive leukoplakia, radical surgery has been resorted to, vulvectomy being performed with increasing frequency. Good results have been reported with the use of subcutaneous injections with alcohol and novocaine.

To this formidable armamentarium of treatments the use of estrogenic hormones has been recently added. The effect of estrogenic therapy on the infantile and senile vagina has been amply demonstrated. In 1928, Allen [1] produced a rapid proliferation and hypertrophy of the vaginal epithelium of immature monkeys treated with estrogenic substances by hypodermic administration. In 1933, Lewis [2] successfully applied this principle to the treatment of gonorrheal vaginitis in children, also by injection. These effects have been corroborated by other investigators:—Brown,[3] Huberman and Israeloff,[4] Miller,[5] Goldberg, Minier and Smith,[6] Lewis and Adler,[7] Mazer and Schecter [8] and others.

A notable advance in this therapy has been achieved by TeLinde and Brawner,[9,10] who used estrogenic vaginal suppositories (amniotin) in the treatment of gonorrheal vaginitis in children. The advantages of local application as compared with the injection method are obvious, and no comment is necessary. The use of estrogenic vaginal suppositories is now accepted as the standard treatment of gonorrheal vaginitis in children.

The low squamous vaginal epithelium of the infantile vagina undergoes growth and hypertrophy during active sex life; with the advent of menopause, involution, and regression of the vaginal mucosa takes place in the majority of women, and the vaginal epithelium recedes to the infantile type. The senile vaginal epithelium is easily invaded by bacteria which penetrate the epithelial and sub-epithelial layers, and give rise to the symptoms characteristic of senile vulvo-vaginitis.

The principle of successful estrogenic therapy in gonorrheal vaginitis in children has been applied to the treatment of senile vulvo-vaginitis. Davis and Hartman,[11] Davis,[12] Papanicolaou and Shorr,[13] Werner,[14] MacGregor [15] and others administered estrogenic therapy for this condition by injection, by suppository, and by oral route; Klaften,[16] Loeser,[17] Tscherne,[18] Jacoby and Rabbiner,[19] Kaufman,[20] Salmon,[21] Zondek,[22] and others by inunction of the vulvo-vaginal area.

This paper deals with estrogenic therapy in fifty patients presenting symptoms of senile vulvo-vaginitis, the most frequently encountered being pruritus vulvae, pruritus ani, dyspareunia, due to partial stenosis of the introitus and sclerosing changes in the vulva and perineum. Most of these patients presented not only the local symptoms enumerated above, but also varying degrees of vaso-motor and mental disturbances, such as: hot flushes, excessive perspiration, parasthesia, vertigo, headache, tachycardia, insomnia, and mental depression. These patients were treated with estrogenic preparations administered by injection, inunction of the vulvo-vaginal area, by suppository, and by the oral route.

For the purpose of comparison, some of the patients were shifted from one type of therapy

to another when, after a period of rest, regression had occurred. Because of this, the sum of all the patients in each group exceeds the actual arithmetical number of patients treated.

In the series of fifty patients, thirty-nine patients had experienced spontaneous menopause; seven patients had been subjected to radiation castration; and four patients were surgical castrates.

LABORATORY PROCEDURES

The laboratory procedures carried out before instituting estrogenic therapy were as follows:

1. Urine estrin and prolan estimation in 19 out of 50 patients,—141 determinations being made.
2. Periodic examination of vaginal smears once or twice weekly was made in all patients by the method of Papanicolaou and Shorr.[13]
3. Estimation of blood sugar, blood uric acid, and urea nitrogen, when indicated.
4. Examinations for trichomonas vaginalis, gonococcal and monilia infections. Only patients free from these infections were treated with estrogens.
5. Endometrial biopsies. Specimens for endometrial biopsy were taken in eleven of the fifty patients.
6. Vaginal and vulval[1] biopsies were taken before and after estrogenic medication, and during the control periods of rest. The control medications used consisted of placebo tablets, sterile oil injections and inunction with analgesic and bland ointment. One hundred and ten biopsies were taken on thirty-seven patients. The largest number of biopsies on a single patient was ten.

ESTROGENIC PREPARATIONS USED

The following estrogenic preparations used were progynon B (estradiol benzoate) by injection; progynon D-H ointment (estradiol ointment) by inunction; progynon D-H suppository (estradiol) by suppository; and progynon D-H tablets (estradiol)[2] and estrobene (diethyl-stilboestrol)[3] orally. The latter preparation was used following the investigations by Dodds, Goldberg, Lawson and Robinson,[23] Dodds,[24] Bishop, Boycott and Zuckerman,[25] Loeser [26] and Wintertown and MacGregor.[27]

Table number one illustrates the dosage, frequency of administration, duration of therapy, the degree of improvement, and the total number of patients treated with each form of therapy; and table number two illustrates the effect of estrogenic therapy on urinary prolan, vaginal smears and endometrial biopsies. (See Table I and Table II.)

ANALYSIS OF TABLE I AND TABLE II

Intramuscular injections with progynon B were administered in fifteen patients. These patients presented not only local symptoms of senile vulvo-vaginitis, but also general vasomotor disturbances of menopause.

Following the administration of 4,000 to 10,000 R. U. two to three times weekly over a period of two to four weeks (the total amount of estradiol benzoate used was 24,000 to 120,000 R. U.), there was a marked amelioration in both local and general symptoms in the majority of patients. Good results were obtained in eight patients; moderate improvement in five patients; and only slight improvement was noted in two patients. Patients in this group who showed least response presented complicating medical conditions, such as eczema, arthritis and diabetes. One patient was previously treated for kraurosis vulvae by radiation therapy, followed later by vulvectomy. All patients, however, showed some restoration of the vaginal epithelium, as evidenced by vaginal smears and vaginal biopsy. In most of the patients there was also a lowering of the urinary prolan, and a building up of the endometrium from an atrophic to a proliferative phase. In some instances there was undesirable uterine bleeding after varying periods of menopause. Uterine bleeding occurred in some patients during the course of therapy, and in others following the withdrawal of therapy. With

1. Specimens for vulvo-vaginal biopsies were taken in the following manner: A small amount of one to two per cent novocaine was injected in the area from which the specimen for biopsy was to be obtained. A specially constructed biopsy punch (as used for skin biopsy) was employed, and gentle pressure was applied at right angle to the area selected. The biopsy punch was removed, the tissue picked up with forceps, the base cut with scissors, and the tissue placed in fixative for histological examination.
2. Estradiol benzoate, estradiol ointment, estradiol suppositories and estradiol tablets were supplied by courtesy of Dr. Gregory Stragnell and Dr. Max Gilbert of the Schering Corporation.
3. Diethyl-stilboestrol was supplied by courtesy of Mr. Joseph Hutchinson of Ayerst, McKenna and Harrison.

TABLE 1—THERAPY WITH ESTROGENIC HORMONES

	Number of Patients	Symptoms	Complications	Dosage	Frequency of Administration	Minimum Duration of Therapy for Results	Total Quantity of Estrogens	Degree of Improvement
INJECTION								
Progynon B (Estradiol Benzoate)	16	Local and General	Eczema Previous Vulvectomy Arthritis Radiation Therapy Diabetes	4,000 R.U. to 10,000 R.U.	2 to 3 times a week	2 weeks to 4 weeks	24,000 R.U. to 120,000 R.U.	G*— 8 M — 5 S — 3
SUPPOSITORY								
Progynon D-H Suppository (Estradiol)	10	Local	Psoriasis Chronic Cystitis	2,500 R.U.	Once daily	2 weeks to 4 weeks	35,000 R.U. to 70,000 R.U.	G — 6 M — 3 S — 0 F — 1
INUNCTION								
Progynon D-H Ointment (Estradiol Ointment)	23	Local	Eczema Vulval Skin Changes Leukoplakia	1,000 R.U. to 2,000 R.U.	Once daily	1 week to 6 weeks	7,000 R.U. to 84,000 R.U.	G — 8 M —10 S — 3 F — 2
ORAL								
Progynon D-H Tablets (Estradiol)	7	Local and General	Tachycardia Eczema	200 a.b.u.* to 600 a.b.u.	3 times daily	3 weeks to 4 weeks	4,000 a.b.u. to 16,000 a.b.u.	G — 2 M — 2 S — 3
ORAL								
Estrobene (Diethyl-stilboestrol)	4	Local and General	Pituitary hyperplasia	1 mgm.	3 times daily	1 week to 4 weeks	21 mgm. to 84 mgm.	G — 3 M — 1

*a.b.u.—Active biological units
*G—Good
M—Moderate
S—Slight
F—Failure

TABLE 2

EFFECT OF ESTROGENIC THERAPY ON URINARY PROLAN. VAGINAL SMEARS AND ENDOMETRIAL AND VAGINAL BIOPSIES.

	Number of Patients	Before Therapy	After Therapy
Urine Prolan	19	100 to 500 m.u. per liter	Negative to 50 m.u. per liter
Vaginal Smears	51	Negative estrus phase	Positive estrus phase
Endometrial Biopsies	11	Atrophic or proliferative or hyperplastic	Proliferative or hyperplastic
Vulvo-vaginal Biopsies	37	Varying degrees of regression	Marked growth of epithelium

the appearance of uterine bleeding, this therapy was usually discontinued temporarily and resumed after a period of rest, or oral estrogenic therapy was substituted for the intramuscular route.

VAGINAL SUPPOSITORY GROUP

Ten patients presenting local symptoms of senile vulvo-vaginitis were treated by means of estrogenic vaginal suppositories. Each suppository contained 2,500 R. U. of estradiol, and was inserted by the patient every night for a period from two to four weeks. The total amount of estradiol used in this period was from 35,000 to 70,000 R. U.

Varying degrees of improvement were noted as follows:

Good results were obtained in six patients, moderate results in three patients, one of which was suffering with psoriasis. One patient failed to respond,—in this latter case senile vulvo-vaginitis was complicated by chronic cystitis. All patients, however, showed a restoration of the vaginal epithelium, as evidenced by the vaginal smear in all patients, and vulvo vaginal biopsy in four of the patients in this group. It was also noted that patients presenting true inflammatory changes in the vagina experienced alleviation of the symptoms, and a restoration of the vaginal mucous membrane in a more profound manner and in a shorter period of time, than those in whom true inflammatory changes were lacking.

TOPICAL INUNCTION GROUP

Estradiol ointment (progynon D-H ointment) was prescribed in twenty-one patients presenting local symptoms of senile vulvo-vaginitis, and not complicated by marked vaso-motor disturbances. Patients suffering from procedentia, relaxed perineum, cystocele and rectocele, and those patients whose symptoms were referable to the vulva rather than vagina were particularly suitable for this type of topical therapy in preference to the suppository method.

In the early stages of treatment the estradiol ointment varied in potency. Originally, the patient was given a two-ounce jar containing 10,000 R. U. of estradiol. Later the potency was increased to 50,000 R. U. in each two-ounce jar. The product now available is in one-half and one-ounce tubes containing respectively 14,000 and 25,000 R. U. estradiol. The total amount used by our patients over a specified period of time was calculated in accordance with the varying potencies available at the time. The approximate amount of estradiol ointment used by each patient was from 7,000 to 84,000 R. U. over a period of from one to six weeks.

In all, twenty-one patients were treated by inunction; and varying degrees of relief were obtained.

Evidence of systemic absorption was presented by partial relief of the vaso-motor symptoms. In one instance a recurrence of

bleeding occurred in a patient, aged fifty-four, after a period of ten years following cessation of menstruation.

All patients treated by inunction showed a restoration of the vaginal epithelium, as evidenced by vaginal smears and vaginal biopsy. Not all experienced clinical relief from symptoms, the degree of response in this group of twenty-three patients was as follows: Good results were obtained by eight patients; moderate improvement in ten patients; slight improvement in three patients; and two patients failed to respond. The complicating medical conditions found in this group were eczema, vulval skin changes, and leukoplakia.

ORAL ROUTE

Therapy with potent estrogenic hormone products was administered in eleven patients who presented vaso-motor and local symptoms in a moderate degree, and who were unable to come several times a week for injection therapy, or who experienced uterine bleeding, as a result of estrogenic therapy by the injection route.

The types of estrogenic products used were as follows:

1. Tablets estradiol (progynon D-H), 600 active biological units three times daily.
2. Diethyl-stilboestrol capsules (estrobene), one mgm. three times daily.

Varying degrees of relief from general and local symptoms were obtained by this route as evidenced by the relief of vaso-motor symptoms and pruritus vulvae, and the change in the vaginal smear and vaginal epithelium from the senile type to the full follicular type found during active sex life. There was also a lowering of urinary prolan from 400 to 500 m. u. per liter to amounts encountered during active sex life (from negative to 100 m. u. per liter).

In patients subjected to endometrial biopsy, there was a change from the atrophic or resting endometrium encountered before therapy, to varying degrees of proliferative endometrium after a few weeks of therapy. The total dosage of varying preparations used were as follows: From 4,000 to 16,000 active biological units of estradiol was administered; and from 21 to 84 mgm. of diethyl-stilboestrol was administered in order to achieve improvement.

The period of time required in order to obtain beneficial results was usually from three to four weeks, except in the case of estrobene, where the relief from vaso-motor disturbances occurred after one week of therapy in four patients; and the histological change in the vagina after two weeks of therapy in one of the patients and four weeks' therapy in another. In one of the four patients treated with estrobene there was a recurrence of uterine bleeding after a menopause of seven months.

In this group of eleven patients, five obtained good results; four, moderate results; and two patients responded only slightly. The patients showing least response had the following medical complications:—tachycardia, pituitary hyperplasia and eczema.

Each type of therapy is hereby illustrated by a representative case.

CASE REPORTS

CASE 1—INJECTION THERAPY

Progynon B (estradiol benzoate in oil)

Mrs. R. L., a white female, aged fifty, had spontaneous menopause four years previously. Symptoms complained of: Dysuria, dyspareunia, parasthesia, and arthritis. Two urinary bio-assays taken at weekly intervals revealed the prolan to be 150 m.u. and 200 m.u. per liter respectively. The biweekly vaginal smears were of a negative estrus phase.

A specimen for a vaginal biopsy was taken on December 29, 1937 (Fig. 1A), revealing a low vaginal epithelium with moderate leucocytic infiltration in the sub-epithelial layer. Progynon B therapy by intramuscular injection was then instituted and the patient received 4,000 R. U. two to three times a week for a period of four weeks. A total of 44,000 R. U. was given with a resultant marked improvement in all symptoms, a decrease of the urine prolan to 100 m.u. per liter, and the change of the vaginal smear to a full estrus phase.

A specimen for a biopsy taken on February 7, 1938, revealed a marked growth of the vaginal epithelium (Fig. 1B). The patient refused further therapy, but returned for a final visit two weeks later, at which time she was still symptom free.

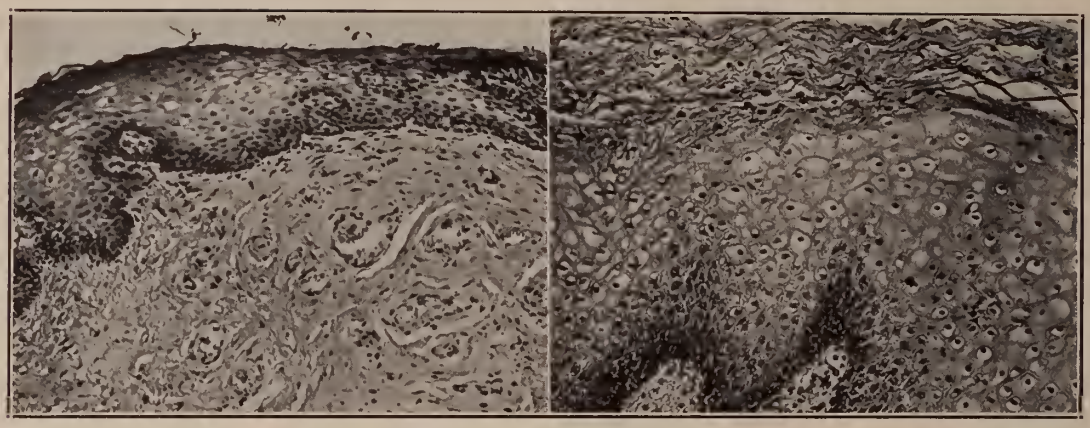


FIG. 1A FIG. 1B

FIGURE 1

Photo-micrographs (x 270) showing results of therapy with estradiol benzoate injections.
A—December 29, 1937—Vaginal biopsy before therapy, showing atrophic vaginal mucous membrane.
B—February 7, 1938—Thickening of epithelial layer with clear cells and a beginning functionalis.
All magnifications x 270.

The results in the other cases are essentially the same as in this case, and therefore, additional illustrative microphotographs will not be shown.

CASE 2—VAGINAL SUPPOSITORY

Progynon D-H Suppository (estradiol suppository)

Mrs. A. B., a white female, aged sixty-eight, had spontaneous menopause eighteen years previously. Symptoms complained of: Senile vaginitis, dysuria, vertigo, and arthralgia. A vulvo-vaginal biopsy taken on August 31, 1938, showed a low vaginal epithelium of senile type, with round cell infiltration of the sub-epithelial layer. The patient was placed on progynon D-H vaginal suppositories (one nightly), and sedatives. There was a marked improvement in the general and local symptoms; and a specimen for a vaginal biopsy taken on September 29, 1938, revealed a marked thickening of the vaginal epithelium with large vacuolated cells and a disappearance of the round cell infiltration. The patient was given a further supply of medication (vaginal suppositories and sedatives) and improvement in the symptoms continues to be maintained.

CASE 3—INUNCTION THERAPY

Progynon D-H Ointment (estradiol ointment)

Mrs. R. P., a white female, aged fifty-three, had surgical menopause seven years previously. Symptoms complained of: Pruritus vulvae and vaginae, and hot flushes. A specimen for a vaginal biopsy taken on October 25, 1938,. revealed the vaginal epithelium to be senile, although showing incomplete regression with the presence of round-cell infiltration in the sub-epithelial layer.

The patient was placed on topical inunctions with progynon D-H ointment, with a resultant gradual improvement in the local and general symptoms. A specimen for a biopsy obtained on January 3, 1939, revealed the vaginal epithelium to be thickened with development of a sharply defined functionalis and a beginning disappearance of round-cell infiltration. The topical inunctions with progynon D-H ointment were continued.

Another specimen for a vaginal biopsy was obtained on February 4, 1939. This specimen revealed further thickening of the vaginal mucosa with a complete disappearance of inflammatory reaction. Marked improvement in all symptoms continued.

Following this, the patient was placed on topical inunctions with a bland ointment for control purposes. The patient continued using the bland ointment, and when seen on April 13, 1939, she complained of the return of both local and general symptoms. A specimen for a vaginal biopsy taken on that date revealed a moderate regression of the vaginal epithelium with a beginning inflammatory reaction, evidenced by round cell infiltration. The therapy with progynon D-H ointment was therefore resumed with a subsequent amelioration in the symptoms complained of.

CASE 4—ORAL THERAPY

Progynon D-H Tablets (estradiol tablets)

Mrs. E. F., a white female, aged forty-eight, was admitted to the Endocrine Clinic on April 10, 1937, complaining of burning, itching, and dryness of the vulvo-vaginal area, vertigo, migraine headaches, arthritis and tachycardia. Eleven years ago the patient received radiation therapy to the pelvic area for meno-metrorrhagia due to a uterine fibroid, and has not menstruated since. Because of the severity of the menopausal symptoms, the patient was placed on estradiol benzoate (progynon B) 4,000 R. U. intramuscularly, twice a week, for a period

of two months, with a resultant moderate improvement in the symptoms. This therapy was discontinued, however, because of marked tachycardia.

After a period of rest, all the symptoms previously complained of returned; and the patient was, therefore, placed on sedative and vitamin therapy without any improvement in her symptoms.

A specimen for a vaginal biopsy obtained on October 25, 1938, revealed the vaginal mucous membrane to be of a senile type, with incomplete regression and a slight inflammatory reaction.

The patient was then placed on estradiol tablet (progynon D-H), 600 active biological units, administered three times daily, with the subsequent moderate improvement in the local and general symptoms. A vaginal biopsy taken on November 15, 1938, revealed a marked thickening of the vaginal mucous membrane, with the disappearance of the inflammatory reaction.

Due to occasional tachycardia the patient discontinued the estrogenic therapy on her own accord for two months. There was a recurrence of the general symptoms and a specimen for a vaginal biopsy taken on February 21, 1939, revealed a regression of the vaginal mucous membrane with the presence of an inflammatory reaction. Administration of sedative therapy did not improve the patient's general symptoms; and a specimen for a vaginal biopsy taken on March 24, 1939, revealed a further regression of the vaginal mucous membrane with leucocytic infiltration. Estrogenic therapy has been discontinued, and the patient is receiving treatment in the medical clinic.

CASE 5—ORAL THERAPY

Estrobene Capsules (diethyl-stilboestrol)

Mrs. J. M., a white female, aged forty-seven, had spontaneous menopause seven months previously. Symptoms complained of: Pruritus vulvae and vaginae, hot flushes, headaches, and vertigo. A vaginal examination revealed a partially stenosed vaginal orifice with a shortened vagina, and dryness and cracking of the vulvo-vaginal area. A specimen for a vaginal biopsy obtained on April 12, 1939, revealed a marked senile regression of the vaginal epithelium.

The patient was placed on oral estrobene capsules (diethyl-stilboestrol) one mgm. three times daily, with a subsequent marked improvement in the general symptoms at the end of the first week.

The improvement continued, and at the end of the second week (April 26, 1939) a vaginal examination revealed the vulva and vagina markedly thickened and softened. A vaginal biopsy taken on that date revealed a marked thickening and hypertrophy of the vaginal mucous membrane.

The therapy with estrobene was then reduced to one capsule daily until May 11, 1939, when the patient experienced a prolonged uterine bleeding lasting ten days. During that period, estrobene was not administered, and the patient experienced a recurrence of the vaso-motor symptoms. Therapy with estrobene has now been resumed in smaller dosages, one to two capsules being administered daily, with a moderate improvement in the vaso-motor symptoms.

CONCLUSIONS

1. This report covers the estrogenic therapy of fifty patients suffering from senile vulvo-vaginitis. Sixteen patients were given intramuscular injections; ten were treated by vaginal suppository; twenty-three by vaginal inunction; and the remainder (eleven) by oral medication.

The effect of the therapy was studied and checked by bio-assays, vaginal smear, and endometrial and vaginal biopsy.

2. All four types of therapy have their place in the treatment of senile vulvo-vaginitis. The selection of the type of therapy to be used varies from patient to patient, and depends on the severity of the symptoms, the local condition present, and also whether local or general symptoms predominate. In addition, the convenience and suitability in each individual instance, and the amount of coöperation that can be expected from each patient plays an important part in determining the type of therapy to be used.

3. Each type of estrogenic therapy used resulted in varying degrees of improvement in local and general symptoms. The greatest amount of relief from the general symptoms was obtained after intramuscular injections had been given. Oral medication used in adequate potency will result in similar relief.

4. Estrogenic therapy administered parenterally, by the method of suppository and inunction, as well as orally, constitutes a notable advance in the treatment of senile vulvo-vaginitis in suitable cases.

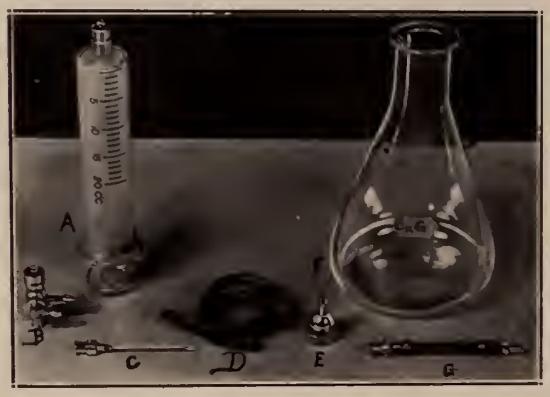
Amelioration of symptoms has been achieved in the majority of the fifty patients thus treated by us. Incomplete response or failure were noted in twelve patients in this group. Most of these latter patients had complicating medical conditions, such as diabetes, eczema, extensive leukoplakia, atrophy due to radiation therapy and vulvectomy for a preëxisting kraurosis vulvae, hypertrophic pathological changes in the vulva, psoriasis and psychoneurosis.

Appreciation is expressed to Dr. William Antopol, Director of the Laboratories and Pathologist of the Newark Beth Israel Hospital, for the histological interpretations and guidance in the preparation of this paper; to Miss Ann Cooper for microphotography; and to Miss Bessie Zirin for technical assistance.

A SIMPLIFIED METHOD OF INTRAVENOUS INJECTION

By ALFRED S. GOLDSMITH, M.D., North Bergen, N. J.

Frequently it is necessary to inject intravenously a volume of fluid greater than 50 cc., and less than that for which one ordinarily uses an "intravenous set",—that is, the volume may be 100 cc. up to 250 cc. or 300 cc. Considering the fact that only a small amount of fluid is to be injected, it seems unreasonable to have to set up an intravenous flask and attachments. In volumes up to 100 cc. there is a 100 cc. syringe available, but this syringe is so large that its use is attended with much awkwardness. The expense involved in replacing this size syringe due to breakage is another reason for its unpopularity. The most common method of injecting such fluid volumes, to be described presently, is a most cumbersome procedure. Here the syringe is disengaged from the needle after its contents have been injected. It is refilled, and its contents injected; then refilled and injected again, this repetition depending upon the size of the syringe and the amount of fluid to be injected. It is a "sloppy" technic since some blood always escapes from the needle while refilling the syringe. The possibility of the needle slipping out of the vein during disengagement or reëngagement of the syringe is great, and the danger of introducing infection is enhanced.



The Parts of the Author's Apparatus

A—Syringe.
B—Three-way stop-cock. On the photograph of the assembled set the position of the rotating lever is such as to make it more noticeable on the picture. It is never used in this position.
C—Needle.
D—Rubber tubing.
E—Weighted filter.
F—Flask.
G—An adapter, the use of which is optional in transfusions. One end is inserted on the stop-cock and the other on the needle. Then a piece of adhesive tape is used to fasten the small piece of rubber tubing to the skin, thus providing another safeguard against the needle slipping.

The Author's Apparatus Assembled

A solution of this problem occurred to me when confronted with the numerous occasions for intravenous injections of fluid in volumes such as have been mentioned. The method devised is as follows:

A three-way stop-cock is placed on the syringe, and the intravenous needle is inserted on the proper adapter on the stop-cock (see illustrations). An adequate length of rubber tubing, such as Dakin's tubing, is secured to

the sidearm of the stop-cock, and is led to the solution in a flask or any other suitable container. At the end of the tubing is a weighted filter. Of course, the entire set has been previously sterilized before it is assembled.

By turning the lever on the stop-cock in the proper direction (toward the flask and parallel to the sidearm of the stop-cock) one can draw fluid into the syringe from the flask. When the air aspirated from the tube has been expelled by emptying and filling the syringe, the syringe is filled, the lever of the stop-cock is turned back 90 degrees (toward the syringe), and pressure on the piston now causes fluid to be forced through the needle.

The needle is then inserted into the vein, observing the usual technic and precautions, and the contents of the syringe are injected. When the syringe is empty the lever on the stop-cock is turned 90 degrees counterclockwise (to its former position), thus reëstablishing the passageway to the fluid in the flask. Fluid is then drawn into the syringe, the lever turned 90 degrees to reëstablish continuity with the lumen of the needle, and the fluid is injected. This procedure is naturally repeated until the entire amount is injected. The needle is never disturbed from its position in the vein since it is constantly steadied by the left hand.

The method is very simple, and from practical experience it has proved to be a most adaptable, efficient, time-saving device.

The cost of the set discussed in this paper is most inexpensive. Probably the three-way stop-cock and the weighted filter are not already included in the physician's armamentarium. These can be purchased from most surgical supply houses at very reasonable charges.[1] It is unnecessary to use large syringes, the handiest being either a 10 cc. or 20 cc. size, preferably of the Luer-Lok type, since with this type slipping of the needle is avoided. However, any type or size syringe may be used. The speed of injection may be regulated to the operator's desire. The method is infallible, and once used, its many advantages will become apparent. It is advisable to practice at first with water so as to become accustomed to the technical procedure.

1. The retail cost of the three-way stop-cock is about $2.60, and that of the weighted filter, about $ .50.

The volume of 300 cc. has been set as more or less of an arbitrary figure in deciding between the use of this particular method, or the use of the regular "intravenous flask and tubing". Perhaps it is better, and especially so in hospitals, to use the flask set-up with volumes above 300 cc., although there is no limit to the amount of fluid that may be injected by the method described. In homes particularly, when an intravenous set may not be available, any designated volume may be injected. The apparatus is not bulky, and the modus operandi is simple.

Among the conditions in which the method has been used are:

1. Injection of 25 per cent, or 50 per cent glucose in various conditions, as for dehydrative purposes in intra-cranial injuries; also in hepatic diseases, and in the numerous other indications for intravenous glucose therapy.

2. Injection of 200 cc.-300 cc. of concentrated saline solution (three to five per cent) when necessary to replenish chlorides, as in cases of intestinal obstruction with severe vomiting, or in cases where an indwelling nasal tube (as used in suction apparatuses for decompression) has permitted the escape of excessive peptic fluid.

3. Injection of 100 cc.-200 cc. of five per cent saline-citrate solution in treatment of Buerger's disease.

4. Injection of 300 cc.-500 cc. of acacia solution as an emergency measure prior to blood transfusion.

5. Transfusions by the indirect citrate method. The blood is collected in a receptacle containing citrate solution, and injected as any other fluid. Here, as in any other method of transfusion, it is best to use a needle with a large bore.

6. Local infiltration anesthesia. The set is as useful and adaptable as any other set made expressly for that purpose.

7. The set can be used in aspiration procedures, such as that of an empyema. The method of operation is the exact reverse of that when intravenous therapy is being given. The initial procedure will be aspiration with the lever of the stop-cock being parallel to the syringe. Then, after turning the lever in the

proper direction, viz. toward the receptacle, a direct passage from the syringe to the latter is established. The aspirated material is then forced through the rubber tubing into the receptacle. In other words, with the three-way stop-cock, a two-way system of flow may be created, this depending upon the position of the stop-cock lever.

Among the advantages of using the set here may be mentioned that no air enters the thoracic cavity during the aspiration; also, the danger of self-contamination is reduced, since no pus escapes outside of the system. The method, of course, may be used in any other indication for aspiration from the thoracic cavity.

8. The "reverse" order of operation is adaptable to venesection. The method helps to promote a neat technic by avoiding the spilling of blood. Here, as in transfusions, it is important to use a large-bore needle.

9. The method may be used in aspirations of knee joints.

Other indications may suggest themselves after the apparatus has been used.

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THE TREATMENT OF INTESTINAL OBSTRUCTION WITH THE DOUBLE-BARRELED INTESTINAL TUBE

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From the Gastro-Intestinal Section (Kinsey-Thomas Foundation) of the Medical Clinic of the University of Pennsylvania Hospital. Presented before the 173rd Annual Meeting of The Medical Society of New Jersey, Atlantic City, N. J., June 8th, 1939.

The high mortality rate which has prevailed so long in cases of intestinal obstruction, even without strangulation, has led to boundless surmise as to the mechanism of death in this condition. The literature contains much speculation as to the possibility of there being toxic substances, and as to their probable nature and their rôle in producing the fatal outcome when it occurs. Practically nothing of value to the patient has come of all this work.

From the chemical investigations it is true that our modern appreciation of the disturbed fluid, salt, and protein balance has been built up; but even here it is difficult to detect any very dramatic change in the mortality statistics as a result of such measures alone. On the other hand, the work of Dragstedt,[1] Fine,[2] Ochsner[3] and their co-workers, but particularly of Wangensteen,[4] has shown the tremendous importance of simple intestinal distension as the key point from which subsidiary physiological and chemical disorders take their start. It is customary to distinguish between mechanical, paralytic, and inflammatory obstructions, and to consider the distension of pneumonia and of dysentery, for example, as apart from these conditions; but if we are to build a concept of distension as a process frequently determining a fatal outcome in an otherwise controllable disorder, then all conditions in which it is the major factor, whether initiated by a compression fracture of the spine or by a neglected mechanical obstruction of the ileum, must have much in common. Actually a mechanical obstruction, if neglected, will ultimately become adynamic; and a process starting as a paralytic ileus becomes a problem of multiple mechanical obstructions as the internal pressure kinks and compresses the gut at every point of angulation. While classification of intestinal obstruction has certain uses, the individual case rarely belongs to one category alone.

In treating the condition, then, it makes little difference whether one favors a toxic theory or not, since it is by decompression of the distension, irrespective of the primary cause of its occurrence, that the greatest improvement in the patient's condition has been brought about. This, of course, does not mean that decompression is an alternative to surgical resection if the cause is a tumor of the bowel,

nor does it mean that orthopedic care of the back should be neglected in instances of trauma to the spine; but it does mean that in any condition associated with marked abdominal distension and a failure of the bowel to pass on its contents, decompression becomes an essential feature of the treatment. The only exception is the case in which the integrity of the bowel wall itself is jeopardized by ulceration or infarction.

Much can be accomplished by the use of gastric and gastro-duodenal aspiration, as shown by Wangensteen in particular; but by the application of the principle described by Miller and Abbott [5] for small intestinal intubation, appreciably more can be done toward the relief of the patient, and a clearer understanding of his illness may be obtained. This procedure, which was first used clinically by Abbott and Johnston,[6] depends upon the ability of intestinal peristalsis to propel a large bolus, in contrast to its inability to propel a small one. If to the end of a thin rubber tube a distensible rubber balloon is fastened so that it may be blown up with air when it has reached a point in the distal duodenum, the balloon will then be propelled rapidly toward the colon. To deflate the distended intestine a second tube for suction must be fastened to the balloon, or a two-lumened tube used, one passage for inflation of the balloon, the other for aspiration of intestinal contents. Such a device will proceed to the point of obstruction before stopping; and if the condition is of paralytic origin, the balloon will ultimately be expelled by rectum.

Each case is more or less an individual problem in the technic of intubation, and at times the procedure is difficult even for an experienced person. On the other hand, a novice with a clear conception of the principle involved will frequently be completely successful. A standard pattern of procedure, to be varied as need be, might be set down as follows:

1. Pass the tube through the nose until it first enters the stomach. This may be determined with certainty by inflating the balloon and drawing it back to the cardia.

2. Turn the patient on his right side and rapidly distend his stomach with 200 to 300 c.c. of air in spite of his preceding distension. This will iron out the tonic contraction of the antrum that is often present.

3. Advance the tube till the third mark (75 cm.) is at the patient's nose and apply constant suction to the aspirating tube, using a subatmospheric pressure of about three feet of water.

4. Allow the patient to remain in this position, taking clear fluids (except milk) freely while the air already injected and the usual bile-stained gastric contents are withdrawn.

5. Identify the passage of the tube into the duodenum by applying a large, dry, smoothly ground syringe to the inflation tube. Inject 10 to 20 c.c. of air, and one of three sensations will be appreciated:

a. Little or no resistance, or a resistance entirely dominated by the respiration. This means the tip of the tube is in the gastric fundus.

b. A strong, "rubbery" resistance that immediately expells the air injected. This means that the balloon is in the pylorus.

c. A resistance that comes and goes irregularly, often with some superimposed respiratory element, but in the main independent of the respiration. This is the sensation to be desired, and signifies that the balloon is in the duodenum. If after fifteen minutes the inflated balloon still conveys this sensation to the fingers on the syringe plunger, increase the balloon volume to 25 c.c. and clamp the inflation tube.

6. Instruct the patient to swallow six inches of tube every hour unless it buckles in his throat; and if that occurs, then have him proceed more slowly.

7. In a paralytic ileus case, when clinical improvement has been obtained, deflate the balloon and have the patient stop swallowing the tube. In a mechanical obstruction no more tube will go down after the tip has reached the obstruction.

8. Feed the patient clear fluids, except milk; also melba toast, zwiebach, boiled or puffed rice, eggs, cream cheese, jellies, junket, custard, tea, coffee, cream, sugar, and butter in small amounts, totalling 1000 to 1500 calories per day as it is tolerated.

9. Give sodium chloride, gr. v, by mouth

in capsules often enough to supply at least 75 grains of salt for every liter of drainage from the intestine.

A fluoroscope, if available, is always a great help, but rarely an essential, in the passage of these tubes.

The following three cases exemplify conditions in which this treatment is of major value.

CASE 1

C. S., an overweight, white male in the fifth decade, fell down stairs when drunk, and was brought to a hospital, where the roentgenograms showed fractures of the pelvis, ribs, and a transverse process of the spine. He was placed in a plaster shell and kept flat on his back.

Almost immediately intense abdominal distension occurred. His circulation and respiration rapidly became embarrassed by the upward displacement of the diaphragm. Three days after the accident all attempts to control the distension by flax-seed poultices, rectal tube, irritant enemas, turpentine stupes, pitressin, and gastric suction had failed. He was passing nothing by rectum, was vomiting, and had become markedly cyanotic with a steadily rising respiratory rate and pulse rate. He was intubated and the tube passed into the duodenum without fluoroscopy in four hours.

Constant suction was maintained during the next four days as the tube descended the gut. At the end of that time his bowels were moving. The tube was removed and convalescence proceeded normally. His respiratory and circulatory function returned to normal with the decompression of the abdomen.

CASE 2

A second example, illustrating the use of the procedure in peritonitis, follows:

G. K., a large woman in the sixth decade of life, suffered a rupture of her appendix, yet she resisted surgical advice for some hours. Finally her abdomen was opened, a gangrenous ruptured appendix was removed; and because of a considerable amount of pussy fluid in the abdomen, a drain was placed in the wound.

For six days after operation her fever steadily mounted, and her distension increased while her peristalsis became inaudible. She presented the clinical picture of peritonitis.

A tube was passed under fluoroscopic guidance and allowed to remain in the lower ileum for nine days. Improvement began with the beginning of decompression of the small intestine, and continued uninterruptedly until the passage of gas, and then feces, indicated that an adequate return of normal intestinal function had occurred. Because of soreness of her throat from the tube, she ate less than an optimal amount during this period, but on most days she took about 700 to 900 calories. The tube was withdrawn and convalescence continued uninterruptedly.

CASE 3

A third example illustrates the use of intubation in a mechanical obstruction.

A colored girl in the third decade of life was admitted because of a severe colicky abdominal pain coming on seven days before admission, and associated from the start with constipation, nausea, and finally vomiting of intestinal contents. She had been operated upon five years before for appendicitis, and the tenderness was greatest in the region of the scar.

Immediate operation was considered, but it was felt that, because of the fluid and electrolytes imbalance incident to the vomiting and because the degree of distension was such as to make good intestinal surgery difficult, intubation should be carried out first. For twenty-four hours the tube remained in her stomach, gradually relieving her as intestinal contents seeped back toward the pylorus. Then, after this unusually long wait, the tube entered the jejunum and advanced rapidly to a point in the ileum at which the tip was arrested. With this advance, the gas and fluid was rapidly drawn off and the patient's clinical symptoms disappeared.

Barium was injected down the tube to identify the nature and location of the lesion. An angulation of the ileum and a fixation of the gut at this point were found. The opaque material advanced only with some difficulty, while much of it regurgitated back along the tube. It was decided that adhesions must be present, making sufficient traction to irritate the intestine and to precipitate a local obstruction. Upon withdrawing the tube, however, the patient felt completely recovered, and went back to work. Six months have now passed without a recurrence.

The diagnostic value of the tube is noteworthy not only in the very severe cases of obstruction, when a barium meal can not safely be given to a patient, but it is also of use in very slightly obstructed patients. It is not uncommon to observe patients with so minimal a lesion of the ileum, often an old adhesion, that the symptomatology is all due to reflex disturbances of the duodenum or to anaemia. In these persons the primary partial obstruction of the ileum may be undetectable by a routine barium meal; but since the tube stops at the point of irritability, a diagnosis can be made by the behavior of the tube and of the barium injected locally at that spot.

Practically, there is only one real danger inherent in intubation, and that is the temptation to delay surgery in the presence of intestinal strangulation. The safe use of the tube must then presuppose a reasonable ability on the part of the physician to diagnose an interruption of the intestinal blood supply.

A second possible danger attends its use in a very aged person with a chronic cough, for it is true of this tube, as of all other tubes, that expectoration of tenacious mucus is made more difficult.

The statistical justification for the inclusion of this procedure in the treatment of obstructions in general is difficult to arrive at. The nature of the cause and the severity of the effect vary widely from case to case. The evaluation of a measure which is often an adjunct to standard medical and surgical procedure rather than a complete form of treatment in itself, is difficult under any circumstance. For a uniform group of cases showing uncomplicated acute intestinal obstruction treated with the long tube, however, Johnston, Pembertly, Noer, and Kenning[7] report a mortality of 9.3 per cent.

In the Gastro-Intestinal Section of the Hospital of the University of Pennsylvania sixty-six cases of obstruction have now been treated with twelve deaths. Of these twelve, six died of carcinoma with metastasis, in the development of which obstruction had become at some time a complication. Two patients died of pneumonia which in one developed on an antecedent bronchiectasis and in the other was a late complication of peritonitis following a rupture of the appendix. In one the obstruction had resulted from tuberculous peritonitis. In another case a progressive ulcerative ileocolitis was complicated by an obstruction. Two of those who died could not be intubated; one was in a moribund condition from a duodeno-bronchial-epigastric fistula; and one had a post-operative peritonitis with consolidation of the right lung. Evaluating these conditions on a clinical basis, it is fair to say that five of the twelve cases represented conditions from which recovery might have been possible.

In summary, it may be said that the trend of opinion is definitely swinging to the belief that intestinal distention per se is the major factor in initiating the train of events so often leading to death in the presence of intestinal obstruction. Decompression of the intestine therefore is of crucial importance in the treatment of the condition. Of all the procedures recommended to accomplish this purpose, the passage of a long tube throughout the small intestine, or at least to the point of obstruction, is in general the most efficient.

It gives me great pleasure to acknowledge my indebtedness to Drs. E. L. Eliason, I. S. Ravdin, T. G. Miller, A. Randall, C. C. Norris, W. E. Lee, G. P. Muller, J. P. North, J. W. Levering, L. K. Ferguson, L. D. Englerth, J. M. Carlisle, D. A. Cooper, and F. C. Wood for the privilege of reporting on their patients.

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133 South 36th Street

A CASE OF STAPHYLOCOCCUS SEPTICEMIA WHICH RECOVERED BY THE USE OF SULFAPYRIDINE

By PAUL M. PEGAU, M.D., and C. C. REED, M.D., Woodbury, N. J.
From the Underwood Hospital, Woodbury, N. J.

The circumstances surrounding the admission of this case made diagnosis difficult. The case was admitted during a sporadic outbreak of poliomyelitis. The patient was a well-developed, fourteen-year-old boy, who was sent to the hospital on the second day of his illness, with a provisional diagnosis of either acute rheumatic fever, or anterior poliomyelitis.

The oral temperature on admission was 104.2, the pulse 110, and the respirations 28. The boy complained of excruciating pain and soreness in the right shoulder. This was diagnosed as sub-deltoid bursitis due to prolonged lifting of a weight in a weight-lifting contest a week before.

On physical examination, the reflexes were found to be very sluggish, with the knee jerks practically absent. The neck was rigid, and Kernig's sign was positive. Lumbar puncture was attempted three times at the usual sites, but it was impossible to obtain any fluid, due to the rigidity of the spine. On the fourth attempt, in the region of the twelfth thoracic vertebra, bloody fluid was obtained, and it was conceded that a vein must have been punctured by the needle. The same night, a cisterna puncture was attempted with no success.

A blood culture was taken on admission and the leukocyte count was 10,300. The next day a growth was noted in the culture media, which proved to be a staphylococcus aureus. A check blood culture was taken two days later to eliminate the possibility of contamination, and this proved also to be staphylococcus aureus.

The boy gave a history of having had a boil on the left forearm two weeks previously, for which he obtained some sort of medication from a druggist; and several home remedies were used. The boil eventually came to a head, and the child's mother squeezed it. All signs of the boil disappeared, and there were no furuncles, or pimples, or other skin blemishes on the body at the time of admission.

Examination of the heart revealed a definite endocarditis, and a pre-systolic murmur, grating in character, with a maximum intensity over the apex but not transmitted to the axilla. The abdomen was somewhat distended, and there was partial paralysis of the bowels and bladder. The urine was concentrated, with numerous casts and a trace of albumin, and was acid in reaction.

The differential diagnosis between anterior poliomyelitis and its concurrent symptomotology, and staphylococcus septicemia was based primarily upon the blood culture, and the lack of involvement of any specific group of muscles by paralytic symptoms. The whole muscular system was sensitive to manipulation. Movement of both arms and legs produced pain, as did pressure on the recti muscles. The muscles of the back were spastic, and those of the neck rigid. The skin was hot and dry. There was no involvement of the muscles of deglutition, or of the respiratory system. The eyes responded to light and accommodation.

A vaccine was made of the culture from the patient's blood, each cc. containing two million killed bacteria. A group of donors was obtained and each was given an initial injection of 0.20 cc. of the vaccine. They received an increase of 0.20 ccs. daily until one cc. was reached, and then they received one cc. every other day for four doses. There was only one of the donors in whom any reaction was noted, and this was soreness at the point of injection which lasted for twelve hours; when the one cc. dose was reached, further injections in this donor were stopped.

The patient received the first blood transfusion two days after admission, when he was given 250 cc. of citrated blood from a donor who had not been given vaccine. When it was felt that the hemoglobin and red cell count was dropping sufficiently to warrant transfusion, the paitent was given from 250 ccs. to 400 ccs. of blood, depending on the hemoglobin and red cell count. In all, the patient received seven transfusions. All of the donors were cross-matched before transfusion, even though they were compatible when first typed. It is interesting to note that in two instances, the patient's cells were agglutinated by the donor's serum, following a previous transfusion, and of course these two donors were eliminated.

The patient was given 75 grains of sulfanilimide, and then we shifted to sulfapyridine. In all, the patient received 723.8 grains of sulfapyridine. Bicarbonate of soda was used in conjunction with this. He was given four 7.7 grain tablets at his initial dose; this was followed by two 7.7 grain tablets every four hours by the clock. For each 7.7 grains of sulfapyridine, five grains of bicarbonate of soda were given. It was necessary at times to give the patient digitalis and other supportive measures. For the first four days, catheterization and enemata were necessary for elimination. For sedation codeine phosphate, one-quarter to

one grain, was given hypodermically when necessary.

Twelve days after admission the blood culture was negative. Another culture taken on the fourteenth day was also negative.

During the first few days, the patient's abdomen at times became markedly distended. Prostigmin, hot stupes, and enemata were necessary during this period to relieve the distension; catheterization was also necessary at this time. The diet for the first ten days consisted mostly of fluids, as fruit juices, strained soups, pureed vegetables, etc., supplemented by parenteral administrations of thiamine chloride, 15,000 units daily. On the eleventh day he was placed on a soft diet, and his diet was gradually increased until he was able to handle a full hospital diet. There were times when anorexia was present, which was relieved by the administration of thiamine chloride, and the patient resumed eating. When the patient was discharged, his nutrition was equal to, if not better than, on admission. At no time did we notice much toxicity from sulfapyridine, and vomiting was negligible.

On the tenth day, the patient began to complain of points of soreness on his arms, which later turned out to be small furuncles. On the fifteenth day the scrotum became swollen and painful; this disappeared following the use of ice caps. There were migratory areas of pain and tenderness over the upper and lower extremities, and in some of the joints. These eventually passed off.

About the twentieth day the patient complained of a peculiar burning sensation with exquisite pain in an area of about two inches diameter, approximately an inch above the internal malleolus of the right ankle. Flaxseed poultices were applied to the right ankle, and the area became soft and flocculent. It was incised, and a small amount of pus drained through. The ankle continued to drain for three days, and then ethyl chloride anaesthesia was given and deep incisions made for through and through drainage. When the ankle was opened and drainage established, no more furuncles appeared, and there was complete absence of any joint pain or other areas of tenderness.

An x-ray taken of the right leg showed evidence of periosteal involvement along the distal third of the diaphysis of the tibia. In addition to this, along the anterior border of the tibia there was a slight loss of cancellous structure of the bone. This was diagnosed as periostitis, and was considered suggestive of osteomyelitis. Twelve days later, a second x-ray showed a definite progression of the osteolytic process involving the entire distal third of the tibial diaphysis. Involucrum and sequestrium formation were marked. A cast was applied to prevent the possibility of fracture; there was a window over the site of the incision to permit change of dressings.

The temperature fell by lysis. On the twenty-fifth day the temperature and respirations were normal, but the pulse remained at 120. On the twenty-eighth day the pulse came down to 100, and the temperature rose to 100.4 following a transfusion; respirations remained normal. The temperature returned to normal the next day; but on the thirty-second day it rose to 101, pulse 130. Sulfapyridine had been stopped on the thirtieth day. With the temperature rise and pulse increase on the thirty-second day, the drug was started again, 15.4 grains every four hours, sodium bicarbonate grains 10 to accompany each dose. On the thirty-eighth day, red blood count was 3,300,000, and hemoglobin 58 per cent, white cells 8,600. The patient was given a final transfusion of 250 ccs. of citrated blood, and discharged the next day to the care of his family physician, to return a month later for x-ray and the removal of sequestrum of bone in the ankle if the process had advanced far enough to warrant it.

CONCLUSION

It would seem that with the building up of the anti-bodies of the blood donors and the administration of sulfapyridine, a method of combatting staphylococcus aureus infection appears practical; and with the proper supportive treatment,—keeping up the patient's nutrition, —these patients have a chance of recovery. Also, the migratory areas of pain and furunculosis appear to be the pre-cursors of localization to one certain area of the infection. It would seem, therefore, that sulfapyridine has a selective affinity for staphylococcus aureus.

RHEUMATIC HEART DISEASE IN PREGNANCY; AN EVALUATION OF THE HISTORY

MATERNAL WELFARE ARTICLE NUMBER FORTY-SIX

By Harold Gorenberg, M.D., Jersey City, N. J., and
John McGeary, M.D., Elizabeth, N. J.

We wish to express our appreciation to Dr. Cosgrove and Dr. Norton for their helpful coöperation.

A survey of all the pregnant women with rheumatic heart disease seen at the Margaret Hague Maternity Hospital from 1933 to 1939 has recently been completed. A total number of 345 patients was studied, an incidence of heart disease in pregnancy of 1.2 per cent. The incidence reported by other clinics ranges from 0.66 to 4.15 per cent, the majority of clinics reporting between one and 1.5 per cent.

By and large it can be said that the treatment of heart disease once present resolves itself into the effort to prevent decompensation. In the pregnant woman with heart disease, the occurrence of heart failure is of vital importance. Because of this self-evident fact, every effort should be made to prevent this complication.

In any scheme of treatment for heart disease, adequate *bed rest* occupies a leading place. We believe that it is possible to determine beforehand which patient with organic heart disease will need absolute bed rest in the pregnant state. In other words, we feel it is possible to foretell fairly accurately which patient with organic heart disease will fail in the face of the burden of pregnancy, if the deleterious effects of this burden are not counteracted by bed rest.

HISTORY BEFORE PREGNANCY

To ascertain these prognostic facts, the patient's history is of great importance. What was the functional capacity of the patient's heart before the pregnancy existed?

Table I shows that the incidence of failure in pregnancy increases as the functional capacity in the non-pregnant state decreases.

Of the 143 Class I cardiacs (asymptomatic organic heart disease), four failed, or an incidence of 2.8 per cent.

Of 116 Class IIA cardiacs (organic heart disease with evidence of distress on moderate exertion) nine failed, an incidence of 7.7 per cent.

There were 81 Class IIB cardiacs in the series (organic heart disease with evidence of distress on mild exertion) with 59 instances of heart failure, or 72.8 per cent.

Five patients of our series were Class III cardiacs before becoming pregnant (failure at bed rest).

The burden of pregnancy can be borne without serious difficulty by the comparatively well functioning hearts (Class I and IIA); while the same burden will cause decompensation in the badly incapacitated group (Class IIB), unless the proper amount of bed rest is prescribed.

AGE OF PATIENT

Additional prognostic information may be obtained from the age of the patient. We have divided our patients in five-year age groups ranging from fifteen to over forty. Reference to Table II shows that of the 32 patients less than 20 years of age, four failed,—an incidence of 12.5 per cent.

The age group of 21-25, numbering 135 patients,—the largest group in the series,—showed thirteen failures, an incidence of 9.6 per cent.

Of the 100 patients 26-30 years old, 26 failed, or 26 per cent.

There were 16 failures of 49 patients ranging from 31-35 years, an incidence of 32.6 per cent.

Among the 25 patients in the 36-40 age group, 56 per cent failed.

In this series there were four patients over 40 years of age, all of whom failed.

Thus it may be said in general that the older the pregnant patient with rheumatic heart disease, the greater her chances to fail. To make the association between age and incidence of decompensation more striking, the patients may

be divided into two groups, those less than 30, and those more than 30 years of age. The failure rate in the first group was 16.1 per cent, as compared with a rate of 43.6 per cent in the older group.

PREVIOUS CONDITION OF THE HEART

A third important aid in prognosis is again contained in the history. Did the patient ever fail before in her life? In our series there were eleven patients who had failed previously, but did not decompensate in the pregnancy under consideration. Thirty-three patients gave a history of cardiac failure in the past, and failed again in the pregnant state. Thus of forty-four people who suffered broken compensation previously, 75 per cent failed again when pregnancy complicated the heart disease.

Given a history of previous decompensation in any individual, a break in compensation may be expected, unless the patient is properly and adequately rested. Of the 77 failures that occurred in our 345 cases, 44 were instances of failure for the first time during the pregnancies considered. If a patient with rheumatic heart disease has never failed before, her chances of failure when the burden of pregnancy is assumed are 14.1 per cent, unless the proper procedures are instituted.

BED REST

In our analysis the failure incidence was 22.3 per cent. The Boston Lying-In Hospital reports an incidence of decompensation of 19.2 per cent. However, a closely controlled clinic under Fitzgerald reports no failures in 126 cases. This was accomplished by careful prenatal observation at frequent intervals, and the prompt institution of absolute bed rest at the first suspicion of any decrease in cardiac reserve.

In a similarly conducted group of thirty-nine consecutive cases at the Margaret Hague Maternity Hospital, following the general principle of early and adequate bed rest when indicated, we are able to report that no patient of this small number failed.

It has been our experience that, if the need for bed rest arises at any period in the pregnant state, the rest must be *absolute* and *continuous* for the duration of the gestation.

TABLE I

CARDIAC FAILURE IN RELATION TO FUNCTIONAL CLASSIFICATION

Class	Total	Failed
I	143	4 — 2.8%
IIa	116	9 — 7.7%
IIb	81	59 — 72.8%
III	5	5 — 100 %
	345	77 22.3%

CARDIAC FAILURE IN RELATION TO AGE

Years	Total	Failed
Less than 20	32	4 — 12.5%
21-25	135	13 — 9.6%
26-30	100	26 — 26.0%
31-35	49	16 — 32.6%
36-40	25	14 — 56.0%
More than 40	4	4 — 100 %
	345	77 22.3%

PROGNOSTIC VALUE OF HISTORY OF DECOMPENSATION

Failed previously, *but not* in this pregnancy	11
Failed previously, *and again* in this pregnancy	33
Failed for first time in this pregnancy	44
Previous failures	44
Previous failure, *and again* in this pregnancy	33 — 75%

LESSON FROM A DEATH CERTIFICATE

NUMBER EIGHTEEN

Elective cesarean operation done mainly to tie off tubes, at patient's and husband's request.

Patient developed pneumonia and intestinal obstruction, and died.

Must a cesarean be done to tie off tubes if requested by husband and wife who do not know the dangers involved?

This is the second case of this kind reported in this series.

Conservatism would suggest having a normal delivery, and tying the tubes at some other time.

A. W. BINGHAM, M.D.

STATE SOCIETY ACTIVITIES

BOARD OF TRUSTEES

A special meeting of the Board of Trustees was held on Sunday, January 28th, 1940, at 11 a. m. in the Executive Offices, Trenton, N. J. Those present were: Dr. Morris, President-Elect, who presided; Drs. Hawkes, Lewis, North, Morris, Alexander, Stahl, Young, Costello, Crowe, and Lee, of the Board; Drs. Burkett, Quigley, and Pollak, of the Legislative Committee; Drs. Lance, Sprague, Knight, Col. Bigley, and Mr. Thompson, of the Board of Governors of the Medical Service Plan of New Jersey; and Dr. Wilkes, Executive Officer; Dr. Scott, Executive Assistant; and Dr. Overton, Editor.

Colonel Bigley and Mr. Thompson, who are members of the Board of Governors of the Medical Service Plan of New Jersey, were introduced to the Board.

THE MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY

Dr. Lance gave a brief outline of the work done by the committee on the preparation of the enabling act, and the by-laws of the Medical Service Plan.

Dr. Scott read the text of the enabling act, explained its import, and the legal reasons for certain requirements.

NATIONAL CONFERENCE ON MEDICAL SERVICE

Drs. Morris, Read, and Scott were authorized to attend the National Conference on Medical Services to be held in Chicago, Illinois, on Sunday, February 11th. Dr. Read is on the program for a ten-minute talk on the evolution of New Jersey's program for the distribution of medical services to all who are in need of them.

CARE OF THE INDIGENT

There was a discussion on a series of conferences with Governor Moore regarding a plan for the medical care of the indigent similar to the Emergency Relief Administration of 1933. Under the present law about one-quarter of the municipalities are now distributing their own relief funds to the indigent and the State is reimbursing them, in accordance with standards set up by the Financial Relief Commission. An extension of this system might be made to a larger number of municipalities.

ADULT HEALTH SUPERVISION

The Committee on Adult Health Supervision submitted a pamphlet entitled "Key to Long Life" to be distributed to patients, calling their attention to the importance of a physical examination on their birthdays. The discussion centered around the advertising phase of the plan. It was voted that the plan be referred to the House of Delegates.

WELFARE COMMITTEE

A meeting of the Welfare Committee was held at 2:00 p. m., Sunday, February 18th, 1940, in the Stacy-Trent Hotel, Trenton, N. J., with an attendance of forty-eight as follows:

Atlantic County—
D. Ward Scanlan — Wm. J. Carrington
W. Cole Davis — Hilton S. Read, Chm.
David B. Allman

Bergen—Joseph R. Morrow

Burlington—S. Emlen Stokes

Camden—
E. G. Hummel — Thomas K. Lewis
R. L. Sharp
J. M. Wisan, D.D.S., State Dental Society

Cape May—Clarence W. Way

Cumberland—M. F. Sewall

Essex—
Julius Levy — T. R. Robie
Harry N. Comando — A. Charles Zehnder
W. W. Cox
Alfred Stahl, Secretary State Society
Margaret Ashmun, R.N., Nursing Association

Hudson—
B. S. Pollak — J. F. Londrigan
F. J. Quigley — A. E. Jaffin
J. F. Norton

Mercer—
Harry R. North — Joseph E. Raycroft
Wilbur Watts — Elmer J. Elias

Middlesex—
Joseph H. Kler E. I. Cronk

Monmouth—
C. Byron Blaisdell Robert E. Watkins
Stanley Nichols

Passaic—
Sigurd W. Johnsen C. Wright MacMillan

Somerset—Frank L. Field

Sussex—L. D. Drake

Union—
Herschel S. Murphy Frederic W. Lathrop
Watson B. Morris, President-Elect

Warren—
Wallace R. Bostwick William H. Varney

LeRoy A. Wilkes, Executive Officer
Frank Overton, Editor
Robert P. Fischelis, Pharmaceutical Association
Wm. H. MacDonald, State Health Department
Ellen C. Potter, State Institutions and Agencies

The principal items that were before the Welfare Committee were the reports of the four sub-committees,—those on

1. Public Health.
2. Public Relations.
3. Medical Practice.
4. Legislation.

1. SUB-COMMITTEE ON PUBLIC HEALTH

Dr. Stanley Nichols, Chairman of the Sub-Committee on Public Health, stated that the committee had held a meeting in the morning, and had only three subjects to bring before the Welfare Committee.

a. THE SCHOOL HEALTH LAWS

When the amendments to the School Health Laws were passed last year, it was expected that a conference would be called of representatives of three groups who are especially interested in putting the laws into effect. These groups are:

Group 1—Public State Officials and Departments, such as State Department of Health, State Department of Institutions and Agencies, State Department of Labor, etc.

Group 2—The Health Service Professions including The Medical Society of New Jersey, The New Jersey Dental Association, the New Jersey Nurses' Organizations, and the New Jersey Pharmaceutical Association.

Group 3—Interested Lay Organizations, such as the New Jersey State Teachers' Association, the New Jersey Tuberculosis League, and the New Jersey Social Hygiene Association.

Since the conference had not been called, the Public Health Committee had passed a resolution requesting the State Department of Public Instruction to call the conference in the near future.

b. THE ADVISORY COMMITTEE ON TRAFFIC ACCIDENTS

Dr. Sewall, Chairman of the *Traffic Accidents Committee,* recommended that physical examinations be required of applicants for driver's licenses at 65, and 70 years of age, and annually after 75 years. This motion was made by Dr. Comando, seconded by Dr. Sharp, and was carried.

c. THE ADVISORY COMMITTEE ON ADULT HEALTH SUPERVISION

Dr. Murphy, Chairman, exhibited a pamphlet on "Key to Long Life", and a "Birthday card", which are designed to be distributed from the doctors' offices. He stated that the committee had obtained the approval of the Public Health Committee and the House of Delegates, and that the proper forms were printed. Next week the committee will send out information to every member of the Society, and get his opinion as to whether he wants it put into pamphlet form to place in his office.

Dr. Fischelis of the Pharmaceutical Association stated that the Pharmaceutical Association and the druggists throughout the State would be willing to coöperate in dispensing this pamphlet through the medium of drug stores in order to stress periodic health examinations.

A motion was made by Dr. Sharp that the report of the Public Health Committee as a whole be accepted. The motion was seconded by Dr. Lathrop, and carried.

2. THE SUB-COMMITTEE ON PUBLIC RELATIONS

Dr. Kler, Chairman of the Sub-Committee on Public Relations, reported that the committee is continuing its routine work, and read the following report:

The platform of the American Medical Association was publicized in New Jersey, supplementing the publicity of the national association.

A book, "What It Means to Be a Doctor", was sent to every public library in the State and a release concerning this activity was sent to the press and mailing list. The book is written in a manner to reveal the long years and extensive cost of medical education and throws light on the organization and activities of private medicine.

A reprint of an article by the committee on socialized medicine, which was published in the November issue of the New Jersey Labor Herald, was sent to the press, legislators, etc.

A release on the number of States which have taken steps to set up medical service plans was publicized, showing that organized medicine is working constructively on the problems of medical economics.

Publicity was given to the case of the Bergen County resident who appealed to Mrs. Roosevelt for aid in securing medical care and who was discovered to have been receiving medical care over a period of five years.

The first release on the Medical Service Bill was sent to the press last week. Another will go out this week. This publicity was not prepared by the Committee on Public Relations.

The anti-appendicitis program has been conducted for the third consecutive year. One hundred thousand warning stickers, warning against the use of cathartics in the presence of abdominal pain, have been sent to more than 400 school physicians and school nurses for distribution to students in upper grades. The school physicians have also been provided with speaking material on appendicitis. The New Jersey Pharmaceutical Association is sending 1800 placards to pharmacies throughout the State.

In addition to these general, State-wide releases, other routine functions have been performed: preparation of publicity material for county medical societies at their request; fulfilling requests for speakers' loan material; coöperating with other organizations, etc.

A motion was made by Dr. Sharp that the report on the Public Relations Committee be accepted. The motion was seconded by Dr. Lathrop, and carried.

3. THE SUB-COMMITTEE ON MEDICAL PRACTICE

Dr. David Allman, Chairman of the Sub-Committee on Medical Practice, gave the following summary of the work of its advisory committees:

The *Auxiliary Medical Services Committee* is working on the *Model Plan.*

The *Pharmaceutical Problems Committee* urged the wider use of the New Jersey Formulary. This suggestion was adopted by the committee.

The *Hospital Relationships Committee* opposed certain uniform recommendations for hospitals to use in drawing up by-laws of their staffs.

The *Committee on the Medical Care of the Indigent and the Low-Wage Group,* under the chairmanship of Dr. George Fithian, reported on a plan for the set-up of indigent care similar to the former Emergency Relief Administration.

The *Committee on Nursing and Nursing Education,* Dr. Zehnder, Chairman, reported that the New Jersey League of Nursing Education is planning to revise the curriculum for nurses' training schools of all subjects now taught in nursing schools. The last time the curriculum was revised was in 1931. Since then considerable advance has been made in training schools, and it is necessary to revise the curriculum to come up to the standards now obtaining in other states and in some of the best hospitals in the State of New Jersey. A chart was made showing the number of hours different subjects were taught. The proposed revision was approved in all but one subject, that of *"General Medical Nursing",* for the committee feels that is the primary training which a nurse should have. The minimum time advised is ninety hours. That does not come up to the minimum suggested by the National Guide, which is 150 hours. We agree with the National Guide that this time should be increased from ninety to 150 hours minimum. (See the report of the committee on page 121 of this Journal.)

A motion was made by Dr. Sharp that the Medical Practice Committee report as a whole be accepted. Motion was seconded, and carried.

4. THE SUB-COMMITTEE ON LEGISLATION

Dr. B. S. Pollak, Chairman of the Sub-Committee on Legislation, gave a report on the committee's activities, and stated that a bulletin has been prepared by Dr. Quigley, Executive Secretary of the committee, which outlines the various activities of the Legislation Committee, and particularly those of the Executvie Secretary. Many of the functions of the Committee on Legislation have been absorbed by Dr. Quigley, who has gone into this work with his usual ardor and enthusiasm, and is bringing about results. The Executive Secretary's report is described on page 126 of this Journal.

Dr. Pollak stated that a tentative definition of chiropody had been prepared. It was decided, after some discussion, that this definition was not quite satisfactory, and it was referred back to the committee.

Four bills relative to *pneumoconiosis* were considered. In scope, we, as well as industry, are in favor of certain phases of these bills; but the term "pneumoconiosis" is too ambiguous, and these bills will be referred to the Committee on Industrial Hygiene.

NATIONAL CONFERENCE OF MEDICAL SERVICES

Dr. W. B. Morris gave a brief outline of the proceedings of the *National Conference of Medical Services,* which he, Dr. Read, and Dr. Scott had attended on February 11 in Chicago. Dr. Read had given a paper on "Out-door Indigent Relief in New Jersey". Other speakers had described plans that are in operation in the States of Missouri, Michigan, and Minnesota,

and in the City of Chicago. Dr. Creighton, of Connecticut, had led a discussion on Medical Surveys.

MISCELLANEOUS

Dr. Wilkes, Executive Officer, spoke of the need for a simplification of the procedure which the Board of Medical Examiners is now required by law to follow in certifying the eligibility of candidates for interneship. Dr. Wilkes also referred to the falsity of claims that certain persons are unable to secure medical attention. In every instance, the claimants were already under treatment, but what they really wanted was *free* treatment.

Drs. Morris and Quigley were appointed a committee to straighten out a misunderstanding regarding the legal obstacles to the acceptance of a donation of sulphapyridine for the treatment of indigent cases of pneumonia.

Dr. Fischelis explained some of the far-reaching effects of the new Federal law regarding the misbranding of foods, drugs, and cosmetics. This law requires that the constituents of therapeutic articles, and warnings of their dangers shall be placed on every package that is sold. On motion, Dr. Fischelis was requested to prepare an article on the subject for publication in the Journal.

The status of Grade A and Grade B milk was brought up by Dr. Zehnder. After discussion, Dr. Zehnder was requested to prepare a Journal article on the standards and grades of market milk.

The meeting adjourned at four o'clock after a session of two hours.

COMMITTEE ON TUBERCULOSIS

A meeting of the Advisory Committee on Tuberculosis was held on Sunday, January 21st, 1940, 11:00 a. m., in the Executive Offices, Trenton, New Jersey. Those present were: Dr. A. E. Jaffin, Chairman, who presided; Drs. S. B. English, N. W. Burritt, L. B. Drake, C. M. Fish, H. S. Hatch, J. E. Runnells, and G. J. Young.

PAYMENT FOR T. B. TESTING

Dr. Jaffin stated that he had been approached by several individuals who had asked the question—"Who is going to pay for the tuberculin testing of pupils?" It was brought out that the Act states:

"The board of education of every school district *shall* periodically determine or cause to be determined, etc.", and in section two the Act reads, "The board of education *may* provide at its expense the equipment, materials, and services necessary to fulfill the requirement provided in section one of this act, or it may contract to use, with or without financial reimbursement, the equipment, materials, and services available through a *sanitorium* or *hospital* approved by the State Department of Institutions and Agencies, or through a *public health agency* approved by the State Department of Health."

It was decided that the matter of payment was up to the Board of Education since it had three alternatives.

Dr. English explained briefly Dr. Morrow's method of examination, and also the cost of portable clinics which are found in the northern part of the State.

TESTING BY PRIVATE PHYSICIANS

It was the consensus of opinion that, if a report was rendered by a private practitioner who is not the school physician, to the health officer, or to the secretary of the board of health of the municipality in which the pupil resides, it would be accepted even though such a statement is not contained in the Act.

Dr. Jaffin was appointed as a committee of one to consult Mr. Charles H. Elliott, Commissioner of Education, and present the program of the Committee on Tuberculosis.

T. B. FILMS, 35 M.M. IN SIZE

An announcement was made by Dr. Jaffin that an x-ray company from New Jersey had agreed to let him sit in on the showing of 35 mm. films of the chest at a hospital not known at the time of this meeting. The members present requested Dr. Jaffin to notify them when this film would be shown as they would like to attend.

COUNTY T. B. MEETINGS

Dr. Jaffin read a report naming the counties which had annual meetings devoted to the subject of tuberculosis.

COMMITTEE ON VENEREAL DISEASES

A meeting of the *Advisory Committee on Venereal Diseases* was held in the Executive Offices, Trenton, N. J., on February 11, 1940. Those present were Dr. C. Byron Blaisdell, Chairman; Drs. Baxter A. Livengood, Hyman J. Udinsky, Joseph E. Higi, Karl Scott, Arthur J. Casselman, William F. Costello, Martin Kirschner.

I. OUTLINE OF TOPICS DISCUSSED

1. Clinic Administration Problems in Elizabeth, Roselle Park, and Summit were discussed.

A re-affirmation of the accepted principles of appointing physicians was made which requires that the county societies give a choice of physician for selection by the State Board of Health, rather than by putting up just one name and thereby controlling the appointment. Also if a clinic appointee be not satisfactory either before or after acting in the clinic, a satisfactory new choice must be agreed upon by the agencies involved.

2. Need for culling the treatment lists to eliminate adequately treated latent cases, and then give 10-12 bismuths in next year for individual safety. Age limit is needed, but not too low (Tennessee 25 years is too low).

The request of the State Department of Health to approve the answering of questionnaires by laboratories was approved.

II. RECOMMENDATIONS

We recommend that the State Society cooperate in the sponsoring of the observation of Social Hygiene on April 12, at a State-wide meeting at Newark, set up by the N. J. Social Hygiene Association, The N. J. Health and Sanitary Association.

It was requested that Dr. Alexander of the State Board of Health, who sent a telegram saying he was ill and unable to be present to discuss Negro V. D. health problems, be invited to attend the next meeting to discuss V. D. problems.

The needs of the Negro population of Atlantic County were discussed. A proposed course of instruction in nursing in connection with the treatment of V. D. was submitted and approved. This course is to be given by Rutgers University, and Dr. Bergsma of the State Department of V. D. Control will give the lectures.

COMMITTEE ON EUGENIC STERILIZATION

A meeting of the Committee on Eugenic Sterilization was held in Trenton on December 3, 1939. Those present were Dr. MacMillan, Chairman, and Drs. Robie, McLaughlin, Condon, Dwyer, Scanlon, Stokes, Davis, and Alexander, and President Hawkes, exofficio member.

ASSIGNMENT OF TOPICS FOR INVESTIGATION

It was the consensus of opinion that a specific topic for investigation should be assigned to each member of the committee, in order to secure evidence on two problems:

1. In what proportion of cases of crime and other forms of unsocial behavior is heredity a dominant cause?
2. To what extent will sterilization prevent these conditions?

Reference was made to the report of the American Neurological Society as the best medical opinion on sterilization.

Another meeting of the committee was held on February 18, 1940, for the purpose of hearing the preliminary reports of those members who had been assigned to particular lines of investigation in accordance with the suggestion made at the meeting on December third.

Dr. S. Stokes reported on the number of cases of feeble-mindedness in institutions in 1908, 1918, 1928, and 1938 in New Jersey, New York, Massachusetts, and Illinois.

Dr. Davis and Dr. Dwyer read statistics on the relationship between mental deficiency and economic dependency.

Dr. Scanlon reported that he is studying the number of cases of eugenic sterilization in each of the twenty-nine States that have laws on the subject.

Dr. Robie is studying the present status of thought on inheritance of mental disease.

Dr. Dwyer gave a preliminary report on States.

Dr. McLaughlin exhibited a chart of epileptics in institutions showing what proportion of the inmates had epileptic ancestors.

These reports will be the basis for the committee's annual report which will be formulated at a meeting to be held on April fourteenth.

COMMITTEE ON NURSING AND NURSING EDUCATION

A meeting of the *Advisory Committee on Nursing and Nursing Education* was held on Sunday, February 4th, 1940, 2:00 p. m., in the Executive Offices, Trenton, New Jersey. Those present were Dr. A. Charles Zehnder, Chairman; Drs. George M. Knowles, Victor Knapp, Thomas J. Walsh, and H. Wesley Jack.

A STANDARD CURRICULUM

Dr. Zehnder explained the purpose of the meeting was to set up a revised standard curriculum of study for nurses in training.

The accompanying chart entitled "Hours of Organized Instruction" was presented to the committee and explained by Dr. Zehnder. This chart was approved.

HOURS OF ORGANIZED INSTRUCTION OF NURSES IN TRAINING SCHOOLS

Subject	1931 Curriculum	New Jersey Present Performance			Proposed Revision	Curriculum Guide
		Low	High	Average		
GROUP I (Biological and Physical Science)						
Anatomy and Physiology	72	80	228	122	90	90–105
Microbiology (Bacteriology) Also parts of Drugs and Solutions	24	24	78	45	60	45–60
Chemistry	16	7	90	48	60	80–90
Totals	(112)			(215)	(210)	(215–255)
GROUP II (Social Sciences)						
Psychology	8	9	57	22	15	30
Sociology (Elem. of Social Science)	..	12	30	19	15	30
Social Problems in Nursing Service (Med., Soc. and Health Problems—Case Study)	8	2	41	17	15	30
History of Nursing	8	10	34	20	30	30
Professional Adj. I Ethics	8	8	51	20	30	15
Prof. Adj. II, Prof. Prob. and Survey	8	7	34	17	30	30
Totals	(40)			(115)	(135)	(165)
GROUP III (Medical Science)						
Introduction to Med. Science, Pathology-Sanitation	16	8	58	29	30	30
Drugs and Solutions	16	14	121	33	..	..
Pharmacology and Ther., Mat. Med.	16	17	109	37	30	30
Totals	(48)			(99)	(60)	(60)
GROUP IV						
Nursing and Allied Arts		90	445	156		
Introduction to Nurs. Arts		17	130	49	150	135
Elem. and Adv. Nurs., Bandaging	128	11	48	18	(180 practice)	(460 practice)
Personal Hygiene, Massage, Hosp., Housekeeping, Parts of D. & S.		15	42	17		
Nutrition, Foods and Cookery	32	30	92	44	45	60
Diet Therapy	16	15	32	19	30	30
Medical and Surgical Nursing		24	66	37		
General	42	12	62	37	150	240
Specialities	16	8	26	12	90	
Obstetric Nursing	20	16	120	38	45	60–80
Pediatric Nursing	18	12	104	42	45	68–80
Psychiatric Nursing	16	16	147	50	45	60–80
Nurs. and Health in Family (P. H.)	8–16	6	69	22	15	30
Adv. Nurs. and Elec. (Emergency Nurs.)		7	22	12	30	30–40
General Review	32	6	59	27		
Institutional Nursing	8					
Private Duty Nursing	8					
Totals	(358)			(639)	(585)	(705–755)

Note: * Changed from 90 to 150 by Medical Society Committee.

SUB-COMMITTEE ON MEDICAL PRACTICE

A meeting of the Sub-Committee on Medical Practice was held at 11:00 a. m., Sunday, February 18th, 1940, in the Stacy-Trent, Trenton, New Jersey. Those present were: Dr. Allman, Chairman, and Drs. Lewis, Zehnder, Comando, Decker, Fithian, Johnsen, Sharp, and Carrington. Drs. Fort and Ulmer were excused because of illness.

Reports of the Advisory Committees were received.

PHARMACEUTICAL PROBLEMS

In the absence of Dr. Ulmer, Chairman, Dr. Allman read a brief report submitted by mail:

The Committee on Pharmaceutical Problems held a joint meeting with the Committee on Professional Relations of the New Jersey Pharmaceutical Association on January 21st. This meeting again emphasized the cordial coöperative spirit which exists between the pharmaceutical and medical professions. Among the subjects discussed was the New Jersey Formulary, Radio Broadcasting, and the effect of the new Food, Drug and Cosmetic Laws on the prescribing and dispensing of drugs.

Discussion.—Dr. Lewis asked the opinion of the members regarding the coöperation of the druggists in their respective counties with regard to the New Jersey Formulary.

Dr. Zehnder reported that he had heard no unfavorable reports in Essex County.

Dr. Johnsen stated that the druggists in Passaic are working with the medical profession very well.

Dr. Lewis stated that in Camden the cooperation is sporatic in this matter, but a few are working well. He suggested that, if copies were available in hospital dispensaries, they might be put to good use.

Dr. Lewis suggested that the Committee on Pharmaceutical Problems contact the Chiefs of Staff of all voluntary hospitals of New Jersey, and request that they make use of the New Jersey Formulary, particularly in the dispensary; and might ask the physicians on service to make use of it. A printed list of various preparations would save the hospitals a great deal of money, and would result in training many young men in the use of these preparations, and in showing them the difference in price. It would be a worthy method of training.

Dr. Decker suggested that, when such a list is printed for the use of the hospitals, it be printed on one sheet to be placed under the glass plate on the physicians' desks. This list could contain only those preparations most commonly used; all others could be listed in a booklet.

Action.—It was the consensus of opinion of the committee that the above suggestions be recommended to the Chairman of the Advisory Committee on Pharmaceutical Problems, with the request that he devise ways and means of carrying out the suggestions.

The committee directed the Secretary to write to Dr. Ulmer expressing the committee's regret for his illness and wish him a speedy convalescence.

Upon motion, regularly seconded and carried, the report was accepted.

NURSING AND NURSING EDUCATION

Dr. Zehnder, Chairman of the *Committee on Nursing and Nursing Education,* presented a report of the meeting of the committee held on February 4, 1940, which is printed on page 121 of this Journal.

The committee discussed the question of including training in unnecessary subjects which the nurses would not use. Chairman Zehnder replied that the committee had considered this phase of the matter; and that, though many feel that much unnecessary training is given to the nurse, she must have this training in order to be prepared to take her State Board examinations since such information is vital to the nurse taking the examination.

No one group or individual controls the curriculum of the nurses, and the committee did not feel that it was its duty to interfere with that which did not concern the members. There is nothing that the committee or the medical society can do about cutting down, or even cutting out, those subjects which some of us feel are unnecessary for the training of a nurse.

Dr. Lewis and Dr. Zehnder discussed at length the organizations of nurses, and the voting power of those nurses who practice away from their unit training school. Dr. Zehnder stated that such nurses can join their district organization in the town where they practice, and in this way obtain voting power. However, the crux of the problem is to get the nurses who do have the power out to vote; and after an officer is elected on their votes, to stick behind the officer and not oppose her as soon as she takes office.

The committee voted that the report of the Chairman of the Advisory Committee on Nursing and Nursing Education be accepted; and that the "Hours of Organized Instruction" be adopted with the suggested change of 150 hours for Medical Nursing instead of the original 90 hours.

COMMITTEE ON WORKMEN'S COMPENSATION

Dr. Comando, chairman, reported that nothing additional had taken place since his last report. The committee is still awaiting word from the Commissioner of Labor as to the next step. Several bills have been introduced into the legislature relative to compensation. A-62, A-64 and A-66 relate to adding pneumonoconiosis as a compensable disease, with A-62 lengthening the incubation period from one to two years. Dr. Comando recommended that no action be taken on these bills as they now stand.

Action.—Upon motion, regularly seconded and carried, the report of the Chairman of the Advisory Committee on Workmen's Compensation was accepted with the recommendation that the committee give further study to A-62, A-64, and A-66, relating to pneumoconiosis.

COMMITTEE ON MEDICAL CARE OF THE INDIGENT AND LOW-WAGE GROUP

Dr. Fithian, Chairman, gave a summary on a report for "Medical Services and Hospital Care of the Poor", which was prepared by a special committee appointed by President Hawkes, and was presented to the Governor, who is sympathetic with the whole report.

Discussion.—The members of the committee felt that this method of procedure was irregular since the committee which had been appointed for consideration of such problems as medical care of the indigent and low-wage group was not informed of such a plan until after its final preparation, and presentation to the Governor and Board of Trustees of the State Society.

The Executive Secretary gave a brief outline of the steps taken in the preparation of the plan.

Action.—Upon suggestion of the Consultant, Dr. Comando moved, seconded by Dr. Sharp, that the Sub-Committee on Medical Practice request the President to furnish the Chairman of the Advisory Committee on the Medical Care of the Indigent and Low-Wage Group copies of all data and material concerning the recent plan for "Medical Services and Hospitalization of the Poor", prepared under the President's direction, and any other material relative to this subject accumulated this year up to now or in the future, so as to keep the chairman of the committee informed of the steps being taken in this field by the State Society. Unanimously carried.

Upon motion, regularly seconded and carried, the report of the Chairman of the Advisory Committee on Medical Care of the Indigent and Low-Wage Group was accepted.

Dr. Lewis suggested that the Committee on Medical Care investigate the field covered by the Financial Assistance Commission. We should know what we can do under the existing law, and how far we can go. It is important to find out what the physicians in a community can do. They do not know their rights and limitations under the present set-up. The committee can show each county society how to approach this problem locally under existing laws, and how to use it to the fullest extent. It would be an educational campaign for the doctors.

Dr. Carrington suggested that more aggressive attempts be made to reëstablish the former E. R. A. plan.

Upon motion, the above two suggestions were referred to the Advisory Committee on Medical Care of the Indigent and Low-Wage Group.

HOSPITAL RELATIONSHIPS

Dr. Decker, Vice-Chairman of the *Advisory Committee on Hospital Relationships,* presented a progress report. The committee is working on a set of recommendations for inclusion in the By-Laws of the Hospital Staffs. It is recommended that each hospital have staff organization to be controlled by a board of the staff composed of the senior members of the departments. From this board will be elected two committees:

1, An *Executive Committee* having power to contact the governing body of the hospital; 2, a *Credentials and Rating Committee* for passing on the credentials and ratings of staff appointments.

The committee felt this was most important, and it would attempt to convey this to the various hospital organizations. A the last meeting of the committee, Mr. Leroi Ayres of Cooper Hospital, Camden, was present; and recently Mr. Ayres presented in his paper to the Hospital Association the recommendations of our committee. The recommendations were well received.

The committee plans to survey the outpatient departments during this next year. The survey has already been started at the Cooper Hospital in order to determine whether adequate care is being given to the patients and whether there are any dispensary abuses. This survey will require a great deal of time. At present it is too early to report anything definite.

Upon motion, regularly seconded and carried, the report of the Hospital Relationships Committee was accepted.

AUXILIARY MEDICAL SERVICES

Dr. Johnsen, Chairman of the committee, briefly reviewed the organization set-ups as prepared by his committee for the four auxiliary medical services—Anesthesia, Physiotherapy, Roentgenology, and Pathology or Laboratory. Copies were sent prior to this meeting to the Hospital Relationships Committee, the Auxiliary Medical Services Committee, and the Medical Practice Committee. The Auxiliary Medical Services Committee is trying in these set-ups to get the hospitals to recognize that these four services are *medical services,* and should be considered in that light. The committee is trying to set up suggested standards for equipment, and trying to obtain a change in the attitude of the hospitals which is becoming more prevalent—that of placing roentgenology in the hands of a radiologist on salary and physio-therapy under a nurse, and charging hospital fees.

The committee requests that the members of the Medical Practice Committee read over the four set-ups, and submit criticisms and suggestions for final redrafting.

A communication was received from Executive Officer Wilkes relative to a nurse giving anesthesia. This point is to be taken up at the next meeting of the advisory committee. The National Society for Anaesthesiology disapproves of such procedure in a hospital; but it has not made this point in open declaration. The National Society believes that such a recommendation from us at this time would be harmful to all our plans; and recommends that we simply state that anesthesia is a medical service, and as such should be considered a professional service.

Discussion.—Dr. Lewis suggested that this is an important problem and he and perhaps many others have much to say on the subject. He suggested that the report of this committee at the annual meeting, when it comes before the reference committee, be announced widely so as to attract those interested in the problem to attend the reference committee meeting for a thorough discussion. It would seem that the next important step would be to urge the medical men themselves to stop delegating authority and retain their proper functions.

Action.—Upon motion, regularly seconded and carried, the report of the Chairman of the Auxiliary Medical Services Committee was accepted.

INDUSTRIAL DISEASES AND OCCUPATIONAL DISEASES

In the absence of the Chairman, Dr. Fort, Dr. Zehnder announced he had contacted Dr. Fort, who stated he had no report to make at this time.

COMBINING COMMITTEES

The Executive Officer questioned whether the work of the three committees—Industrial and Occupational Diseases, Contract Practice, and Workmen's Compensation—were not overlapping each other; and asked the question,—Could not the three committees be combined into one?

The Medical Practice Committee felt that the advisory committees should remain as they are at the present time. Dr. Lewis suggested that the three chairmen of these committees be notified of each other's meetings, and also be furnished with copies of each other's minutes.

The meeting adjourned at 1:00 p. m.

LeRoy A. Wilkes, M.D., *Secretary.*

MEDICAL SERVICE ADMINISTRATION

A meeting of the Board of Governors of the Medical Service Administration was held on Sunday, February 4, 1940, at 11:00 a. m., at the Executive Offices, Trenton, New Jersey. Those present were Dr. Lance, Acting Chairman, and Drs. Knight, Sprague, Thompson, Quigley, Wilkes and Scott.

PUBLICITY RELEASES

Dr. Quigley read a letter written to Dr. Pollak under date of February 2, and an article appearing in the New Jersey Voter, February issue, relative to the Plan.

Several members of the Board of Governors, having been approached by newspaper men about the Plan, made the following suggestions to be used in news releases:

1. The first publicity should be released the day after the bill is introduced, and should contain the philosophy and highlights relating to the Administration and the Plan.
2. The second release should contain thumbnail sketches of each member of the Board of Governors.
3. It is vital that the public know the purpose of the Plan, which is to furnish medical

services at lower than average costs. Adequate medical care is expensive, and the idea is to get a widespread distribution of the service so that the cost per capita can be lowered.

4. This Plan is the means of enabling a man of low income to provide for catastrophic illness.

5. The income ceiling of this group is so low that it does not include those persons from whom the casualty insurance companies procure their clients. It should be made clear that the aim of the Plan is not to interfere with the business of the insurance companies. Service will be broader than that given by casualty companies.

6. More publicity should go out to the profession on this Plan.

7. Publicity should be presented in a series of articles, each article adapted to interest and appeal to influential groups in the community.

8. Since the press is very friendly toward us, it would be well to make a list of the reporters who inquire about the Plan; and when something worthwhile is ready for release, to send it to them.

9. Publicity should originate with the Board of Governors, and then be submitted to the Public Relations Committee for release to the newspapers.

10. Publicity should be prepared so that, after the introduction of the bill, the material could be used in the form of a reprint or a bulletin for distribution to the legislators.

The following motion was made by Dr. Sprague:

> In order to insure accuracy of detail, all information pertaining to the Medical Service Administration and the Medical Service Plan or Plans must be prepared and approved by the Board of Governors.

Motion was seconded by Dr. Knight and unanimously carried.

BY-LAWS, RULES AND REGULATIONS

Under the plans to re-incorporate, several changes were made in the by-laws of the Administration and the rules and regulations of the Plan. After these changes are made, the by-laws, rules and regulations will be submitted to each member for his approval.

The next meeting will be held after the introduction of the bill.

Norman M. Scott, M.D.,
Acting Secretary.

SUB-COMMITTEE ON LEGISLATION

A meeting of the Sub-Committee on Legislation was held February 18, 1940, at 11 a. m., in the Stacy-Trent Hotel, Trenton. Those present were: Dr. Pollak, Chairman; Drs. Mitchell, Watkins, and Quigley, and Mr. Edward C. Graff, representing the Executives' Association of Insurance Companies. The meeting received the report of Dr. Quigley, its Executive Secretary.

FRIENDLY ATTITUDE TOWARD LEGISLATORS

Dr. Quigley emphasized the need of a friendly and sympathetic attitude toward legislators, and the good results from conferences which have already been held in Burlington, Cape May, and Mercer Counties. Dr. Quigley next described the good results from friendly approaches to welfare organizations and women's clubs.

CHIROPODY

Dr. Quigley also described the efforts of the committee to coöperate with the chiropodists in constructing a definition of chiropody, to which both the physicians and the chiropodists would agree. Drs. Weigel, Moffat, Dilger, Toye, Busby, Nicola, Kessler, Flanagan and Fort were consulted, and their suggestions were considered by the chiropractors' committee, whose suggestions were referred to Dr. Weigel for consideration.

MEDICAL SERVICE PLAN

Dr. Quigley described the progress of the bill which was introduced in the Senate by Senator Scott of Cape May County on February twelfth.

OTHER BILLS

Other bills before the Legislature are:

a. The chiropractic bill S-42, which was referred to the Public Relations Committee, but was at once withdrawn, since its sponsor felt that the committee would not favor it. But another bill of a similar nature has been introduced.

b. A naturopathic bill, A-155, was introduced by Assemblyman Muir, and was referred to the Public Health Committee.

c. Senate Number 64 proposes to divert from the highway receipts 25 per cent of the excess of the amount received in any one year in excess of that received in the preceding year, and apply it to hospitals caring for patients injured in automobile accidents.

Several amendments to the Workmen's Compensation Act have been proposed.

Frederic J. Quigley, M.D.,
Executive Secretary to the Committee.

LEGISLATIVE BULLETIN NO. 1

The following bills have been introduced in the Legislature:

GROUP 1—AMENDMENTS TO WORKMEN'S COMPENSATION ACT

Assembly, No. 64 (by Dr. Wegrocki).

Assembly, No. 117 (by Mr. Herbert). Propose to add *pneumoconiosis* to the list of compensable occupational diseases.

Assembly, No. 66 (by Dr. Wegrocki). Would make *all* occupational diseases compensable if "caused by the circumstances or conditions surrounding the employment".

It is felt that the term "pneumoconiosis" (A-64 and A-117) and the scope of A-66 are too broad and inclusive. It is recognized that certain occupational dusts are productive of conditions—notably *silicosis*—that are disabling, and should be made compensable. This question, and that of occupational diseases in general, have been referred to the Committee on Industrial Health and Hygiene of The Medical Society of New Jersey; and an endeavor will be made to formulate a bill which can be supported from the medical standpoint and receive the approval of both labor and industry. It is proposed to draw this bill in coöperation with labor and industry.

GROUP 2—PUBLIC HEALTH MEASURES

Senate, No. 1 (by Mr. Scott for the President, Mr. Foran). Because of the relationship between Bang's disease in cattle and undulant fever in man, the appropriation bill to control Bang's disease is *approved.*

Senate, No. 69 (by Mr. Hollinshed). Requires inspection of milk and cream at the source of supply. Represents a sound step toward insuring proper standards. *Approved.*

Senate, No. 73 (by Mr. Allardice). Proposes to increase the membership of the Board of the State Department of Health to *thirteen* by adding a licensed embalmer and funeral director. It is our feeling that there is no sound reason for this proposal. The measure is *disapproved.*

Senate, No. 78 (by Mr. Taggart). To appropriate $15,000 for the purchase and distribution of antipneumococcic serum to persons financially unable to purchase the serum. Last year's experience proves the value of the proposed appropriation and this bill is heartily *approved.*

Senate, No. 64 (by Mr. Stanger). The purpose of the bill to aid in the payment for the care and maintenance of persons injured in automobile accidents can probably be better met by making automobile liability insurance obligatory. With the application of the hospital and physicians' lien laws now in effect, the objectives of the bill can be served. Proposed bill is *disapproved.*

Assembly, No. 141 (by Mr. Mahr). The purpose to provide for eye and ear tests in public schools is *approved in principle;* but in view of 18:14-57, Revised Statutes of 1937, Volume I, we question the necessity of this act. Objection is made to the following clause in this bill (lines 1, 2 and 3): "or the nurse under the immediate direction of the medical inspector shall make eye and ear tests, etc."; and to the phraseology of the last paragraph, lines 4, 5 and 6.

Bill introduced by Senator Scott at the request of The Medical Society of New Jersey to permit the formation of non-profit medical service corporations.

This bill is now being reviewed by the Commission on Statutes, and has not yet received a number, nor been assigned to a committee. It will be discussed in a subsequent separate Bulletin.

GROUP 3—BILLS AFFECTING EDUCATIONAL STANDARDS FOR THE PRACTICE OF MEDICINE

Regardless of the labels that sectarian groups attach to their schools of practice, their members are, under the present laws of this State and in the ordinary accepted definition of words, practicing medicine. The State demands high educational standards for those it licenses to practice medicine, and the medical profession has long contended that all those seeking to treat the sick should meet equivalent educational standards. That this thesis has met with the approval of the Legislature is attested by the fact that it passed, last year, the so-called Uniform Medical Practice Act, A-210.

Senate, No. 46 (by Mr. Stanger). Proposes to set up a separate *Board of Chiropractic Examiners,* and prescribe "standards".

Assembly, No. 155 (by Mr. Muir). Would set up

a similarly separate *Board of Naturopathy,* and prescribe "standards".

Both 46 and 155 are diametrically opposed to the principle underlying the Uniform Medical Practice Act (A-210, 1939) in that they provide for separate boards, and separate educational standards of such low quality as would constitute, if these groups were licensed, a distinct menace to the public health of the citizens of the State. Both of these measures are *vigorously opposed.*

Senate, No. 83 (by Mr. Stanger). The purpose of this bill apparently is to permit a single individual, possessing lower educational requirements than are now demanded of applicants for licensure under the Medical Practice Act, to take the examination, thus lowering the standards to suit his particular educational deficiency. If the educational standards may be lowered for an individual, they may likewise be lowered for a group. We are opposed to the principle of this bill, and to the bill itself; and we urge your support in this opposition. This bill is entirely inconsistent with the purpose of the recently passed Uniform Medical Practice Act, and is *disapproved.*

Senate, No. 16 (by Mr. Driscoll). Permits Masters in Chancery to take affadavits covering recordings of heretofore unrecorded births. *Approved.*

FREDERIC J. QUIGLEY, M.D.,
Executive Secretary,
Committee on Legislation.

REPORTS OF PRESIDENTS OF COUNTY SOCIETIES

The medical profession of New Jersey is organized as a State Society of over 4000 members which comprise the membership of the twenty-one component county societies, each with an enrollment varying from 25 to 1000 members.

ORGANIZATION

The executive officers of the State Society are the President and the Board of Trustees, who are chosen by the votes of delegates from the county societies. These delegates also decide the objectives of the State Society, and suggest methods for attaining them.

The local programs and activities of the county societies are conducted under the leadership of the *county society officers,* who are chosen by the members themselves.

The efficiency of the program of the medical profession depends on two factors:

1. The wisdom of the officers of the State Society, who determine the general scope of the plans and operations of the organization.
2. The coöperation and leadership of the officers and members of the county societies in adapting the details of the plans of the State Society to local conditions.

MEANS OF COMMUNICATION

The official means of communication among the units and members of the medical society are:

1. The monthly issues of The Journal of The Medical Society of New Jersey, and the printed bulletins of the county societies.
2. The reports of the officers and committees, especially those made annually to the State Society.

COUNTY SOCIETY REPORT

In addition to these two sources of information the House of Delegates voted to request the President of each county society to submit an annual report of the progress of his society during the past year. (Transactions, 1938, pages 13, 51, and 53.)

Last year there was a gratifying response by the Presidents, for reports were received from 62 per cent of the county societies, containing 85 per cent of the membership of the State Society.

This year we confidently expect 100 per cent response.

SUBJECTS FOR PRESIDENTS' REPORTS

The County Presidents will find that a practical source of information regarding subjects for their reports is the department of *County Society Reports* in the Journal,—115 reports being listed in the index during the year 1939. Among the important activities which are recorded are the following:

Baby Keep-Well Stations
Broadcasts
Cancer Control
Care of Indigents
Coöperation in Community Health Programs
Graduate Education
Health Projects
Legislative Support
Medical Economics
Nursing

Pneumonia Treatment
Reorganization of Local Administration
Venereal Disease Control

From these and other sources each President may choose subjects for an annual report that will be both informative and interesting.

AN APPEAL

Please prepare your report at once, so that it will be received in the Executive Offices on or before April 15th, in order that it may be printed in the May Journal together with the reports of the State officers and committees.

GRADUATE COURSES IN NEWARK

The following announcement of a graduate course in chest diseases by the Committee on Post-Graduate Education of the Essex County Medical Society, is contained on page 37 of the February issue of the Bulletin of the Essex County Medical Society:

"A course in Diseases of the Chest, including Thoracic Surgery, will be given at the Newark City Hospital starting March 1st at 4:30 p. m., and terminating April 12th, 1940. Lectures will be given every Monday and Friday at 4:30 p. m. at the hospital. These will be supplemented by clinical demonstrations, x-ray studies, and supplementary work. The leader of the course will be Dr. Richard Dieffenbach. This project is under the supervision of the New York University Medical School. Tuition fee for the entire course is $25. A prospectus will be mailed to members of the Society, but those who are interested are advised to communicate directly with Dr. Dieffenbach at 570 Mt. Prospect Avenue, Newark."

A similar course in fractures is in preparation, and courses in other subjects are projected for the Fall.

Dr. Stuart Zeh Hawkes, Chairman of the Committee on Post-Graduate Education, announces that while these courses are conducted primarily for the members of the Essex County Society, they are also open to physicians in every part of New Jersey. They are given in affiliation with the New York University Medical School, and have the endorsement of the Committee on Post-Graduate Education of The Medical Society of New Jersey, whose chairman is Dr. David F. Bentley, Jr., 406 Cooper Street, Camden, N. J.

For information regarding the courses, write to Dr. Bentley or Dr. S. Z. Hawkes, 84 Washington Street, Newark, N. J.

ASSOCIATION OF MILITARY SURGEONS

Psychiatry and the military personnel was the subject of the symposium sponsored by the New Jersey Chapter of the Association of Military Surgeons and held at the Academy of Medicine, Newark, N. J., on February 6, 1940. The various speakers emphasized the importance of psychiatry in the rôle which the rank and file of the medical profession and Medical Department Reserve Officers will play in the selection of recruits for the National Army in the event of an emergency. Dr. Crawford N. Baganz, of the Veterans Facility at Lyons, took for his topic lessons learned from wartime mistakes and the mental casualties at Veterans' Facilities. Dr. Henry A. Davidson, Secretary, New Jersey Neuro-Psychiatric Association, Assistant Psychiatrist, Newark City and Beth Israel Hospitals, and Psychiatrist to Newark City Home, discussed the subject from the viewpoint of the psychiatrist in civil practice.

Dr. Baganz pointed out that in the event of a national emergency there would be an insufficient number of psychiatrists to permit one on each draft board. Therefore, he said, the civilian physician and the Medical Reserve Officer would be compelled to assume to a large extent the function of a psychiatrist. He said it is interesting to note that statistical studies indicate that approximately five to ten per cent of any one generation are potential patients in mental hospitals.

NUMBER OF CHILDREN RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1939

DIPHTHERIA TOXOID

County	Total to Dec. 31	Month of Jan.	Total to Jan. 31	Average per Month
Atlantic	116	63	179	25.5
Bergen	1412	194	1606	229.4
Burlington	74	11	85	12.1
Camden	1059	283	1342	191.7
Cape May	33	14	47	6.7
Cumberland	36	5	41	5.8
Essex	5304	476	5780	825.7
Gloucester	66	14	80	11.4
Hudson	3873	3102	6975	996.4
Hunterdon	393	5	398	56.8
Mercer	766	495	1261	180.1
Middlesex	922	229	1151	164.4
Monmouth	1054	68	1122	160.2
Morris	467	12	479	68.4
Ocean	0	38	38	5.4
Passaic	2025	375	2400	342.8
Salem	178	12	190	27.1
Somerset	75	11	86	12.2
Sussex	2	0	2	.2
Union	1026	90	1116	159.4
Warren	30	1	31	4.4
Total	18911	5498	24409	3487.

SMALLPOX VACCINE

County	Total to Dec. 31	Month of Jan.	Total to Jan. 31	Average per Month
Atlantic	332	7	339	49.8
Bergen	1680	174	1854	264.8
Burlington	208	0	208	29.7
Camden	924	33	957	136.7
Cape May	73	17	90	12.8
Cumberland	100	3	103	14.7
Essex	3550	346	3896	556.5
Gloucester	162	33	195	27.8
Hudson	3537	128	3665	523.5
Hunterdon	277	34	311	44.4
Mercer	859	0	859	122.7
Middlesex	511	11	522	74.5
Monmouth	1090	14	1104	157.7
Morris	595	41	636	90.8
Ocean	19	29	48	6.8
Passaic	1469	177	1646	235.1
Salem	196	5	201	28.7
Somerset	398	2	400	57.1
Sussex	0	0	0	0
Union	1283	57	1340	191.4
Warren	110	3	113	16.1
Total	17373	1114	18487	2641.

NORTHERN NEW JERSEY DERMATOLOGICAL SOCIETY

A regular meeting of the *Northern New Jersey Dermatological Society* was held in the auditorium of the Academy of Medicine in Newark on January 24, 1940, with Dr. Louis J. B. Le Bel presiding. The program consisted of the presentation of cases.

Case for Diagnosis, presented by Dr. S. Ravitz, of Newark.

Miss N. A., a twelve-year-old colored girl, was seen one year ago for impetigo. Present condition began three weks ago with appearance of scattered, bluish spots on arms and legs. There is no history of any internal medication. The lesions are confined to the extremities and consist of dark, purpuric macules, averaging one inch in diameter. There is no change in appearance of the lesions on pressure. There are no subjective complaints.

Causes of the eruption were discussed by Dr. Lehman, who suggested phenolphthalein in tooth paste. A further discussion was entered into by Drs. Heller, McCauley, and Mitchell.

Lichen Planus (generalized), presented by Dr. Ravitz.

Mrs. A. M., aged 36, a white woman, first noticed a few itchy, small spots on both arms about six weeks ago. The rash soon spread to include the entire body and face. There are numerous small, shiny violaceous papules, in addition to larger sheet-like patches where the individual lesions have become confluent. Study of a biopsy section confirmed the diagnosis.

The interesting feature of this case was the unusual location on the forehead. The membership concurred in the diagnosis of acute dermatitis.

Acute Dermatitis (contact?), presented by Dr. Ravitz.

J. C., aged 75, a white man; occupation, salesman. About six week ago the eyes began to smart, and boric acid wet dressings were used. In a few hours the lids became red and swollen, and soon the entire face became involved. The patient states he did not take any medicine, nor did he apply any preparations to his face before the present condition began.

The fact was brought out that this man had used bay rum after shaving, and also an unusual soap. The members concurred in the belief that this might possibly be due to the use of after-shaving preparations, many similar types of eruption having been seen. The question of an insect spray was also raised as another possible cause.

Case for Diagnosis, presented by Dr. S. Ravitz.

Mr. T. S., white, a kitchen helper, aged 55. There is an eczematoid dermatit's of both legs of two years' duration for which no treatment was sought. The present condition began about four weeks ago as a generalized eruption, except for the face. The lesions, when first seen, were sharply defined, scaly patches, with clearing centers, varying in size from one-half inch to one huge patch in the sternal region about eight inches in diameter. There is a light scaly dermatitis on the scalp, and a thick, psoriasis-like patch on the left elbow and below each knee.

It was suggested that this was a pityriasis rosea, superimposed on an old psoriasis. However, the possibility of mycosis fungoides or parapsoriasis must be considered.

Lichen Planus (generalized), presented by Dr. S. Ravitz.

Mr. G. B., aged 60, a white man. A generalized rash appeared about six weeks ago, causing intense itching, especially at night. The lesions are match-head size, consisting of flat, shiny, pink'sh papules, and are especially prominent on the chest, abdomen, and flexor surfaces. A lesion removed for study revealed typical lichen planus.

OBITUARIES

DR. HIRAM F. DATESMAN

Dr. Hiram Ferdinand Datesman, of Passaic, member emeritus of St. Mary's Hospital staff, died of old age at 1:30 the morning of January 31, 1940, at the Passaic Private Hospital, where he had been a patient for two months.

Dr. Datesman, who would have been eighty-nine years old on Sunday, February 4, practiced medicine in Passaic forty years, giving up his work several years ago. He was born on February 4, 1851, at Mt. Bethel, Pa. Early in life he taught school in Allentown, Pa., where he married Minerva Peters in 1872.

Before taking up medicine, he worked for the Standard Oil Company in Bradford, Oil City, and other places in Pennsylvania, and in New York City. He received his M.D. degree from the Homeopathic College of Flower Hospital, New York City in 1899.

He had been an active member of the First Methodist Church of Passaic since coming to Passaic in 1889, and was financial secretary and a trustee of the church for many years. He also was a member of Passaic Lodge, No. 67, F. & A. M.

DR. WILLIAM BREWER

Dr. William Brewer, a practicing physician in Woodbury, N. J., for forty-three years and head of the Brewer Hospital, died at 8:45 o'clock Sunday night, January 28, 1940, in the hospital he founded twenty-one years ago.

Dr. Brewer, who was seventy-three years old, had been seriously ill for seven weeks before his death, but had been in declining health for some time.

One of the oldest practicing physicians in the county, he was widely known in medical circles. He was a member of the New Jersey State Medical Society, the Gloucester County Medical Society, of which he was a Past President, and the Physicians' Society of Woodbury and Vicinity.

Dr. Brewer was born August 27, 1866, at the old Brewer homestead, Cooper Street, Deptford Township. As a youth he was employed at the Merritt drug store, Woodbury, and graduated in 1888 from the Philadelphia College of Pharmacy. Following his graduation he conducted a drug store at Bridgeton, and at that time began the study of medicine. He received his medical degree in 1896 from the Jefferson Medical College, and began his practice in that year in Woodbury.

He founded Brewer Hospital, a private institution, twenty-one years ago, and has been its directing head since that time.

Dr. Brewer was a trustee of the Presbyterian Church of Woodbury and for several years served as president of the board.

DR. EARLE C. REYNOLDS

Dr. Earle C. Reynolds, an eye, ear, nose, and throat specialist of Passaic, aged fifty-three years, died on February 19, from a heart attack with which he was stricken in his office two days previously.

Dr. Reynolds was born in Bangor, New York. He received his M.D. degree from Cornell University in 1910, and interned in Bellevue Hospital. He served as Captain in the Medical Corps during the World War. He practiced in Passaic for twenty years, and became chief of the ear, nose, and throat service of the Passaic General Hospital. He was an active member of the Passaic County Medical Society and of the American College of Surgeons.

DR. CHARLES J. KANE

Dr. Charles J. Kane, of 934 East Twenty-third Street, Paterson, N. J., died suddenly at St. Joseph's Hospital on January 16, 1940, aged 66 years. He had been in poor health for nearly seven years.

Born in Paterson, Dr. Kane was educated in local schools and graduated from the College of Physicians and Surgeons of Columbia University in 1899. He interned at the Sloan Hospital, New York, and then returned to Paterson when he opened his practice with offices at 349 Grand Street.

Dr. Kane continued practice until he was taken ill. He was on the Senior Staff of St. Joseph's Hospital, and was recognized as one of the best surgeons in New Jersey.

He was a member of the College of Surgeons, New Jersey Surgical Society and Passaic County Medical Society.

Dr. Kane's father, the late Dr. Thomas J. Kane, was also a prominent Paterson physician.

The following memorial was adopted by the Passaic County Medical Society:

Whereas, Dr. Kane has been a member of the medical profession for forty years, a member of the American College of Surgeons, New Jersey Surgical Society, and Passaic County Medical Society,

Therefore, Be It Resolved, that we hereby at the regular meeting of the Passaic County Medical Society on February 8, 1940, inscribe in the minutes our sincere regret at his passing, and extend our condolences to the surviving members of Dr. Kane's family.

William A. Dwyer, M.D.
William Neer, M.D.
William W. MacAlister, M.D.

BOOKS RECEIVED FOR REVIEW

Handbook of Orthopaedic Surgery. By Alfred Rives Shands, Jr., in collaboration with Richard Beverly Raney. Pp. 567. Price $4.25. St. Louis, Missouri. C. V. Mosby Company. 1940.

Injuries of the Skull, Brain and Spinal Cord. By Samuel Brock. Pp. 632. Price $7.00. Baltimore, Williams & Wilkins Co. 1940.

Shock, Blood Studies as a Guide to Therapy. By John Scudder. Price $5.00. Philadelphia, J. B. Lippincott Company. 1940.

BOOK REVIEWS

Functional Disorders of the Foot. By Frank D. Dickson, M.D.; Rex L. Diveley, M.D. Pp. 309. Price $5.00. Philadelphia, J. B. Lippincott Co. 1939.

The authors of this work are two orthopedic surgeons who apparently have had wide experience in the care of the feet. They write in a simple, easily comprehended style which is elementary enough to be understood as well as to be practical.

The diagnosis and treatment of the different foot disorders are clearly discussed. The general systemic diseases which may affect the feet are considered. The opening chapter gives a very clear discussion of the evolution of the feet, with the anatomy and physiology following in succeeding chapters. There are two especially good chapters which concern the foot in childhood.

One of the acknowledged weak spots in the training of the average practitioner of medicine is the care and treatment of foot disorders. In the preface the authors state that their monograph is written to fulfill this need for added knowledge. They also conclude that because of the medical profession's failure to evaluate and recognize the seriousness of disabling foot conditions, the treatment has fallen into non-medical hands.

For these reasons this book is recommended as a handy reference work which could well be studied by every practitioner. It is simply enough written to be comprehended without extensive othopedic knowledge or training.

Brucellosis in Man and Animals. By I. Forest Huddleson. Pp. 339. Price $3.50. N. Y., The Commonwealth Fund. 1939.

In a frontispiece dedicatory statement, Dr. Huddleson quotes Charles Nicolle, in which he makes the rather prophetic remark, "Mediterranean Fever is a disease of the future". As time goes on, we realize more and more the truth of this statement. The importance of brucellosis as a widespread and disabling infectious disease is becoming more apparent.

Because of the difficulties confronting us in the diagnosis of brucellosis, a complete work on the subject becomes a necessary instrument to effectively combat it. Professor Huddleson and the contributing authors again supply us with such a text, bringing experimental and clinical work an up-to-date quality.

We have a detailed description of the brucellergen, the opsonocytophagic, and the agglutination tests; all useful in diagnosis. Also we have a discussion and case analysis of the treatment of brucellosis with brucellin, the filtrate of brucella grown in broth. The authors report failure in only 15 per cent of the cases treated with this substance.

One of the most troublesome things in the diagnosis of brucellosis is the interpretation of a positive agglutination test. Huddleson agrees that this is frequently not an easy thing. Other confirmatory tests must be used to detect an infection with brucella.

This is a well-presented thesis on the subject of brucellosis.

J. T. E.

Manual for Diabetic Patients. By W. D. Sansum, Alfred E. Koehler and Ruth Bowden. Pp. 227. Price $3.25. New York, The Macmillan Company. 1939.

As the authors point out in the preface, the scope of this book is to make the diabetic patient as familiar as possible with his disorder, and to serve as a guide to augment the specific and individual instruction he receives as a patient. Sansum is well qualified to write about this subject, for he has done extensive research work and had many years' experience in taking care of diabetics.

Dr. Sansum and his co-workers succeeded to write an eminently practical outline for the diabetics. The subject is subdivided into two parts. The first chapter acquaints the patient with the biochemistry, diagnosis, treatment, and complications of the disease. The second part deals with the nutritional problems, including the weighing and measuring of foods, the caloric values, arrangements of diets and recipes. Food and weight tables conclude the manual.

Especially commendable is the detailed description of the method of administration of insulin, aided by excellent photographic illustrations. Very clear and concise also is the differentiation between the symptoms of insulin reactions and acidosis.

The modern tendency in the treatment of diabetes is to familiarize the afflicted person with his disease, thereby obtaining a better teamwork between physician and patient. This manual may be highly recommended to help achieving this goal.

W. Nyiri, M.D.

Injuries of the Nervous System Including Poisonings. By Otto Marbury and Max Helfand, M.D. Veritas Press, New York, 1939. Price $3.00. Pages 213.

Carelessly written and badly edited, this little volume will give scant assistance to any practitioner faced with the problem of diagnosing and treating central nervous system injuries. The photographs are poorly reproduced and quite unilluminating.

Sloppy writing is reflected in such phrases as "Causes and Incidents" when the authors meant "causes and incidence". New Jersey readers will be particularly amused by a reference to an article written, says the book, by "Mottland, Harrison and Billings". Needless to say the citation is to a paper written by two, not by three men; the two authors were Harrison Martland and C. C. Beling. This slovenly editing is typical of the book as a whole. Diagnostic descriptions are foggy and the therapeutic advice is vague, general, and unauthoritative. H. A. Davidson, M.D., Newark.

Tumors of the Hands and Feet. By George T. Pack. Pp. 138. Price $3.00. St. Louis, Missouri, C. V. Mosby Company. 1939.

The purpose of this monograph is to acquaint the physician and surgeon with the most common tumors of the hands and feet. It is a thorough, but not an exhaustive, analysis of tumors peculiar to this location as the subject of neoplastic diseases is of such scope as to be encyclopedic. The object of this monograph is to combine the etiology, pathology, diagnosis and treatment of regional tumors, both malignant and benign, in one text. This has never been done before on this subject, but has more than justified itself in other monographic treatises of regional cancer. Up to the present time infections and injuries to the hands and feet have long received the attention of physicians with the result that numerous excellent books on this subject have appeared.

Although tumors of the feet and hands are relatively rare when considered with regard to their regional distribution, they are nevertheless extremely important. It is therefore pertinent that this subject be covered in some detail in order to institute adequate and early treatment to avoid mutilating operations, incapacitating disabilities, and even loss of life. The symposium which comprises the subject matter of this monograph originally appeared in the January, 1939, issue of Surgery.

In the introduction the author stresses early diagnosis, since there is no region in the body which is so readily favored for early detection. There is a rather complete discussion of precancerous lesions; and also of the rôle of trauma with its medicolegal importance which, however, is still a much debated subject. The radiosensitivity of tumors is classified, and the equipment for radiation therapy is given in some detail.

The remaining part of the book discussed in some detail the histologic and antomical classification of the various tumors. There are numerous excellent illustrations and rather complete case histories. The references are complete, and afford ample opportunity for more detailed study if so desired. This small book is concise, and well written, and brings out the most important points in diagnosis and treatment. The author is a student of pathology as well as surgery and radiation therapy.

William G. Bernhard.

Anus, Rectum, Sigmoid Colon: Diagnosis and Treatment. By Harry Ellicott Bacon, B.S., M.D., F.A.C.S., F.A.P.S.; Assistant Professor of Proctology, Temple University School of Medicine; Visiting Proctologist, St. Luke's and Children's Hospital, etc. Introduction by W. Wayne Babcock, A.M., M.D., L.L.D., F.A.C.S. (Eng.) Philadelphia, J. B. Lippincott Co., 1938. Pp. 855. Cloth, $8.50.

Dr. Bacon's excellent work deserves a place on every practitioner's shelf as a reference book, if for none of the other features which commend it. The extensive bibliographies which cover the important contributions on the several subjects during recent times, and the variety of procedures and methods described will be of particular interest to those who are and those who aspire to be specialists in this field. The general practitioner will also find here ready help and guidance. The section on the injection treatment of hemorrhoids is good and definitely states the contraindications. The chapters on venereal diseases and lymphopathia venereum are excellent. The reports of the use of sulphanilamide in the chemotherapy of the latter could have been mentioned, although it is too early to come to any conclusions. One might also wish for some further evaluation of the various methods of treating pruritis ani.

As a whole, the scientific substance, the arrangement, the type, and the general appearance are much to the credit of both the author and the publishers.

THE HOUSE-CONFINING CLAUSE IN ACCIDENT AND HEALTH INSURANCE

The Bulletin of the Medical Society of Westchester County, New York, calls attention to the fact that some companies who are insuring physicians against accidents and ill health, interpret *total disability* to mean that the policyholder is *confined to his house*. Some companies also require the attending physician to certify whether or not "House confinement" is necessary. These companies consider that total disability does not exist unless the person insured is confined to his house.

The company in which the members of The Medical Society of New Jersey are insured will recognize that an insured physician may be totally disabled even though he is not confined to his house. This is an important argument for choosing the health and accident policy that is sponsored by The Medical Society of New Jersey.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

March, 1940				April, 1940			
5	Camden	14	Burlington	2	Camden	11	Passaic
5	Hudson	14	Essex	2	Cape May	11	Somerset
8	Atlantic	14	Passaic	2	Hudson	12	Atlantic
8	Salem	14	Somerset	9	Bergen	12	Salem
12	Bergen	20	Middlesex	9	Cumberland	16	Warren
13	Mercer	21	Gloucester	10	Mercer	17	Middlesex
13	Ocean	21	Morris	10	Ocean	18	Gloucester
13	Union	27	Monmouth	10	Union	18	Morris
				11	Burlington	24	Monmouth
				11	Essex	30	Hunterdon

ATLANTIC COUNTY

Charles Hyman, M.D., Reporter

The regular meeting of the *Atlantic County Medical Society* was held at the Hotel Ambassador in Atlantic City, February 9, 1940, at 9 p. m., with the President, Dr. Edward F. Uzzell presiding.

SCIENTIFIC

Dr. Priscilla White, of Boston, Mass., Associate of Dr. E. P. Joslin in the Dr. George F. Baker Clinic, New England Deaconess Hospital, gave an excellent paper on the subject "Recent Advances in Diabetes". The paper was discussed by Drs. Read, Scanlon, Molitch, and Hyman.

POST-GRADUATE EDUCATION

Dr. Sloan Stewart announced the completion of the schedule for the annual post-graduate course of lectures to start in March.

HOSPITALIZATION INSURANCE

The Society approved by unanimous vote the Hospital Service Plan of New Jersey and recommended its adoption by the Atlantic City Hospital.

RADIO

An invitation was received from the Press Union's newly opened radio station, WBAB, offering the Society radio time for educational programs under our supervision, and was referred to the Broadcasting Committee.

CAMDEN COUNTY

Harold D. Barnshaw, M.D., Reporter

The regular meeting of the *Camden County Medical Society* was held in the City Dispensary Building on January 2nd, 1940, at 9 p. m., Dr. I. E. Deibert presiding. Fifty members and guests attended.

MEMBERSHIP

New Members elected were:

Russel I. London, West Jersey Homeopathic Hospital, Camden, N. J.

Robert F. Rapp, Collingswood, N. J.

A. M. A. RELATIONS

Dr. Sharp, Chairman of the Business Committtee, discussed the attitude of the State Society concerning the American Medical Association Platform, and the request for a special meeting of the House of Delegates of the A. M. A.

SCIENTIFIC

Dr. Robert H. Ivy, Philadelphia, presented a lantern slide lecture of "Surgical Conditions of the Face and Jaw". Discussion was opened by Drs. Gamon and Jack, followed by Drs. Gorham and Evans, guests from the Dental Society; Dr. Decker, and Dr. Deibert, and closed by Dr. Ivy.

CANCER MONTH

Dr. Jack called the attention of the members that April had again been designated as *Cancer Month*. He explained the return of funds to the county and their distribution, and the proposed publicity that would be attempted.

CAPE MAY COUNTY

Clarence W. Way, M.D., Reporter

A regular meeting of the *Cape May County Medical Society* was held at the Bellevue Hotel, Cape May Court House, on Tuesday evening, February 13, 1940, at 9 p. m., with President Aldrich C. Crowe, of Ocean City, presiding, and the following members present: Drs. Samuel Hughes, Frank Hughes, H. H. Hornstine, Alex Moon, A. C. Crowe, Allen Corson, W. D. Robbins, G. F. Dandois, S. Giddings, and C. W. Way. The visitors were: John Friel, Pathologist, Ocean City, and Dr. Imerman, Vienna, Austria.

The Society voted to send a letter to Councilor Dr. Chester I. Ulmer, Gibbstown, congratulating him on his recovery from a serious illness.

MEMBERSHIP

One application for membership was received.

WOMAN'S AUXILIARY

The sum of twenty dollars was voted for the Woman's Auxiliary for the splendid work its mem-

bers are doing in Cape May County for the education of the laity on the subject of cancer.

TREASURER'S REPORT

A report of the Treasurer, Warren D. Robbins, was received which shows a substantial balance. Dr. Robbins called attention to the fact that a few doctors had not paid their dues of $20 for 1940, and explained the results which would follow the delay.

LEGISLATIVE

President Crowe announced that a dinner in honor of Dr. Frederic J. Quigley, Union City, was given by Dr. Clarence W. Way at his home in Sea Isle City, on January 30th. Those present were: State Senator I. Grant Scott, Assemblyman John Boswell, Dr. George F. Dandois, Dr. Aldrich C. Crowe, and Dr. C. W. Way. The question was taken up with Senator Scott and Assemblyman Boswell about sponsoring the Medical Service Plan.

COMMITTEE REPORTS

President Crowe called on the committees of the Cape May Society to give reports.

The chairman of the *Entertainment Committee* announced plans for a joint meeting with the Cape May County Bar Association, which will be held in March at the Seaview Golf Club, when a jurist and a medical authority will speak.

The *Venereal Disease Committee* rendered a most interesting report of the activities of the venereal disease clinics at Woodbine and Wildwood.

The *Post-Graduate Committee* reported that the Post-Graduate Committees of the Atlantic and Cape May County Medical Societies, the Post-Graduate Education Committee of The Medical Society of New Jersey, and the Rutgers University Extension Division have arranged a post-graduate course in Medicine. Classes meet once a week during March and April. A certificate will be given each doctor attending four of the six lectures of the course. The registration fee will be seven dollars for this course. The lectures will be held at the Chalfonte Hotel on the Boardwalk in Atlantic City, and will start promtly at nine o'clock.

The *Legislative Committee* stated that the new State Society insurance bill was presented to the legislative body at Trenton, Monday evening, February 12, and that the members of the Cape May County Medical Society approved the bill.

The *Maternity Committee* told about the winter Clinical Conference given by Dr. A. W. Bingham at the Essex House, Newark, on January 18, 1940 (Journal, Feb., p. 73). The maternal death rate in Cape May County has been reduced 50 per cent in 1939.

The *Cancer Control* problem was discussed by Dr. George Dandois, and great credit was given the Woman's Auxiliary of the Society for the splendid program of lectures to lay groups in several parts of the county.

Maternal Welfare problems were discussed, and the committee will endeavor to get prenatal care for every pregnant woman.

The *Mental Hygiene* problem was discussed, and the committee will attend the clinical demonstration to be presented at the annual meeting in June in Atlantic City.

PERSONALS

Dr. and Mrs. Samuel Hughes, Wildwood, spent their vacation in Mexico.

Dr. and Mrs. Frank Hughes, Cape May City, motored to Cincinatti, Ohio, and then took a boat down the Mississippi to New Orleans.

Dr. and Mrs. John B. Townsend, Ocean City, are on their honeymoon in Miami, Florida.

Dr. and Mrs. Warren D. Robbins, Cape May, spent their vacation in New Orleans.

Dr. and Mrs. Aldrich C. Crowe recently returned from Old Point Comfort, Va.

Dr. and Mrs. Allen Corson took a motor trip to San Francisco.

Dr. John Whiticar is in Florida, fishing and golfing.

Dr. Samuel Gidding just completed a course given by the U. S. Navy Reserve Corps at the Mayo Clinic, Rochester, Minn.

CUMBERLAND COUNTY

F. Muriel Ramsay, M.D., Reporter

President J. Franklin Reeves presided over the monthly meeting of the *Cumberland County Medical Society* held at the Vineland State School for the Mentally Deficient, Vineland, N. J., on February 13.

CANCER CONTROL

The Cancer Control Committee was congratulated by the Society on its enthusiastic work in the preparation of an outline for the establishment of a clinic in Bridgeton, Vineland, and Millville hospitals. There shall be an attempt only at a diagnostic clinic at first with the expectation of later developing fully complete clinics.

Each member of the Cumberland County Medical Society is invited to participate in the operation of the clinic, and is asked to specify on what particular branch he wishes to serve. A trained specialist shall be in attendance at all clinics. It is any patient's privilege to attend the clinic but he must specify to what physician the report is to be sent. This keeps the clinic and the patient under the direct supervision of the family physician.

Each patient will be referred back to his family physician for a determination of treatments shall be made. Any persons able to pay will be asked to contribute a small nominal fee for overhead.

The staff of the tumor clinic shall be composed of an internist, surgeon, gynecologist, otolaryngologist, roentgenologist and a pathologist. Complete and thorough histories as well as records and proper follow-up should be carried out on each patient. The committee in charge of the Cancer Control is comprised of Dr. Charles E. Sharp, Port Norris; Dr. H. Burton Walker, Vineland, and Dr. F. Muriel Ramsey, Millville.

MEMBERSHIP

Dr. O. J. DeSantis and Dr. Kenneth Bauman, of Millville, were received into membership in the Society.

Dr. F. P. Wainwright, who began the practice of medicine in 1901 and who is now seventy-eight years old, was made an honorary member of the Society.

POST-GRADUATE COURSE

It was voted by the Society to have a course of post-graduate studies under the direction of Rutgers College, in conjunction with the Salem County Medical Society.

SCIENTIFIC

Dr. Arthur Whitney, Superintendent of the Elwyn Training School of Elwyn, Pa., spoke on the subject "The Historical Relationship between Medical and Mental Deficiency". He traced in detail the development of the studies of mentally deficient patients until the establishment of the first institution for the education of the mentally deficient at Boston in 1848. These early workers constantly argued the point of whether one attempted the exercise of the imperfect organ in order to maintain function, or exercised the function in order to maintain the organ.

The second half of the scientific program was under the auspices of Dr. Margaret Shirlock assisted by Dr. Evelyn Ed. Miller of the institution. They presented a number of cases within the institution. Especially interesting were the grandular types as well as a Negro Mongolian idiot.

At the conclusion of the program, dinner was served in the institution.

ESSEX COUNTY

Paul H. Hosp, M.D., Newark, Reporter

The regular monthly meeting of the *Essex County Medical Society* was held at the Academy of Medicine on February 8th, 1940, at 9 p.m., with the President, Dr. Royal A. Schaaf, presiding.

SCIENTIFIC

Dr. Harold E. B. Pardee, Professor of Clinical Medicine at Cornell Medical School, gave an address on "Treatment of Various Types of Arteriosclerotic Heart Disease".

ADDRESS ON MILK

Dr. Charles E. North of New York University, Consulting Sanitarian, New York City, gave a well illustrated talk on Grade "A" milk, telling about the uphill fight made to produce this type of excellent milk.

Remarks were made by William B. Palmer of the Milk Inspection Association of the Oranges, Solomon Golat of the Labor Nonpartisan League, and Mrs. Grace Cowen, of the New Jersey Consumers Council.

MEMBERSHIP

The following physicians were elected to membership:

Active—

William Lipstein, Irvington

Associate—

Emidio Cantalupo, Newark
Edward S. Dailey, Orange
G. K. DeHart, Verona
Samuel L. Fenisod, Irvington
Irving G. Larkey, Newark
Irving Maisel, Newark
Irving Shapiro, Newark
Arthur C. Tutela, Newark
Max Yablonsky, Newark

THE MEDICAL EXHIBIT

By Royal A. Schaaf, M.D., President

The Medical Exhibit sponsored by the *Essex County Medical Society* was designed as a purely educational project for the laity. It was hoped that as the result of our efforts we could succeed in regaining for organized medicine a certain measure of public good will. In the attainment of both objectives, we believe that we were eminently successful. The Essex County Dental Society, and the New Jersey Pharmaceutical Association participated in the Exhibition by invitation.

The funds for the Exhibit, amounting to $4,000.00, were provided by Ciba Pharmaceutical Products, Inc., of Summit; Schering Corporation of Bloomfield, and Hoffmann-LaRoche, Inc., of Nutley. In addition, these companies were most helpful in the printing and art work, in the transportation of the Exhibit materials, in suggestions as to publicity, and most especially, by the assembly of three units of the Exhibit, namely, Vitamines, Ductless Glands, and Menstrual Cycle. The exhibits were identical with those which the aforementioned companies had presented at the World's Fair.

The Exhibit was designed to represent the cooperative effort of the Essex County Medical Society as a whole. No individual doctor or hospital was expected to gain any personal publicity from it. Anonymity was preserved with astonishing success. It was carried to the extent of having physicians called over the loud speakers by numbers only. With two minor exceptions, due to enthusiastic zeal of newspaper photographers, there was no break in our anonymity. At the evening meetings no officer of the Society appeared as chairman on more than one occasion. This did much to allay on the part of the general membership of the Society any criticism of self-aggrandizement of the participants.

Widespread publicity was obtained by placards displayed in doctors' and dentists' offices and in pharmacies throughout Essex County; also by placards on Public Service buses, by newspaper accounts of various sections of the Exhibit, and by radio talks.

The actual conduct of the Exhibit was in the hands of the Woman's Auxiliary, of whom 384 members donated three hours, or more time during the week in the general service of the Exhibit. The actual demonstrations of laboratory technic, cardiography, basal metabolisms, etc., were conducted by graduate nurses from the several hospitals, and by

laboratory technicians. No physician appeared at any time to demonstrate the units of the Exhibit.

DEPARTMENTS OF THE EXHIBIT

The Exhibit consisted of thirty-three units, as follows:

Fractures & Industrial Medicine	Transfusions
Crime Detection	Arthritis
Drugs	Eye Conservation
Cancer	Heart
Endocrine	Vitamines
Pneumonia	Gastro-enterology
Pediatrics	Dentistry
Sera & Antitoxins	Autopsies
Venereal	Pathology
"Then & Now" Exhibit	X-Ray
Obstetrics	Diabetes
Instruments	Tuberculosis
Anesthesia	Model Operating Room
Statistical	Medical History Exhibit
Clinical Laboratory	Urology
Hay Fever	Plastic Surgery
	Medical Movies

Each unit covered fully the subject matter to which it related. It included charts, diagrams, pathological specimens, instruments of precision, all types of surgical and laboratory equipment. Altogether the units gave a complete picture of all phases of medicine and surgery, with the necessary equipment to carry out the usual diagnostic procedures in the several fields. There were actual demonstrations under the microscope of blood stains, bacteria, spirochetes, gonococci, etc. Probably the most interesting from the lay point of view were the *Clinical Laboratory Exhibit* where many slides were visible under microscopes, the Pneumonia Exhibit, the Anesthesia Exhibit, the Operating Room, the Maternity, Child Welfare; and also the very vivid Vitamine, Endocrine, and Menstrual Cycle Exhibits.

Each individual unit of the Exhibit was in charge of a subcommittee of three to five members, who attended to all details of the assembly of their unit.

MOVING PICTURES

The moving picture program was run continuously from 12:00 noon to 8:00 p. m., and consisted of a variety of films for the laity including tuberculosis, pneumonia, syphilis, etc. The movies were extremely popular and played to "standing room only" throughout the entire week.

The speakers were all out-of-town speakers, with one exception, Dr. Harrison S. Martland, who is Chief Medical Examiner of Essex County, and is not engaged in private practice. They included:

Dr. Howard W. Haggard, New Haven, Conn., "Medical Change and Social Change".

Dr. Grant Thorburn, New York City, "Tuberculosis".

Dr. Charles Hendee Smith, New York City, "Health Habits for Children".

Dr. Paul Padget, Baltimore, Md., "The Layman's Part in Syphilis Control".

Dr. Harrison S. Martland, Newark, N. J., "Medical Detection of Crime".

Inspector E. P. Coffey, Federal Bureau of Investigation, Washington, D. C., "Scientific Crime Detection".

Florence B. Hopkins, M.D., D.M.D., Boston, Mass., "Dentistry in Its Relation to Health".

The speakers addressed capacity audiences on each evening, and their talks were greeted with great acclaim by the audiences.

ATTENDANCE

The total recorded attendance was 40,350 persons. The attendance increased daily from 1,700 on the first day, to 13,500 the fifth day, dropping to 9,500 on the sixth day because of an especially violent rain storm. There is no question that the Exhibit could have drawn large crowds for at least another week, had we found it possible to continue. The peak was on Friday evening when Dr. Harrison S. Martland and Inspector E. P. Coffey were the speakers. On that evening the speakers literally fought their way through the crowds to reach the platform. The Police and Fire Departments found it necessary to exclude at least 1,500 people from the hall during the evening.

The Exhibit demonstrated an immense interest in medical matters on the part of the general public. Praise of our effort was unstinted, and the consensus of opinion of the people of our county is that the Essex County Medical Society gave them a wonderful educational opportunity.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

The *Gloucester County Medical Society* held its regular monthly meeting on the evening of February 15, 1940, in the Georgian Room of the Homestead in Woodbury. The following members were present: Drs. Wright, Collins, Sherman, Ulmer, Wandell, Patterson, Weems, Hughes, Pegau, Livingood, Pedrick, Hunter, Rogers, Venturo, De Marino, Sheets, Bowersox, Zapf, Gillis, Moore, Underwood, and Diverty. Guests: Dr. Wormock and Dr. Reed, both of Underwood Hospital.

We are certainly glad to welcome our Secretary, Dr. Ulmer, back after a serious illness during the past two months.

SCIENTIFIC

I. S. Ravdin, M.D., of the University Hospital of Philadelphia, gave us a most interesting talk, with lantern slides, on the subject of Biliary Tract Disease.

Discussion was opened by Clarence A. Bowersox. Many questions were asked and answered by the speaker.

This program was pronounced to be one of the best we have had for a number of years.

A committe is to be appointed to draw up resolutions on the death of Dr. William Brewer. (See p. 130.)

HUDSON COUNTY

John N. Connell, M.D., Reporter

The regular meeting of the *Hudson County Medical Society* was held on Tuesday, February 6, 1940, at the Carteret Club, and was called to order by the President, Dr. James F. Norton, at 9:05 p.m.

Dr. J. F. Norton stated that there were a few items in the Executive Committee report that we would like to bring to the attention of the members.

HOSPITAL SERVICE PLAN OF NEW JERSEY

Dr. A. C. Ruoff: "In the last Bulletin of the County Society, there was enclosed a bit of fly mail, and I had hoped to hear from a great number of the members in order for us to start the enrollment of the doctors in the Hospital Service Plan of New Jersey. Up to this evening I have receive 58 replies in the affirmative, and three in the negative. Unless we get 200 replies, it would be useless for us to go into this.

"If you have lost the slip which was sent to you, just take a penny postal card and mail it to me, expressing your interest in the plan. After all these slips have been received, it will take about three weeks to put the plan into effect."

PUBLICATION COMMITTEE

The form and content of the *Monthly Bulletin* of the Society was discussed. Dr. W. Jay Snyder was named chairman of the Publication Committee, and Dr. Nicolas M. Alter, treasurer and editor.

It was suggested that the Bulletin be limited to ten pages, and that the contents be limited to the minutes of the regular meetings and those of the Executive Committee, and special meetings; and that abstracts of the addresses of the speakers according to the space that is available.

It was also decided that the finished form of each issue of the Bulletin be submitted to the chairman of the committee before it is sent to the printer.

It was decided that advertisement be continued, and that an adequate commission be allowed to solicitors.

Dr. Alter, editor, announced that the size of the Bulletin had been reduced for the two purposes of giving it a dignfied appearance, and to save unnecessary expense. He also announced that the plans for the future are:

1. The Bulletin shall be the medium for the Scientific Committee in reporting important advances in medical science, by means of abstracts of outstanding addresses.
2. To report the medical activities of the Society, and of the hospitals.
3. To make announcements of important medical events.
4. To print personal items of medical news in the county.
5. To include brief editorials of medical interest.

MERCER COUNTY

A. Dunbar Hutchinson, M.D., Reporter

The *Mercer County Medical Society* held a regular meeting February 14th, 1940, with fifteen staunch, heroic members braving the blasting gale that swept penetrating icy crystals across the moor, covering autos and roads with fanciful mounds of snow.

SCIENTIFIC

Dr. Ames C. McGuinness, Director, the Philadelphia Serum Exchange, gave an address on "Human Serum in Therapeutics", with special emphasis on that for measles and scarlet fever. He illustrated his address with lantern slides and colored moving pictures.

COUNCIL OF SOCIAL AGENCIES

President Elias was given authority to appoint a Chief of Health Division of the Council of Social Agencies, with reference to the Community Chest.

CANCER CONTROL

The campaign against cancer being waged by the N. J. Division of the Women's Field Army, American Society for the Control of Cancer, following discussion on the subject, was approved by the Society.

MEMBERSHIP

One application for active membership was received.

MONMOUTH COUNTY

Samuel Edelson, M.D., Reporter

The January meeting of the *Executive Committee of the Monmouth County Medical Society* was held on Monday, January 8, 1940, at Fitkin Memorial Hospital. A short business session followed.

Dr. D. F. Featherston spoke regarding the suggested changes in the Workmen's Compensation Law, and the progress of the committee activities.

The program of the National Physicians' Committee was discussed, but no definite action was taken.

It was suggested that a county committee be formed to promote the Health Insurance Plan which is fostered by the State Medical Society.

PUBLICITY

The following communication was directed to the members of our society by the President, Dr. R. A. MacKenzie:

"The year beginning promises much of significance for the medical profession. To keep informed of developments, we should read carefully *The Journal of The Medical Society of New Jersey*, a publication of which we can be justly proud. Our own *Bulletin* will report happenings of local interest. Aiming to enlarge and improve our Bulletin, the officers and chairman of the Public Relations Committee will act as a Publication Committee for the next few months, meeting at the call of the Sec-

retary. Appointment of an editor may later be in order."

COMMITTEE REPORTS

The *Maternal Welfare Committee* held its second round table meeting on January 12th with a good attendance and an interesting discussion.

The *Cancer Control Committee* is active and will report next month on plans for coöperation of our district in a State-wide program.

Dr. Altschul of the *Tuberculosis Committee* will speak on tuberculosis control and new legislation in this field at the County Society meeting on January 24th.

Dr. Hausman's attention to administration of the medical compensation part of the *old-age assistance* plan is constant, and deserves our full appreciation.

The *Pneumonia Control Committee* is awaiting—and encouraging—appropriation, by the State Legislature, of funds to provide serum for distribution in needy cases.

The *Public Relations Committee* does not favor such paid educational advertising as some other counties in our State have put into effect, but many of our doctors bring good publicity through support of public welfare projects. Dr. Strahan and Dr. Blaisdell spoke at the testimonial dinner in Long Branch in December in honor of the twenty-five-year service of Mr. R. C. Errickson, efficient and forward-looking health officer of that city.

Dr. D. F. Featherston is Chairman of the Speakers Sub-Committee of the *Monmouth County President's Ball (Infantile Paralysis) Committee;* and Dr. Harold Kazmann is General Chairman of the Long Branch President's Ball Committee. Other members have addressed parents' groups, and first aid squads. Our thanks to all of these men.

PUBLIC LAWS, 1939

Attention of all School Physicians should be directed to Public Laws of 1939. (See this Journal, page 97.) An attempt will be made to have a uniform system of physical examinations throughout the county.

COUNTY SOCIETY MEETING

The regular monthly meeting of the *Monmouth County Medical Society* was held at Old Orchard Country Club, Long Branch, on Wednesday, January 24th, 1940. The President, Dr. R. A. MacKenzie, presided.

TUBERCULOSIS

Dr. Frank Altschul, Chairman of the Tuberculosis Committee, spoke on the work being done, and referred especially to the proposed tuberculosis examination for high school students.

SCIENTIFIC

The guest speaker of the evening was Dr. Arthur Christian DeGraff, Professor of Therapeutics, Attending Physician and Cardiologist at New York University Medical School. His subject was "Cardiology" and his talk dealt with the drugs used in the treatment of congestive heart failure.

NEW MEMBERS

New members voted on and elected to membership:

Edith L. Brown, Avon
Albert Ing Duvall, Marlboro
Harold Rubin, Asbury Park
Joseph Raffetto, Asbury Park

PASSAIC COUNTY

Irving Okin, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held Thursday, February 8, 1940, at the Paterson Health Centre, Paterson, at 9 p. m. The President, Wayne Hall, M.D., presided.

MEDICAL-DENTAL BUREAU

Dr. Sigurd Johnsen reported on the activities of the Medical Dental Bureau. He pointed out that $209,000 in agreements have been written in the past four years. The doctors' share of this has been $133,000. The latest aim is to work out a plan to advance the whole fee to the doctor. Arrangements have been made with a bank which has promised its resources back of the Bureau. The Bureau has been self-supporting since August, 1938.

MEMBERSHIP

Abram Vermeulen, M.D., Prospect Park, was elected to active membership.

Two applications for active and two for associate membership were received.

SCIENTIFIC

In the absence of Dr. Jerome M. Lynch, Dr. G. J. Hamilton read a paper on *"The Concepts of Office Treatment"*, with special reference to diseases of the rectum. This was discussed by Dr. C. D. Smith, of Paterson.

SOMERSET COUNTY

Hayward F. Day, M.D., Reporter

The regular meeting of the *Somerset County Medical Society* was held at Somerset Hospital on January 11, 1940, with President Dr. A. W. Pigott presiding, and twenty-four members present.

There was a brief discussion on the possibility of the appointment of additional obstetrical consultants for the county, and also on the question of a fee for the field physician of the county.

SCIENTIFIC

An interesting symposium on "Modern Trends in the Treatment of Epilepsy" was held. Dr. T. S. P. Fitch, of Plainfield, presented the *surgical* aspects of the subject; Dr. Guertin, of Skillman, presented *statistical* data which he had compiled over a period of years from case findings at Skillman Village; and Dr. A. W. Pigott, of Skillman, spoke on the *medical* aspects of epilepsy, and the latest advances in medical therapy.

There was considerable open discussion over these three papers.

The regular meeting of the *Somerset County Medical Society* was held at the Somerset Hospital on February 8, 1940, with Dr. A. W. Pigott, President, presiding, and nineteen members present.

MATERNAL WELFARE

Dr. Pogoloff reported that additional consultants in obstetrics would be appointed for the county, and that for the present the field physicians would act without compensation as liaison officers, "for the good of the profession".

MEDICAL INSURANCE

Drs. Pigott and Field reported on the new Medical Insurance Bill which has been placed before the Legislature.

MEMBERSHIP

Dr. M. Tolomeo, of Bound Brook, was then elected a member of the Society. One application for membership was received.

Discussion then took place on the advisability of having a post-graduate session this year. After much discussion a committee was appointed to report on the feasibility of holding a one-day post-graduate clinic in the hospital next Fall.

UNION COUNTY

SUMMIT MEDICAL SOCIETY

E. H. Macpherson, Secretary

The regular monthly meeting of the *Summit Medical Society* was held on Tuesday evening, January 30th, 1940, in the recently completed library assembly room of the Summit Medical Group on Summit Avenue. Preceding the meeting, an inspection was made of the new offices of the group.

The meeting was called to order by the President, Dr. Milligan, who expressed his appreciation to the Summit Medical Group for the honor extended to the Summit Medical Society to open officially the new assembly hall. There were thirty-three members and thirteen guests present. Dr. William H. Lawrence welcomed the members of the society to the new quarters.

Dr. J. H. Maroney introduced Dr. Edmund P. Fowler, Past President of the American Otological Society, from New York City, who gave a very instructive, illustrated discussion on "The Prevention of Deafness". He explained the newer methods of the diagnosis and treatment of ear conditions.

Following the meeting a buffet supper was served in the basement dining room.

WARREN COUNTY

H. B. Bossard, M.D., Reporter

The winter meeting of the *Warren County Medical Society* was held in the Elks Club, Phillipsburg, January 16, 1940, at eleven o'clock, with sixteen members and guests present. The meeting was called to order by the President, Dr. Bostwick, of Blairstown.

Communications from the State Society were read by the President.

MEMBERSHIP

Dr. Paul B. Patton, of Blairstown, was elected to membership in this society, having demitted from Philadelphia County Medical Society.

COMMITTEES

Dr. Charles Lyons, of Phillipsburg, was appointed chairman of the Committee on Conservation of Vision.

Dr. William Varney was appointed chairman of the Cancer Diagnostic Committee, with Drs. Lawrence Bloom and Emery Kransz as members of this committee.

FILM ON OBSTETRICS

It was voted that we have the films on obstetrics which the State Society offers at our next meeting in a room and place selected by the officers.

EXECUTIVE COMMITTEE

Article 5 of the by-laws, that we have an Executive Committee consisting of President, Past President, Secretary and two elected members, was passed.

SCIENTIFIC

Dr. B. M. Hance, Chief of the Genito-Urinary Department, in both Easton Hospital and Warren Hospital, read a very interesting paper on suprapubic prostatectomy, which was discussed by the members present.

After the meeting adjourned, the members were joined in the dining room of the club by the members of the Ladies' Auxiliary, where a delightful lunch was served.

THE WOMAN'S AUXILIARY

A. M. A. AUXILIARY

Have you made your hotel reservation for the 18th Annual Convention of the Woman's Auxiliary to the American Medical Association which will be held in New York City, June 10 to 14, 1940?

The headquarters are at the Hotel Pennsylvania, and we are sure you will not want to miss this convention which promises to be an outstanding one. MAIL YOUR RESERVATION TODAY to Dr. Peter Irving, Housing Bureau, Room 1036, 233 Broadway, New York City.

Bergen County

Reported by Mrs. J. Wells Demarest, Chairman of Publicity

The regular meeting of the *Woman's Auxiliary to the Bergen County Medical Society* was held Tuesday afternoon, February 13, 1940, at the home of Mrs. Francis Patton Twinem, of Summit Avenue, Hackensack, with 35 members present.

The program consisted of a tea for new members. The following Past Presidents of the Auxiliary poured: Mrs. Joseph P. Morrow, Mrs. Charles Knox, Mrs. Alva Bickner, and Mrs. Samuel Alexander.

The Auxiliary's President, Mrs. Raynold Berke, and Mrs. Twinem, received.

Camden County

Reported by Mrs. E. Reed Hirst, Publicity Chairman

The *Executive Board meeting of the Woman's Auxiliary to the Camden County Medical Society* was held on Tuesday, February 6, 1940, with the President, Mrs. Max L. Weimann, presiding, and seventeen members present.

Mrs. George B. German, card party chairman, reported complete plans for the annual card party to be held February 26th at The Hotel Walt Whitman, Camden, for the benefit of the Camden County Tuberculosis Association and other charities.

Mrs. Joel Fithian, Historian, reported that a picture and a print of a deceased physician had been received for the Camden County Medical Society.

Mrs. Oswald R. Carlander, Public Relations Chairman, reported an interesting program for the Public Relations meeting to be held at the Camden Woman's Club, 424 Linden Street, on March 26, 10:30 a. m. to 4 p. m. Being a major project of the Auxiliary, representatives of all civic and social groups will be invited to attend sessions, with lunch and social hour at noon.

It was voted to donate $25.00 to the emergency drive of the Y. W. C. A. (Camden).

Mrs. M. L. Weimann urged all those present to attend the *Sixth Annual Child Welfare Meeting* on April 17 at The Walt Whitman Hotel.

After adjournment, a social time was had at a coffee klotch, served by our hostess, Mrs. M. L. Weimann.

Hudson County

Reported by Mrs. Flora A. Chayes, Publicity Chairman

The regular meeting of the *Woman's Auxiliary to the Hudson County Medical Society* was held Monday, February 5, 1940, at the Young Women's Christian Association, Fairmount Avenue, Jersey City, N. J., with the President, Mrs. Arthur Largay, presiding.

Reports were given by the treasurer, Mrs. Harry Perlberg; the chairman of public relations, Mrs. Andrew Ruoff; the co-chairman of membership, Mrs. Samuel Scott; chairman of programs, Mrs. Joseph Ruvane; chairman of publicity, Mrs. Sydney Chayes; Speakers' Bureau, Mrs. Edward Waters; and librarian, Mrs. William Friele.

Mrs. Louis Perkel, editor of "Entre Nous", was commended for the new edition, which was very interesting, and a vote of thanks was given to Mrs. Thomas Keegan and Mrs. William Stewart, co-chairmen of entertainment, for the successful tea and bridge held February 3 for the benevolent fund of the Auxiliary.

Dr. Julianna Swiney, of Bayonne, gave a talk on glands.

Tea was served after the meeting, with Mrs. Samuel Cosgrove pouring. Assisting hostesses were Mrs. Arthur Smith, Mrs. William Loori, Mrs. Ben Shook, Mrs. William Wheeler, Mrs. Samuel Scott, and Mrs. Edward Murphy.

Ocean County

Reported by Mrs. E. M. Sickel

The regular meeting of the *Auxiliary to the Ocean County Medical Society* was held at the home of Mrs. Emanuel M. Sickel, Lakewood, on Friday afternoon, February 2nd, 1940. In the absence of the President, Mrs. Goldstein, who was ill, Mrs. Sickel presided. Those present were: Mrs. Theodore Thompson, Mrs. Leon Taylor, Mrs. Carl Menge, Mrs. Jules Bierach, and Mrs. Emanuel M. Sickel.

The total amount of proceeds from the last "movie benefit" turned over to Mrs. Menge was $103.35.

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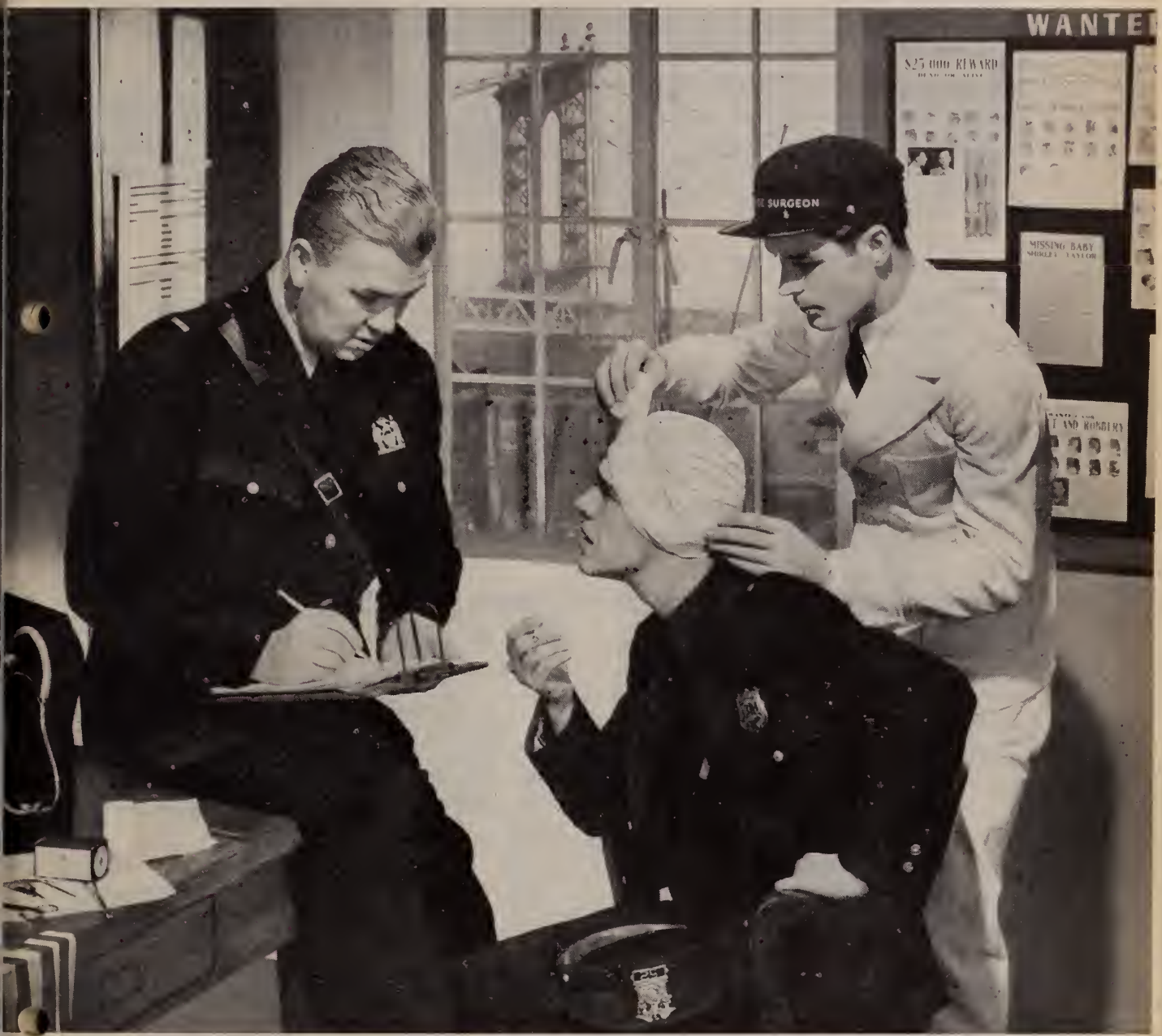

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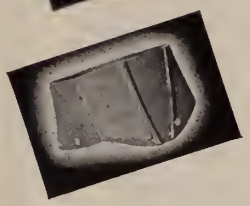

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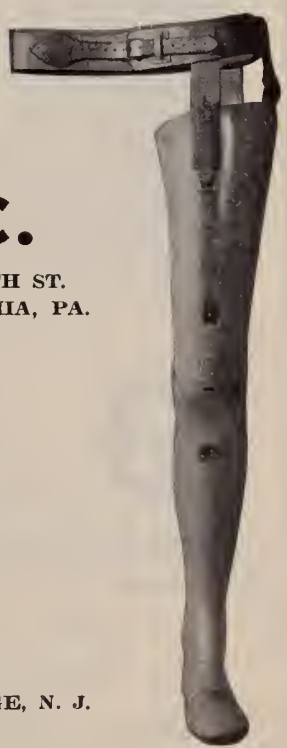

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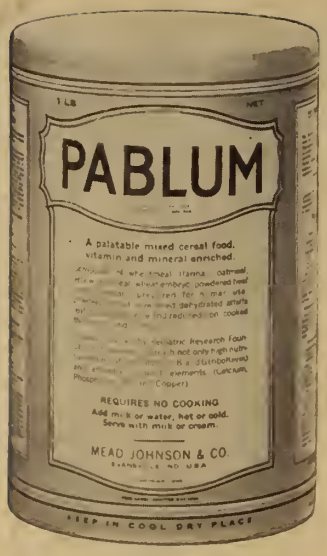

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H. B. WILSON, *Secretary* .....Hackensack

Surgery

VICTOR SEIDLER, *Chairman* .....Montclair
C. ABBOTT BELING, *Secretary* .....Newark

Radiology

PHILIP S. AVERY, *Chairman* .....New Brunswick
W. JAMES MARQUIS, *Secretary* .....Newark

CO-OPERATING ORGANIZATIONS

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Tel. 2-2131, Ext. 541

State Crippled Children's Commission

J. G. BUCH, *Chairman and Director*
732 Broad Street Bank Building, Trenton
Tel. 2-2131, Ext. 785

State Board of Children's Guardians

JOSEPH E. ALLOWAY, *Executive Director*
163 West Hanover Street, Trenton
Tel. 2-2131, Ext. 308

State Board of Medical Examiners of New Jersey

EARL S. HALLINGER, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

New Jersey Health Officers' Association

MR. WILLIAM C. BLAKE, *Secretary*
Thomson Hall, Princeton, N. J.
Tel. Princeton 1003

New Jersey Health and Sanitary Association

JOHN HALL, *Executive Secretary*
Freehold, N. J.
Tel. 65-W

Department of Institutions and Agencies

WILLIAM J. ELLIS, Ph. D., *Commissioner*
State House Office Building, Trenton
Tel. 2-2131, Ext. 737

New Jersey State Nurses' Association

MISS JESSIE M. MURDOCH, *President*
Jersey City Medical Center, Jersey City
Tel. Bergen 3-7000

New Jersey Hospital Association

DR. GEORGE O'HANLON, *Executive Secretary*
Medical Center, Jersey City
Tel. Bergen 3-7000

State Board of Pharmacy

ROBERT P. FISCHELIS, Pbar. D., *Secretary*
Trenton Trust Building, Trenton
Tel. 2-2131, Ext. 546

Department of Motor Vehicles

ARTHUR W. MAGEE, *Commissioner*
State House Office Building, Trenton
Tel. 2-2131, Ext. 208

STANDING COMMITTEES

Finance and Budget

Harry R. North, *Chairman* (1945) .....Trenton
Herschel Pettit (1942) .....Ocean City
Wells P. Eagleton (1943) .....Newark
Andrew F. McBride (1941) .....Paterson
David B. Allman (1944) .....Atlantic City
Henry Spence (1940) .....Jersey City
George J. Young, *Ex-Officio* .....Morristown

Honorary Membership

Edward J. Ill, *Chairman* (1942) .....Newark
Frederic J. Quigley (1940) .....Union City
Lancelot Ely (1941) .....Somerville

Medical Defense and Insurance

Christopher C. Beling, *Chairman* (1940) .....Newark
J. Wallace Hurff (1941) .....Newark
George T. Tracy (1940) .....Beverly
Charles F. Baker (1942) .....Newark
William C. Wescott (1941) .....Atlantic City
Wells P. Eagleton, *Consultant* .....Newark

Publication

Henry C. Barkhorn *Chairman* (1942) .....Newark
Edward J. Ill (1940) .....Newark
J. Lawrence Evans (1941) .....Nortb Bergen
E. Zeh Hawkes, *Ex-Officio* .....Newark
Alfred Stahl, *Ex-Officio* .....Newark
Frank Overton, *Editor* .....Trenton

Woman's Auxiliary

Hammell P. Shipps, *Chairman* (1942) .....Delanco
Gustav A. Braun, *Vice-Chairman* (1941) .....Newark
Gerald E. McDonnel (1940) .....Mt. Holly
Harrold A. Murray (1941) .....Newark
William K. Campbell .....Long Branch
Richard J. McDonald (1942) .....Paterson
Aldrich C. Crowe, *Consultant* .....Ocean City

Annual Meeting

Charles B. Kaighn, *Chairman* (1940) .....Atlantic City
Asher Yaguda (1940) .....Newark
Clarence L. Andrews (1941) .....Atlantic City
Thomas McG. Brennock (1941) .....Jersey City
William J. Carrington (1942) .....Atlantic City

Scientific Program

Clarence L. Andrews, *Chairman* (1941) .....Atlantic City
Louis C. Lange .....Weehawken
Harrison S. Martland .....Newark
Thomas B. Lee, *Consultant* .....Camden

Scientific Exhibits

Asher Yaguda, *Chairman* (1940) .....Newark
James G. Boyes .....Plainfield
Nicholas M. Alter .....Jersey City
William W. Hersohn .....Atlantic City
Luther A. Markley .....Teaneck
Harry R. North, *Consultant* .....Trenton

Post-Graduate Education

David F. Bentley, Jr., *Chairman* (1940) .....Camden
Stuart Z. Hawkes, *Vice-Chairman* (1940) .....Newark
Albert W. Pigott (1942) .....Skillman
Ernest F. Purcell .....Trenton
Hammell P. Shipps (1941) .....Delanco
Sloan G. Stewart (1941) .....Ventnor
Clarence W. Way .....Sea Isle City
Louis C. Lange .....Weehawken
Joseph M. Coppoletta .....Cliffside Park
Thomas K. Lewis, *Consultant* .....Camden

WELFARE COMMITTEE

Meetings at Trenton at 2:00 p. m. on October 1; December 3; February 18; April 14

Hilton S. Read, *Chairman* .....Ventnor
E. Zeh Hawkes, *Ex-Officio* .....Newark
Alfred Stahl, *Ex-Officio* .....Newark
David B. Allman .....Atlantic City
Reeve L. Ballinger .....Jersey City
G. Barton Barlow .....Englewood
C. Hartley Berry .....Summit
Frank A. Bien .....Irvington
Arthur W. Bingham .....East Orange
C. Byron Blaisdell .....Long Branch
F. Clyde Bowers .....Mendham
Wendell J. Burkett .....Pitman
Norman W. Burritt .....Summit
Edgar P. Cardwell .....Newark
William J. Carrington .....Atlantic City
Harry N. Comando .....Newark
Marcus A. Curry .....Greystone Park
Frank L. Field .....Far Hills
George W. Fithian .....Perth Amboy
J. Irving Fort .....Newark
Barclay S. Fuhrmann .....Flemington
George B. German .....Camden
David W. Green .....Salem
D. Leo Haggerty .....Trenton
Donald O. Hamblin .....Bound Brook
Henry Haywood .....New Brunswick
Eugene Herbener .....Lakewood
William G. Herrman .....Asbury Park
Ernest G. Hummel .....Camden
Allen G. Ireland .....Trenton
Abraham E. Jaffin .....Jersey City
Sigurd W. Johnsen .....Passaic
Thomas M. Kain .....Camden
Joseph H. Kler .....New Brunswick
Frederic W. Lathrop .....Plainfield
Julius Levy .....Newark
Charles Littwin .....Teaneck
Joseph F. Londrigan .....Hoboken
Wright MacMillan .....Passaic
Jacob J. Mann .....Perth Amboy
William W. Mayer .....Jersey City
Charles H. Mitchell .....Trenton
Watson B. Morris .....Springfield
Joseph R. Morrow .....Ridgewood
Herschel S. Murphy .....Roselle
Leslie E. Myatt .....Bridgeton
Stanley Nichols .....Long Branch
Berthold S. Pollak .....Jersey City
Frederic J. Quigley .....Union City
Millard F. Sewall .....Bridgeton
Traugott J. Schuck .....Hoboken
Reuben S. Sharp .....Camden
Byron G. Sherman .....Morristown
Spencer T. Snedecor .....Hackensack
James H. Spencer, Jr. .....Franklin
S. Emlen Stokes .....Moorestown
Adolph Towbin .....Lakewood
John B. Townsend .....Ocean City
Chester I. Ulmer .....Gibbstown
H. Roy Van Ness .....Newark
William H. Varney .....Washington
H. Burton Walker .....Vineland
Clarence W. Way .....Sea Isle City
William C. Wilentz .....Pertb Amboy
J. Allen Yager .....Paterson
A. Charles Zehnder .....Newark

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Meetings at Trenton at 11:00 a. m. on October 1; December 3; February 18; April 14

Legislation

BERTHOLD S. POLLAK, *Chairman* ..... Jersey City
WENDELL J. BURKETT, *Vice-Chairman* ..... Pitman
WILLIAM C. WILENTZ ..... Perth Amboy
CHARLES H. MITCHELL ..... Trenton
H. ROY VAN NESS ..... Newark
FREDERIC J. QUIGLEY ..... Union City
ROBERT E. WATKINS ..... Belmar
THOMAS E. MANLY ..... Paterson
JOSEPH M. KUDER ..... Mount Holly
SAMUEL ALEXANDER, *Consultant* ..... Park Ridge

Medical Practice

DAVID B. ALLMAN, *Chairman* ..... Atlantic City
HARRY N. COMANDO ..... Newark
GEORGE W. FITHIAN ..... Perth Amboy
SPENCER T. SNEDECOR ..... Hackensack
CHESTER I. ULMER ..... Gibbstown
REUBEN L. SHARP ..... Camden
J. IRVING FORT ..... Newark
SIGURD W. JOHNSEN ..... Passaic
A. CHARLES ZEHNDER ..... Newark
THOMAS K. LEWIS, *Consultant* ..... Camden

Public Health

STANLEY NICHOLS, *Chairman* ..... Long Branch
FREDERIC W. LATHROP, *Vice-Chairman* ..... Plainfield
ABRAHAM E. JAFFIN ..... Jersey City

Public Health—Continued

ARTHUR W. BINGHAM ..... East Orange
WILLIAM G. HERRMAN ..... Asbury Park
FREDERICK G. DILGER ..... Hackensack
JULIUS LEVY ..... Newark
ELBERT S. SHERMAN ..... Newark
C. BYRON BLAISDELL ..... Long Branch
ERNEST G. HUMMEL ..... Camden
ALLEN G. IRELAND ..... Trenton
HERSCHEL S. MURPHY ..... Roselle
MILLARD F. SEWALL ..... Bridgeton
THOMAS M. KAIN ..... Camden
WATSON B. MORRIS, *Consultant* ..... Springfield
ROBERT P. FISCHELIS, Phar. D., *Technical Adviser,* New Jersey Pharmaceutical Association ..... Trenton
MARGARET ASHMUN, R.N., *Technical Adviser,* New Jersey State Nurses' Association ..... Orange
WALTER G. ALEXANDER, M.D., *Technical Adviser,* New Jersey State Medical Association ..... Orange
J. M. WISAN, D.D.S., *Technical Adviser,* New Jersey State Dental Society ..... Camden

Public Relations

JOSEPH H. KLER, *Chairman* ..... New Brunswick
J. ALLEN YAGER, *Vice-Chairman* ..... Paterson
G. BARTON BARLOW ..... Englewood
EDGAR P. CARDWELL ..... Newark
JOSEPH R. MORROW ..... Ridgewood
LAWRENCE H. BLOOM ..... Phillipsburg
WATSON B. MORRIS, *Consultant* ..... Springfield

ADVISORY COMMITTEES TO PUBLIC HEALTH SUB-COMMITTEE

Meetings at the call of the Chairmen

Adult Health Supervision

HERSCHEL S. MURPHY, *Chairman* ..... Roselle
WILLIAM H. VARNEY, *Vice-Chairman* ..... Washington
EDWIN G. DEWIS ..... Interlaken
EDWARD C. KLEIN, JR. ..... Newark
RALPH K. HOLLINSHED, *Consultant* ..... Westville

Cancer Control

WILLIAM G. HERRMAN, *Chairman* ..... Asbury Park
JOHN B. FAISON ..... Jersey City
CHARLES B. WOODMAN ..... Morristown
AUGUSTUS S. KNIGHT ..... Far Hills
WILLIAM A. ANTOPOL ..... Newark
JOSEPH H. KLER ..... New Brunswick
OTTO R. HOLTERS ..... Asbury Park
THOMAS J. SUMMEY ..... Moorestown
FLOYD E. KEIR ..... Englewood
ANTHONY J. DELARIO ..... Paterson
LEONID S. SNEGIREFF ..... Trenton
THOMAS B. LEE, *Consultant* ..... Camden

Child Health

STANLEY NICHOLS, *Chairman* ..... Long Branch
WALTER B. STEWART, *Vice-Chairman* ..... Atlantic City
ARTHUR F. ACKERMAN ..... Summit
ERNEST G. HUMMEL ..... Camden
IRVING OKIN ..... Passaic
L. CHARLES ROSENBERG ..... Newark
CHESTER R. BROWN ..... Arlington
ALDRICH C. CROWE, *Consultant* ..... Ocean City

Conservation of Vision

ELBERT S. SHERMAN, *Chairman* ..... Newark
CHARLES H. SCHLICHTER ..... Elizabeth
JOSEPH H. KLER ..... New Brunswick
HALVOR L. HARLEY ..... Atlantic City
WALLACE PYLE ..... Jersey City
ENOCH BLACKWELL ..... Trenton
GEORGE J. HOLMES ..... Newark
JAMES S. SHIPMAN ..... Camden
RAYNOLD N. BERKE ..... Hackensack
ELIAS J. MARSH, *Consultant* ..... Paterson

Crippled Children

ELMER P. WEIGEL, *Chairman* ..... Plainfield
FREDERICK G. DILGER, *Vice-Chairman* ..... Hackensack
LEOPOLD SZERLIP ..... Newark
TOUFICK NICOLA ..... Montclair
OSWALD R. CARLANDER ..... Merchantville
SETH B. SPRAGUE ..... Jersey City

Maternal Welfare

ARTHUR W. BINGHAM, *Chairman* ..... East Orange
J. CARLISLE BROWN, *Vice-Chairman* ..... Atlantic City
SAMUEL A. COSGROVE ..... Jersey City
GEORGE B. GERMAN ..... Camden
CARL H. ILL ..... Newark
JULIUS LEVY ..... Newark
ROBERT A. MACKENZIE ..... Asbury Park
WALTER B. MOUNT ..... Montclair
J. HARRIS UNDERWOOD ..... Woodbury
HARRISON B. WILSON ..... Hackensack
HAMMELL P. SHIPPS ..... Delanco
THOMAS B. LEE, *Consultant* ..... Camden

Mental Hygiene

JOSEPH E. RAYCROFT, *Chairman* ..... Princeton
MARCUS A. CURRY ..... Greystone Park
ALLEN G. IRELAND ..... Trenton
CLARENCE M. TRIPPE ..... Asbury Park
HENRY A. DAVIDSON ..... Newark
HANS WASSING ..... Paterson
WILLIAM M. DOODY ..... Jersey City
BARCLAY S. FUHRMANN ..... Flemington
JOHANNES F. PESSEL ..... Trenton
H. B. WILSON ..... Hackensack
HARROLD A. MURRAY ..... Newark
JULIUS LEVY ..... Newark
AMBROSE DOWD, *Technical Adviser,* representing Institutions and Agencies ..... Newark

Pneumonia Control

THOMAS M. KAIN, *Chairman* ..... Camden
FRED VOSBURGH ..... Passaic
CHARLES F. RATHGEBER ..... East Orange
CLAUDIO E. MCNENNEY ..... Jersey City
THOMAS K. LEWIS, *Consultant* ..... Camden

Tuberculosis

Abraham E. Jaffin, *Chairman* ..... Jersey City
Samuel B. English, *Vice-Chairman* ..... Glen Gardner
Norman W. Burritt ..... Summit
Leo B. Drake ..... Franklin
Clyde M. Fish ..... Pleasantville
Henry H. Kessler ..... Newark
Marcus W. Newcomb ..... Browns Mills
Harold S. Hatch ..... Morristown
John E. Runnells ..... Scotch Plains
H. Burton Walker ..... Vineland
Joseph R. Morrow ..... Ridgewood
Henry B. Kessler, *Technical Adviser*, representing Commissioner J. J. Toohey, Department of Lahor..... Newark
Roy Griffith, *Technical Adviser*, representing Manufacturers' Association of New Jersey ..... Glen Ridge
George J. Young, *Consultant* ..... Morristown

Traffic Accidents

Millard F. Sewall, *Chairman* ..... Bridgeton
Thomas S. P. Fitch ..... Plainfield
Christian P. Segard ..... Leonia
George J. Young ..... Morristown
J. Lynn Mahaffey ..... Haddonfield
Arnold Vey, *Technical Adviser*, representing A. W. Magee, Commissioner of Motor Vehicles ..... Trenton
Elias J. Marsh, *Consultant* ..... Paterson

Venereal Disease

C. Byron Blaisdell, *Chairman* ..... Long Branch
Joseph E. Higi ..... Orange
Marshall D. Hogan ..... Boonton
Baxter A. Livengood ..... Swedeshoro
Francis J. McCauley ..... Newark
Hyman J. Udinsky ..... Passaic
Karl M. Scott ..... Atlantic City
Arthur J. Casselman, *Technical Adviser* ..... Camden
William F. Costello, *Consultant* ..... Dover

ADVISORY COMMITTEES TO MEDICAL PRACTICE SUB-COMMITTEE

Meetings at the call of the Chairmen

Auxiliary Medical Services

Sigurd W. Johnsen, *Chairman* ..... Passaic
Samuel Barbash, *Vice-Chairman* ..... Atlantic City
Arturo R. Casilli ..... Elizabeth
Eugene G. Herbener ..... Lakewood
Jerome H. Samuel ..... Newark
Walter A. Taylor ..... Trenton
Alfred Stahl, *Consultant* ..... Newark

Contract Practice

Reuben L. Sharp, *Chairman* ..... Camden
John G. Decker ..... Hashrouck Heights
Henry Haywood ..... New Brunswick
Harvey T. Herold ..... Newark
Edward F. Klein ..... Perth Amboy
Andrew C. Ruoff ..... Union City
J. Howard Hornberger, *Consultant* ..... Roebling

Hospital Relationships

Spencer T. Snedecor, *Chairman* ..... Hackensack
Henry B. Decker, *Vice-Chairman* ..... Camden
William H. A. Warner ..... East Orange
George O'Hanlon ..... Jersey City
Charles Hyman ..... Atlantic City
Earl H. Snavely ..... Newark
Thomas K. Lewis, *Consultant* ..... Camden

Industrial Health and Hygiene

J. Irving Fort, *Chairman* ..... Newark
Leslie E. Myatt, *Vice-Chairman* ..... Bridgeton
Charles Littwin ..... Teaneck
James H. Spencer, Jr. ..... Franklin
Ralph D. Vreeland ..... Newark
Donald O. Hamblin ..... Bound Brook
H. Irving Dunn ..... Elizabeth
William F. Costello, *Consultant* ..... Dover

Medical Care of the Indigent and Low-Wage Group

George W. Fithian, *Chairman* ..... Perth Amboy
David W. Green, *Vice-Chairman* ..... Salem
Frank L. Field ..... Far Hills
D. Leo Haggerty ..... Trenton
Byron G. Sherman ..... Morristown
Henry C. Barkhorn ..... Newark
Wilbur Watts ..... Trenton
Thomas A. Clay ..... Paterson
Watson B. Morris, *Consultant* ..... Springfield

Nursing and Nursing Education

A. Charles Zehnder, *Chairman* ..... Newark
George M. Knowles, *Vice-Chairman* ..... Hackenack
Victor Knapp ..... Asbury Park
Harry Subin ..... Atlantic City
Thomas J. Walsh ..... Elizabeth
H. Wesley Jack ..... Camden
Frank L. Perry ..... Woodstown
Wells P. Eagleton, *Consultant* ..... Newark

Pharmaceutical Problems

Chester I. Ulmer, *Chairman* ..... Gihbstown
Reeve L. Ballinger, *Vice-Chairman* ..... Arlington
Jacob J. Mann ..... Perth Amboy
Merwin L. Hummel ..... Merchantville
Charles J. Murn ..... Paterson
Daniel W. Teller, Jr. ..... Morrlstown
Ralph K. Hollinshed, *Consultant* ..... Westville

Workmen's Compensation

Harry N. Comando, *Chairman* ..... Newark
Joseph F. Londrigan, *Vice-Chairman* ..... Hoboken
William K. Harryman ..... Hackensack
John H. Irwin ..... Englewood
Henry H. Kessler ..... Newark
Frederick W. Shafer ..... Camden
Daniel F. Featherston ..... Asbury Park
Cedric C. Carpenter ..... Summit
Andrew F. McBride, *Consultant* ..... Paterson
Stephen Lorenz, *Technical Adviser*, New Jersey Department of Labor ..... Trenton

SPECIAL COMMITTEES

Constitution and By-Laws

David A. Kraker, *Chairman* ..... Newark
George N. J. Sommer ..... Trenton
David H. B. Ulmer ..... Moorestown
James F. Norton, *Consultant* ..... Jersey City

Ways and Means

Frederic J. Quigley, *Chairman* ..... Union City
Spencer T. Snedecor ..... Hackensack
Charles H. Schlichter ..... Elizaheth
Watson B. Morris ..... Springfield
Wells P. Eagleton ..... Newark

Study of Eugenic Sterilization

Wright MacMillan, *Chairman* ..... Passaic
S. Emlen Stokes ..... Moorestown
Walter J. Farr ..... Teaneck
Theodore R. Robie ..... East Orange
*John F. Condon ..... Newark
D. Ward Scanlan ..... Atlantic Clty
Frank J. McLoughlin ..... Jersey City
William A. Dwyer ..... Paterson
William C. Davis ..... Atlantic City
Samuel Alexander, *Consultant* ..... Park Ridge

*Deceased.

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President-Elect, MRS. R. J. MCDONALD .....Paterson
First Vice-President, MRS. FRANK P. NICHOLSON..Jersey City
Second Vice-President, MRS. O. R. CARLANDER..Merchantville

Recording Secretary, MRS. BANKS BAKER .....Camden
Treasurer, MRS. THOMAS P. MCCONAGHY .....Camden

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BERGEN	George M. Knowles, Hackensack..	G. Barton Barlow, Englewood .. Tel. 3-7121	A. T. V. Brennan, Englewood
BURLINGTON..	Charles A. Munro, Marlton.....	E. Warren Rodman, Beverly .... Tel. 32	Paul R. Sparks, Burlington
CAMDEN	Irvin E. Deihert, Camden	George B. German, Camden .... Tel. 7522	Harold D. Barnshaw, Camden
CAPE MAY	Aldrich C. Crowe, Ocean City...	Clarence W. Way, Sea Isle City. Tel. 55	Clarence W. Way, Sea Isle City
CUMBERLAND.	J. Franklin Reeves, Bridgeton....	H. S. Branin, Millville ..... Tel. 84	F. Muriel Ramsey, Millville
ESSEX	Royal A. Schaaf, Newark	Marcus H. Greifinger, Newark... Tel. Market 3-1918	Paul H. Hosp, Newark
GLOUCESTER..	Herman W. Wright, Pitman	Chester I. Ulmer, Gihbstown .... Tel. Paulshoro 18	H. B. Diverty, Woodhury
HUDSON	James F. Norton, Jersey City ...	Thomas McG. Brennock, Jer. C'y. Tel. Journal Square 2-0787	John N. Connell, Jersey City
HUNTERDON ..	J. J. Cartisser, Sergeantsville	E. W. Lane, Bloomsbury ..... Tel. Phillipsburg 10-R-13	A. M. Jenkins, Frenchtown
MERCER	Elmer J. Elias, Trenton	A. D. Hutchinson, Trenton ..... Tel. 3-5542	A. D. Hutchinson, Trenton
MIDDLESEX ...	B. F. Slobodien, Perth Amboy ...	Edward F. Klein, Perth Amboy... Tel. 4-1903	J. J. Jablonski, Sayreville
MONMOUTH ..	Rohert MacKenzie, Asbury Park.	Wm. F. Jamison, Asbury Park... Tel. 5031	Samuel Edelson, Asbury Park
MORRIS	Ervin McElroy, Rockaway	George J. Young, Morristown ... Tel. 4-0662	F. Clyde Bowers, Mendham
OCEAN	J. Edwin Obert, New Egypt	Harry S. Ivory, Point Pleasant... Tel. 212	L. Roberto Carmona, Tuckerton
PASSAIC	Wayne W. Hall, Paterson	J. Allen Yager, Paterson ..... Tel. Armory 4-2222	Irving Okin, Passaic
SALEM	C. Spencer Davison, Salem	John S. Dunn, Salem ..... Tel. 201	L. C. Hummel, Salem
SOMERSET ...	A. W. Pigott, Skillman	D. O. Hamblin, Bound Brook .... Tel. 500	Hayward F. Day, N. Plainfield
SUSSEX	A. H. Groeschel, Sussex	H. M. Aitken, Ogdensburg ..... Tel. Franklin 2002	Edward K. Hawke, Newton
UNION	Rowland P. Blytbe, Cranford	Lorrimer B. Armstrong, Westfield. Tel. 0077	C. C. Carpenter, Summit
WARREN	Wallace R. Bostwick, Blairstown.	N. C. Marlett, Belvidere ..... Tel. 99	H. B. Bossard, Phillipsburg

FIELD PHYSICIANS OF THE COUNTIES

County	Name	Address	Telephone
ATLANTIC	Ernest Shore	306 Atlantic Ave., Atlantic City	5-4550
BERGEN	Lyman Burnham	229 Engle St., Englewood	3-1810
BURLINGTON	F. D. Fahrenbruch	Mount Holly	237
CAMDEN	Edmund Hessert	Collingswood	607
CAPE MAY	Clarence W. Way	Sea Isle City	55
CUMBERLAND	J. S. Knowles	Millville	52
ESSEX	Alfred Muerlin	158 S. Harrison St., East Orange	Orange 5-9026
GLOUCESTER	Chester I. Ulmer	Gibbstown	Paulsboro 18
HUDSON	Joseph P. Donnelly	1 Madison Ave., Jersey City	Delaware 3-6682
HUNTERDON	P. W. Baker	High Bridge	170-R-2
MERCER	James R. Harman	824 W. State St., Trenton	3-0436
MIDDLESEX	Charles H. Calvin	80 Commerce St., Perth Amboy	4-0941
MONMOUTH	William Heatley	Red Bank	80
MORRIS	George L. Nicoll	Dover	180
OCEAN	George W. Gaumer	422 First St., Lakewood	81
PASSAIC	Theodore K. Graham	279 Park Ave., Paterson	Sherwood 2-9422 and 1607
SALEM	William G. Hilliard	Salem	332
SOMERSET	Samuel H. Pogoloff	Manville	Somerville 1228
SUSSEX	H. M. Aitken	Ogdenshurg	Franklin 2002
UNION	Arthur E. Tator	57 DeForest Ave., Summit	6-0313
UNION (Colored)	C. DeFreitas	423 W. Fourth St., Plainfield	6-5332
WARREN	Clyde Smith	167 Washington Ave., Washington	650

REASONS

WHY SHOULD EYES BE EXAMINED BY AN EYE PHYSICIAN (OCULIST)?

ANSWER:—An Eye Physician can determine whether headaches, nausea, nervous debility, dyspepsia, etc., are due to eye trouble or have their origin elsewhere.

WHO SHOULD DECIDE WHETHER GLASSES ARE NEEDED?

ANSWER:—The Eye Physician . . . who has no interest in the sale of glasses. He writes a prescription for the corrective or relieving effect that is required.

WHY DO PHYSICIANS RECOMMEND THAT A "GUILD OPTICIAN" FILL THE PRESCRIPTION FOR GLASSES?

ANSWER:—The making of glasses calls for specialized skill and experience . . . otherwise all the knowledge of the Eye Physician will not benefit you. By having your prescription filled by a "GUILD OPTICIAN," you are sure that your glasses will be made as prescribed.

"DIRECT YOUR PATIENT TO AN EYE PHYSICIAN"

GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

Guild of Prescription Opticians of New Jersey, Inc.

ASBURY PARK
ANSPACH BROS.
552 Cookman Ave.

ATLANTIC CITY
FREUND BROS.
1006 Pacific Ave.

CAMDEN
PELOUZE & CAMPBELL
116 N. Broadway
J. E. LIMEBURNER CO.
535 Cooper St.

EAST ORANGE
ANSPACH BROS.
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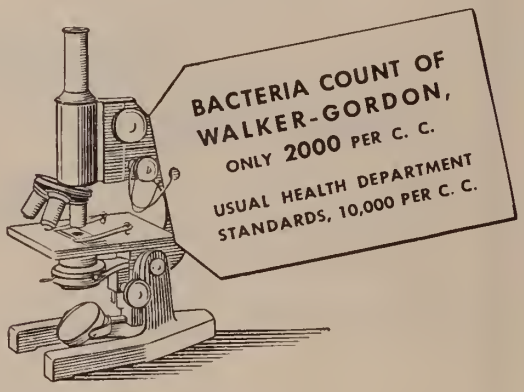

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VITAMIN B_6

A RECENTLY IDENTIFIED COMPONENT OF THE VITAMIN B COMPLEX

● During the past few years, brilliant research made possible the resolution of the vitamin B complex into various components, including thiamin, riboflavin and nicotinic acid (P-P factor). The essential characters of these factors in human nutrition are, of course, clearly recognized. Within the past two years another component of the complex, namely, vitamin B_6, has been identified. At the present time, it appears very probable that this vitamin is also necessary for the human.

Vitamin B_6 has been designated biologically as, "that part of the vitamin B complex which is responsible for the cure of a specific dermatitis developed by young rats on the vitamin-free diet supplemented with Vitamin B_1 and lactoflavin" (1). The isolation in crystalline form, chemical identification and synthesis of vitamin B_6 have already been accomplished (2, 3). Chemically, vitamin B_6 is 2-methyl, 3-hydroxy, 4,5-dihydroxymethyl pyridine. The free base melts at 160°C. and is apparently stable at elevated temperatures.

A recent medical report (4) suggests that vitamin B_6 may be an essential component of the human diet. In one small group of persons it was observed that certain neurological symptoms, which did not respond to treatment with nicotinic acid, riboflavin and thiamin, were distinctly alleviated by the administration of pure synthetic vitamin B_6. This observation is strongly indicative of the importance of vitamin B_6 in human nutrition, and further emphasizes the importance of a varied diet for supplying all nutrients required by the human being.

The distribution of vitamin B_6 in food products has not yet been extensively investigated. However, vitamin B_6 activity has been observed in a variety of natural food materials (5). Hence, it appears that we should continue to rely upon a varied diet to supply our requirements for all components of the vitamin B complex, vitamin B_6 included. The high heat stability of this new vitamin suggests that many foods which commercial canning makes readily available during all seasons of the year may prove to be valuable sources of vitamin B_6, whose essential character in human nutrition seems strongly indicated at this time.

AMERICAN CAN COMPANY
230 Park Avenue, New York, N. Y.

(1) 1939. The Vitamins, pages 127-140, American Medical Assn., Chicago.

(2) a. 1938. Proc. Soc. Exptl. Biol. Med. 38, 64.
b. 1938. J. Am. Chem. Soc. 60, 1267.
c. 1939. Ibid. 61, 1237.
d. 1939. Ibid. 61, 1242.

(3) 1939. J. Am. Chem. Soc. 61, 1245.

(4) 1939. Am. Med. Assoc. 112, 2414.

(5) a. 1936. Missouri Agric. Expt. Sta. Research Bull. No. 241.
b. 1938. Biochem. J. 32, 708.
c. 1938. Indian. J. Med. Res. 25, 879.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the fifty-eighth in a series, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

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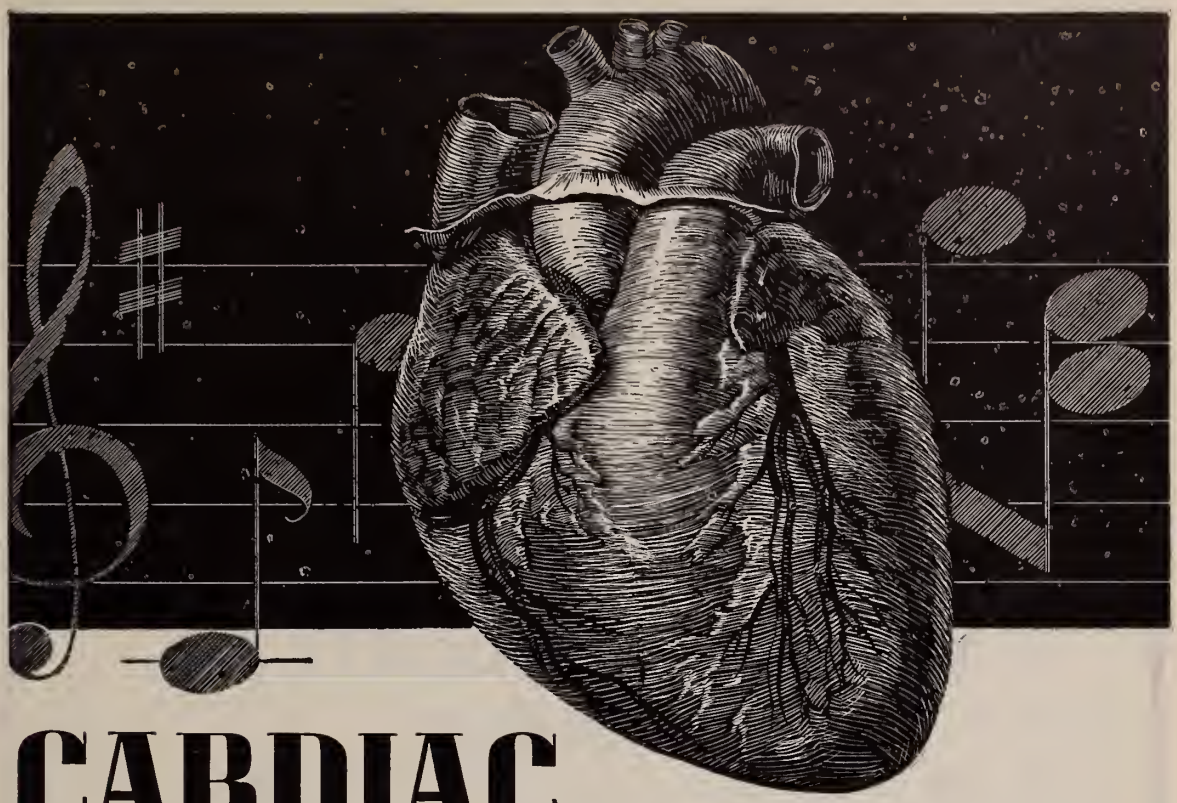

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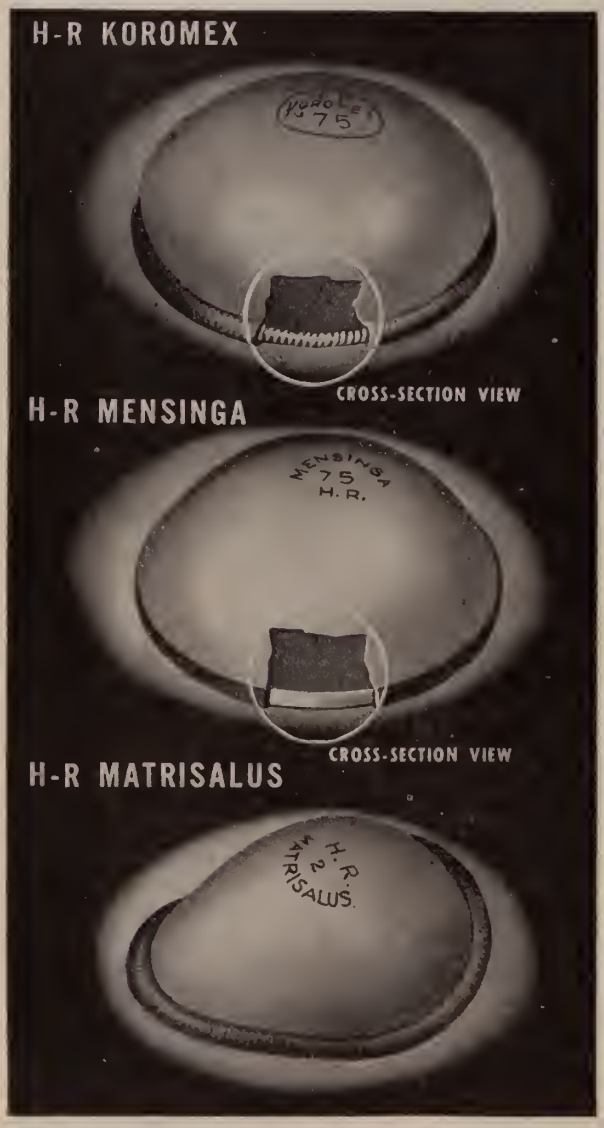

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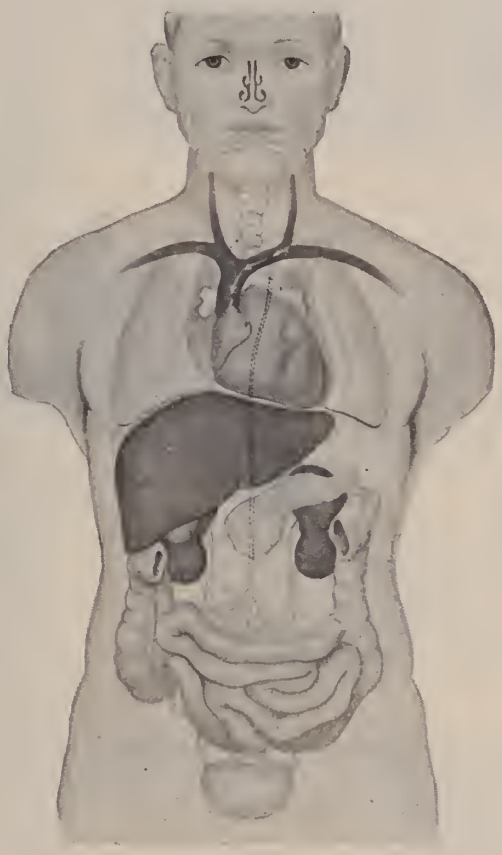
STUDIES IN THE AVITAMINOSES

This page is the fourth of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A full color, two-page insert on the same subject appears in the April 6 issue of The Journal of the American Medical Association.

Metabolic Fate of Vitamin A and Carotene

Vitamin A and carotene are absorbed into the lacteals with the fat of the food ingested. It is generally agreed that vitamin A in large quantities is more speedily absorbed than are similar quantities of carotene.

The fat-soluble vitamins enter the general circulation by way of the thoracic duct. In the liver, vitamin A and carotene are taken up by the Kupffer cells, where carotene is slowly converted to vitamin A. Experimental studies indicate that vitamin A is stored in the liver in certain species, including man.



The Causes of Vitamin A Deficiency

Vitamin A deficiency may be caused by inadequate intake of the vitamin or provitamin. Absorption may be retarded, depending on the condition of the alimentary tract. For example, mineral oil in the intestine diminishes absorption of carotene although not of vitamin A. Conversion of carotene to vitamin A in the liver may not occur, as in diabetes mellitus, where evidence indicates that the rate of transformation of carotene is diminished, and vitamin A deficiency may develop even if the diet provides the provitamin in amounts ordinarily sufficient.

Effects of Vitamin A Deficiency

Vitamin A deficiency produces pathologic changes in many organs. The process is one of alteration of epithelial surfaces — keratinizing metaplasia of the epithelium of the urinary bladder, the ureters, the ducts of the salivary glands and the pancreas, the trachea, and the nose. In the eye, vitamin A deficiency interferes with restoration of visual purple, resulting in night blindness. Prolonged vitamin A deficiency produces xerophthalmia. Administration of adequate quantities of vitamin A to patients manifesting symptoms of deficiency usually checks the progress of epithelial alteration.

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Sonny Splivens goes on a hunger strike. Perhaps life would be far less complicated, brighter too, if Sonny's feedings were S. M. A.

S.M.A. is essentially similar to human milk—easy to prepare and economical.

Nutritional results—growth, weight gain, tissue turgor and bone development—all are comparable with breast-fed infants.

NORMAL INFANTS RELISH S. M. A.—DIGEST IT EASILY AND THRIVE ON IT

S. M. A. is a food for infants—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

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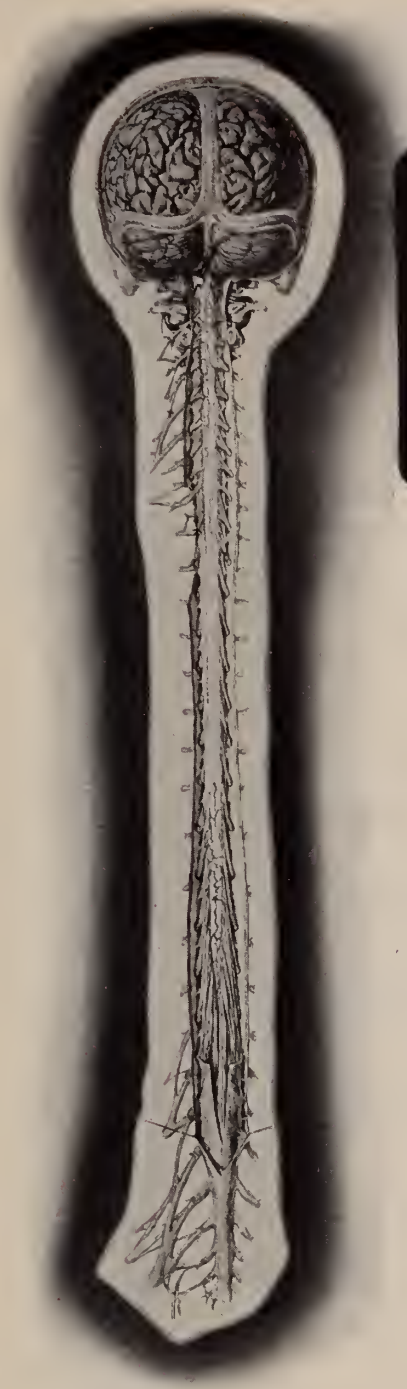

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Volume XXXVII.
Number 4

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly

Under the
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Committee on Publication

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Editorial and Executive Offices of the Society—143 East State Street, Trenton, N. J.; Tel. 9330
Executive Officer—LeRoy A. Wilkes, M.D.
Executive Assistant—Norman M. Scott, M.D.
Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. XXXVII, No. 4 April, 1940 Subscriptions, $3.00 per Year
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EDITORIAL

Sponsorship of the Medical Service Plan

The Medical Service Plan of New Jersey, sponsored by The Medical Society of New Jersey, was approved in substance by the House of Delegates of this Society in 1939. (Transactions, pages 13, and 19.)

The direct responsibility of this sponsorship was delegated to the Board of Governors of The Plan by a vote of the Delegates.

The members of this Board, always mindful of their responsibility to protect the integrity and character of the sponsors, have shown great care in all of their deliberations. Their decisions have been based upon very careful study and consideration of all phases of the problem assigned to them.

Two important decisions have been made by the Board since the last annual meeting. These decisions and the action taken by the Board are briefly stated in the two following paragraphs:

1. A corporation to finance and operate such a plan is necessitated by the present State statutes. This corporation, to be known as "The Medical Service Administration of New Jersey", has been organized.

2. An enabling bill to bring the activities of such a corporation under the supervision of the Commissioner of Banking and Insurance is necessary. The enabling bill has been written and presented to the Legislature.

Thus the assignment which was delegated to the Voluntary Health Committee, and later assumed by the Board of Governors, has been fulfilled.

The responsibility of guiding the enabling bill through the Legislature has been assigned to the Legislative Committee of The Medical Society of New Jersey.

The first phase of this program will carry out the recommendation of the House of Delegates and comply with one recommendation of Governor A. Harry Moore's "Conference on Health and Welfare". This will be accomplished when the enabling bill becomes a law.

Active sponsorship with all of its intimations, by The Medical Society of New Jersey and each of its members must be continued if the successful inauguration and operation of The Plan are to be assured. Such sponsorship will reflect the intent and sincerity of the Board of Governors, and dispel doubts from the minds of lay groups or individuals concerning the true purposes of The Plan.

Sponsorship implies obligations. May each member of The Medical Society of New Jersey assume this obligation of sponsorship, thus protecting the integrity of this Society and of the medical profession of New Jersey.

E. W. Lance, M.D., *Chairman,*
Board of Governors.

Care of the Premature Child

The Medical Society of New Jersey and the Department of Health have launched a joint study to improve care of the prematures in New Jersey.

Dr. Dafoe, at the meeting on Maternal Welfare, held recently in Cleveland, emphasized the four essentials as:

1. Properly trained and experienced nursing care.
2. Maintenance of body temperature and regulation of room temperature and humidity.
3. Breast milk feeding.
4. Protection from infection.

These four essentials can be provided at reasonable cost, though many expensive and effective devices are now available for furnishing these in well-regulated hospitals.

The reduction of infant mortality has been consistently attained in the past three decades; but mortality in the first week of life has remained at the same level during this time.

The deaths in the first week of life are now carefully analyzed, and an organized attack is now being made on this important period of life. Babies who, even though full term, weigh five pounds or less should be treated as prematures.

Where facilities in the home do not provide the four essentials mentioned by Dr. Dafoe; and where transportation facilities are such that the body temperature can be preserved, and the baby kept from drafts, the premature can be best handled in a well-equipped hospital. In this way the death rate in the first week of life has been shown to be capable of further reduction.

LeRoy A. Wilkes.

Warning to Oculists

It seems strange that any physician should fall for the scheme of an entire stranger who offers a check for the double amount of a bill and should give the supposed patient a substantial amount in cash, and then find that the check is a forgery.

A professional forger has been working the scheme on reputable oculists who find that they have lost not only a substantial amount of money, but also have an optician's bill to pay for the glasses which they order for the supposed patient.

We have received a printed warning from the Sheriff of Grundy County, Missouri, that a professional forger has been working the scheme upon reputable oculists in Missouri and Texas for over two years. The Sheriff accompanies the warning with facsimilies of the checks. This same forger may be expected to appear in New Jersey at any time.

The defense of the individual oculist against the forger is that he require an entire stranger to put up the actual cash in advance of the examination. If the supposed patient refuses to do this, then the oculist should warn the neighboring practitioners to be on their guard, and should furnish them with a description of the supposed patient. If the oculists will do this, the forger will ultimately be caught.

New Eyes for the Needy

In response to an inquiry, the Executive Officer of The Medical Society of New Jersey has received a most interesting letter from Mrs. Julia Lawrence Terry, of Short Hills, N. J., who is pleased to be called "The spectacle woman", although she calls her work "New eyes for the needy". Mrs. Terry writes:

"I was working as a volunteer in Red Cross relief in New York City in 1932-33, when I discovered the appalling need for spectacles among the very poor. Ever since that time I have collected old discarded spectacles. All the

old age lenses that are in good condition are sorted by a volunteer optician, fitted into tortoise-shell frames, and sent to needy persons; or new lenses are supplied. Each applicant must send or bring a prescription from an eye doctor.

"This work is maintained from the proceeds of the sale of old gold from the spectacles which are donated, a dealer paying a special price for the recovered gold. The work is maintained by receipts from this source, and there are no overhead charges. I have received over 5,000 gold frames from all over the United States as the result of unsolicited notices in the leading newspapers and the radio.

"I plan to establish branches for this service, and will be pleased to mail a description of the plan to every inquirer."

This is a worthy cause for the Woman's Auxiliary of The Medical Society of New Jersey to sponsor.

Official List of Members

The official list of members of The Medical Society of New Jersey on March 15, 1940, was issued as a supplement to this—the April —number of the Journal. It contains the names of 3655 physicians who had paid their 1940 dues on or before March fifteenth. This is 182 more than were reported on March 15, 1939. But the Journal of October, 1939, page 218, contains the names of 251 members who had paid their dues on or before September 30, 1939. This makes a total of 3724 members on the last day of September, 1939; or a total of 69 more than are recorded on March 15, 1940. However, it may be expected that the list of those who will pay their back dues will exceed the number that were paid during the Summer and early Fall months of last year.

The reasons for the failure of members to pay dues promptly are many and various.

DEATHS

Last year fifty members were reported to have died during the interval between the annual meeting of 1938 and that of 1939. This makes a death rate of about 14 per 1000.

This year the members dying during the year March 15, 1939, to March 15, 1940, numbered 46, according to the information that has been received in the Executive Offices.

REMOVALS

A considerable number of physicians removed from the State during the year; but the influx of incoming physicians is probably greater than the removals.

AGE

Increasing age, and retirement from practice account for a considerable number of those who drop their membership. But an encouraging fact is that those who have been the most active in the Society are anxious to remain on the roster of active members. These are the "Elders" who are revered by their younger colleagues.

FORGETFULNESS

Time rolls on with increasing speed as one's years of life increase; and dues days seem to come every month rather than at yearly intervals. We judge the duration of a year by the proportion which it has to the number of years one has lived. A year to a man of 70 years therefore seems only half as long as when his age was 35. The dues of this group of members will usually be forthcoming on a reminder by the Secretary.

MEMBERSHIP AN HONOR

Every physician takes pride in being numbered with his fellows, and in enjoying their fellowship. This fact is becoming more and more evident with the growth of the activities of the county societies. Every physician realizes that he is an integral part of the medical profession, whose influence is the sum of the activities of all its members. If half of the members of a county society are lukewarm, the

influence of the medical profession is rated at only 50 per cent. On the other hand, some of the smaller county societies have high ratings, because every member can serve on an important committee, with the prospect of the recognition of his activities.

The great increase in the activities and interest shown by county societies in recent years is a sure indication that the members of the medical profession of New Jersey are outstanding leaders in public health matters outside of their immediate clientele of patients.

Indictment of the American Medical Association

Events following the indictment of the American Medical Association are unfolding themselves after the manner of a drama, as defined by the Standard Dictionary—"A series of actions, events, or purposes, considered collectively as possessing dramatic unity."

ACT ONE

An indictment was secured by the Attorney General of the United States against leading officers of the A. M. A., the Medical Society of the District of Columbia, and others, for violation of Section Three of the Sherman Anti-trust Act. This indictment was announced on December 21, 1938, and was summarized in this Journal of January, 1939, pages 48-50.

ACT TWO

A decision was made by the United States District Court on July 27, 1939, sustaining an appeal of the defendants, on the ground that the acts of the medical societies were not of a criminal nature, but were done for the purpose of upholding the standards and ethics of the *practice of medicine,* which had hitherto been universally considered to be a "learned profession", and not a "trade".

ACT THREE

On March 4, 1940, a decision was handed down by the United States Court of Appeals for the District of Columbia, reversing the decision of the District Court of the District of Columbia and upholding the contention of the Attorney General that the basic acts alleged in the indictment constituted a conspiracy to restrain the "trade" aspects of the practice of medicine. This decision is printed in full in the Journal of the American Medical Association of March 16, 1940, pages 965-971. The same issue of the A. M. A. Journal, page 962, printed a clear summary of the decision, and stated:

> The decision as to whether or not medicine is a profession or a trade is exceedingly important, not only as relates to this case, but also in relation to many another piece of legislation of utmost concern to every scientific, professional, educational, and similar organization in the United States. There are numerous problems associated with the laws regulating taxes, social security, licensure, and innumerable other rights and privileges involved in medical practice which depend greatly on the distinction between the practice of medicine, and a trade or other occupation.
>
> As even the Court of Appeals recognized, the existence of such organized bodies has served vastly for the benefit of the people, achieving objectives in raising the standards of education and of service far beyond those which might have been achieved by any other sort of effort, including, no doubt, even efforts that might be made by various legally constituted or governmental agencies.

ACT FOUR

The fourth act in the drama will be written by the United States Supreme Court, to which an appeal will doubtless be taken. The Supreme Court will be asked to decide the essential question—"Was the District Court correct in its decision that the alleged acts of the defendants were insufficient grounds for the indictment?" The decision of the United States Court of appeals states:

> "The charge may be wholly unwarranted, and the facts, when they are disclosed on the trial, may show an entirely different state of affairs; but for present purposes we must take the charge as though its verity were established; and in that light, it seems clear to us that the offense is within the condemnation of the statute."

ORIGINAL ARTICLES

A ROENTGEN STUDY OF URINARY LITHIASIS

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The clinical diagnosis of urinary calculi dates back to the dawn of civilization. The ancient writings of practically every early race, such as the Egyptians, Indians, Greeks, and Arabs, mention the recognition of stones with certain indications for treatment.

Since the days of Hippocrates the surgery of the stone was in the hands of itinerant "stone-cutters" (lithotomists). These strollers traveled from village to village in search of the afflicted, and often performed their operations at night in great secrecy. This practice flourished up to the eighteenth century. The profession at large greatly neglected the surgery of the stone.

The prejudice against treating calculus diseases was finally broken down by Cheselden and Douglas in England, and Dupuytren in France, about the year 1720. During the eighteenth century stone appears to have been exceedingly common in most European countries. Special hospitals were erected to treat this disease, but the ordeal was so terrifying to the patient that they shrank with horror when confronted with an operation. As a result, many of the afflicted resorted to quack remedies, stone solvents, and lithotryptics. These preparations were made up of the most inconceivable ingredients; worthless as they were, yet claims were made for many cures.

The earliest specimen of a vesical calculus was found in a grave of a predynastic and prehistoric Egyptian at El Amara by Professor Elliot Smith. A description of this stone is that of a uric acid nucleus with a secondary covering of phosphatic material, probably dating back at least 7000 years.

The first positive roentgenologic diagnosis of renal calculus was made by MacIntyre in 1896. It is of historical interest to note that this radiogram was obtained after an exposure of twelve minutes, and the diagnosis was subsequently verified by operation.

RADIOGRAPHY

Radiography is the most accurate and important means of diagnosing stone in the urinary tract.

A radiogram gives information not only as to the presence or absence of calculi, but it also reveals the shape, position, number, and size of the stones.

It is also helpful to make a differential diagnosis between renal diseases and other conditions, such as spinal caries, spondylitis deformans, or tuberculous abdominal glands.

An x-ray examination should be taken on every case of long-standing backache, lumbar pain, pus or blood in the urine, and always before any operation upon the kidney.

A good film should include the eleventh and twelfth ribs on each side, the upper part of the ilium, the whole of the lumbar spine, the outer border of the psoas muscle, and the outline of the lower third of the kidney on each side.

The quality of the radiogram depends upon the visualization of the whole transverse process and not only the tips. Under these conditions 98 per cent of all renal calculi will give a visible shadow on the negative.

Visibility of a renal shadow or stone depends on immobilization at full inspiration or expiration; also upon the fact that most of the stones absorb roentgen rays to a greater or lesser extent than the neighboring tissues or that they appear more dense or less dense than the pyelographic medium.

The number of exposures taken in any given case should not be less than three, preferably five, in an examination of the whole urinary tract.

It is imperative at times to take lateral radiograms to exclude errors of diagnosis which may arise if only simple anterior-posterior films are made.

If the body throwing a doubtful shadow appears within the renal area in the anterio-posterior view, it must, in the lateral views, correspond to the anterior portions of the bodies of the first three lumbar vertebrae, and the shadow of the renal calculus should be projected within these limits; if otherwise, it is not in the kidney.

PYELOGRAPHY

Pyelography is often used to determine the nature and position of a doubtful shadow, and also to determine the anatomical state of the kidney.

Great care must be exercised in passing a catheter beyond a lodged stone in the ureter.

Stereoscopic pyelograms are very helpful, and should be taken whenever possible.

Very often it is necessary to make stones visible by "staining" them. In order to do so, the renal pelvis is filled up with a pyelographic medium such as sodium bromide or iodide. The ureteric catheter is withdrawn and the fluid slowly escapes. If a radiogram is taken about three or four hours after injection, the greater part of the opaque fluid will have drained away, but a small amount of it will cling to the stone and will give rise to a visible shadow on the negative.

When cystoscopy is impossible, intravenous urography is indicated. It will give much information about the reflex inhibition of renal secretion, size and position of both the pelves and ureters, congenital anomalies, and obstruction at point of stone impaction.

THE COMPOSITION OF CALCULI

A stone is a concretion formed of urinary crystals bound together by a colloid substance.

The crystalloids are normally found in the urine as a result of disordered metabolism (uric acid and calcium oxalate), or in consequence of bacterial fermentation (cystine and phosphates).

The nature of the colloid substance is still obscure. Many theories are advanced but none are definite at this time, except perhaps that it is an albuminous substance necessary for the formation of stones.

The urinary crystals which are supposed to form stones in order of their density as compared to water or tissue which has a density of one, are uric acid 0.9; xanthin 1.0; calcium phosphate 1.25; calcium carbonate 1.33; calcium oxalate 1.36. From these densities it will be seen that uric acid stones throw no shadow while oxalates give the densest shadow.

In all so-called "pure stones" there are some traces of other salts; however, it may be considered "pure" when composed of 90 to 95 per cent of any one salt. The purest stones are those of uric acid with a trace of cystine or xanthine.

THE FORMATION OF CALCULI

Turbid urine, or copious deposits of crystals in freshly voided urine, is no indication of stone formation.

From study it was obvious that stones will tend to form in situations only where the crystals can be retained in the urinary system. Since crystals are heavier than urine, they are deposited in the most dependent portions of the kidney, which is the lower calyx. They are not washed out because the flow of urine is too sluggish in this calyx, being about three drops of urine per minute, or 240 cc. in twenty-four hours.

In an examination of hundreds of films, no stones were present in the upper calyces, a few in the middle, and many in the lower. From the lower calyces the stones are swept into the renal pelves and the ureteric tract. The size and shape determines how far they go; irregular shapes are usually caught at the junction of the renal pelvis and ureter.

When a stone is located in the middle calyx opposite the renal pelvis, it is often necessary to resort to pyelography, or lateral radiography, before a diagnosis is established.

It is not well understood how stones begin their formation; some are formed without a nucleus; others have a preformed uninfected foreign body as a nucleus; and again we have stones formed in infected urine.

I have seen stones with a uric acid nucleus

and a covering of phosphates; also nuclei composed of red blood cells, pus cells, and foreign bodies.

THE STONE SHADOW

The opacity of the stone varies with its size, and its chemical composition.

The sharpness of the shadow depends upon the size of the patient, the fecal contents, and the fixation of the stone during exposure.

FIGURE 1

Left Hydronephrosis Outlined by the Dye

Right kidney, stag-horn calculus. C. A., female aged 56. examined previously with a negative report for calculus.

Reëxamination after two years reveals a large stag-horn calculus in formation in the right kidney. Refused operation.

Any stone, except uric acid or urates larger than a pin's head, should throw a shadow on a good technical film; sometimes, however, urate stones are faint but discernible, while uric acid stones are transparent.

If no shadow appears on the radiogram, it may be taken that no calculus more than one or two mm. in diameter is present. It is fortunate, however, that uric acid calculi are small and pass out while still small.

Most stones have a uniform density, without mottling or irregularities; their edges are sharply defined; and they have the contrast density of bone in soft tissue.

SHAPE OF CALCULI

The external shape of a stone is profoundly influenced by that of the cavity in which it lies. The nucleus of the stone is usually spherical; but the growth of a calculus depends upon its location and surroundings. The smallest stones are ordinarily round or oval; while the larger ones which fill the renal pelvis and calyces are triangular, or form a cast resembling a "stag-horn". Those in the bladder are either round or oval, preserving their original form.

With multiple stones the opposed surfaces become highly polished and facetted, but they seldom fuse.

Pressure exerted by the walls of the cavity determines the character of the shape of the calculus. The ureteric stones are almond or date-stone in shape; that is, elongated or spindled, and lie with their long axes in the line of the ureter. If a shadow is found lying across the lumen of the ureter, it may be something else.

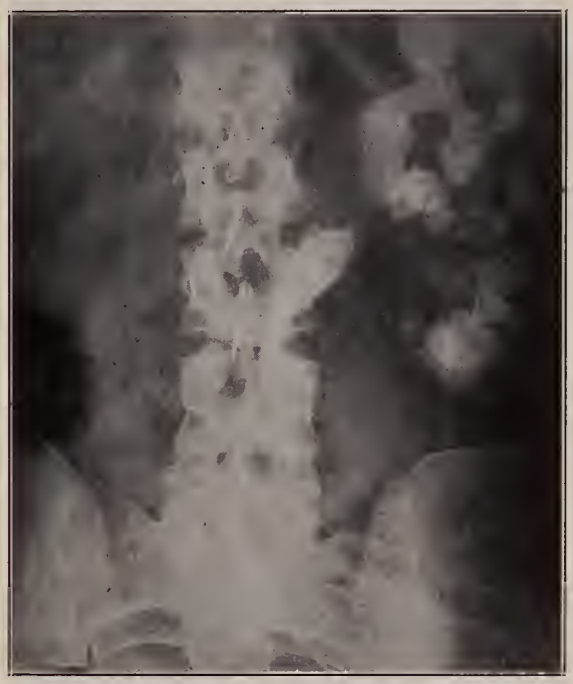

FIGURE 2

Multiple calculi with cystic dilation from inflammatory reaction. A. I., female aged 60. For two years she suffered with pain in upper right quadrant which became worse when in the prone position.

Urine was cloudy for six months; then became purulent.

Post-operative diagnosis: Chronic nephritis with abscess and fibrosis: nephrolithiasis.

NUMBER OF CALCULI

The number of stones varies considerably, from one to hundreds. The most typical is a single calculus. In a large proportion of cases these are small, asceptic calculi.

In many instances stones are found in only one kidney; but with the increase in age, and also an advance of infection, they tend to become bilateral. In this respect they represent tuberculosis of the kidneys,—first one side is affected, and then the other side.

Bilateral lithiasis is of course as serious as the severity of the concomitant infection and subsequent destruction of the kidney. When present, there is usually one large stone, or many stones of advanced growth, in a comparatively functionless kidney; while the stone in the other apparently normal kidney is still small.

FIGURE 3

Bilateral Lithiasis

Right kidney reveals staghorn calculus in formation.

Left kidney—stone removed.

Pathological report: A pear-shaped calculus with tapering stem, composed of triple phosphatic crystals and amorphous granules.

POSITION OF CALCULUS

Stones may be found free, or impacted anywhere along the urinary tract from the urethra to the celyces.

A pouch in the urethra may lodge a stone of considerable size. The prostatic urethra may become the resting place of a renal, a bladder, or a seminal vesicle stone.

The bladder often surprises us with calculi which have an origin in a nucleus derived from foreign bodies introduced (1) by surgery, such as fragments of catheters, bourgies, filiform guides, drainage tubes, or swabs; (2) for erotic motives as a species of masturbation,—chewing gum, needles, birthday candles, hair pins, slippery elm, etc. I have seen a very recent case of a lead pencil. Other foreign bodies in the bladder are bullets, fragments of shells and clothing, bones of pelvis, blood clots, inspissated blood, and tumors.

In determining the location of a stone, it is important to consider congenital anomalies such as diverticulum, ectopic kidney, and horseshoe kidney, as well as a floating kidney and a dilated or tortuous ureter. In such cases the shadow of the stone is some distance from its usual anatomical position.

CHRONIC INFECTIONS

Chronic infections are often a common precursor of a stone; yet we find aseptic stones of undetermined etiology. These stones are originally found in sterile urine; but if they are not removed, a great majority become infected.

A common organism found in the urine from a calculus kidney is the staphylococcus albus; the next common one is the B. coli.

The staphylococcus is potentially more dangerous to a kidney than the B. coli. Coccal infections are more resistant to treatment, and tend to spread to the other kidney. Other organisms found are the pneumococcus, and the tubercle bacillus.

The reaction of the urine determines the type of infection and stones. In an acid urine the stones behave as if it were not infected,—that is, it will develop or grow slowly and will have a covering of oxalates.

The infection lasts as long as the calculus remains in **situ.**

In an alkaline urine the infection is more dangerous; the stone grows more rapidly, has a heavy covering of phosphates, and shows a greater tendency to recur.

Removal of calculus, plus treatment, is the general rule. As long as infection remains, the patient is only half-cured.

A patient with one kidney, if healthy, is in a far better condition than if he had a chronic infection on one side and a non-infected kidney on the other.

Infection destroys the kidney tissue, and diminishes the excretion of urine. When this happens, the stone is "dead", that is, no urinary crystals are being excreted due to a functionless kidney. A temporary anuria is due to a reflex inhibition or an apparent reduction to secrete urine which lasts only a few hours and is not due to complete obstruction or pressure atrophy.

Calculus anuria is very grave, and comes on in a fortnight. The opposite kidney may show a compensatory hypertrophy already established.

The damage to the kidney cells due to pressure and regeneration is beyond repair.

DIFFICULTIES AND FALLACIES

In the every-day interpretation of urological radiograms, two types of errors can occur. In the first type negative diagnosis may be made when a stone is really present. In the second type some other condition may be diagnosed as a calculus.

Uric acid calculi are transparent to x-rays; or rather the shadow is of less density than that of the soft tissues of the body. When one is suspected, an opaque fluid, plus a catheter, must be used.

An isolated nodule of caseous material may give rise to a faint, sharply defined shadow in the outer part of the renal parenchyma. Calcareous deposits in tuberculosis are always irregular; and have an uneven density, irregular contour, and mottled appearance.

Tuberculosis of the mesenteric glands is found more often in the right side of the abdomen than in the pelvis. The shadow is irregular in outline, of varying densities, and has a mottled appearance (mulberry mass).

The retroperitoneal glands are fixed, and in a lateral radiogram the shadow may be projected onto those of the vertebral bodies. The diagnostic differentiation must depend upon stereoscopic views, with the opaque catheters in the ureter.

A single gall-stone shadow is occasionally difficult to differentiate from that of a stone in the kidney. Gall-stones are round or faceted, but usually have an increased density at the periphery depending upon the amount of calcium in the stone. Many have a ring-like appearance; others are made up of a series of dense concentric rings.

The distinctness of the shadow will depend upon the supine or prone position of the patient at the time of exposure.

FIGURE 4

Gall Stones in an Enlarged Moveable Gall-bladder

P. G., female aged 42; complained of pain in lower right quadrant.

Physical diagnosis: Ptosis of both kidneys. No flat plate was taken. Retrograde pyelography revealed stones outside of kidney. Cholecystectomy performed; good recovery.

Gall-stones in a moveable gall-bladder may be found in any location similar to that of a kidney. Kidney stones move in a vertical direction, but not very far as shown by the lateral radiogram; while the gall-bladder stones are

very moveable, and are found anywhere in the right abdomen.

Small round or oval shadows, sharply defined, are very often found in the pelvis. These shadows are due to calcified pelvic veins, seen end-on, or to calcareous deposits in the sacro-iliac ligaments, and are called "phleboliths".

These multiple shadows are situated on both sides of the pelvis, usually close to the pelvic brim below the level of the ischial spines. When in the ureteric path, or at the ureteric-vesical junction, catheters and pyelography are required for diagnosis.

We are often confronted with shadows that originate in the sexual organs, such as small calcified uterine fibroids, dermoid cysts, organized blood clots, and concretions in the seminal vesicles and prostate.

Sclerotic patches in the arteries, calcified cartilage, dense bone in the tip of a lateral vertebral process, foreign bodies in the soft tissue, warts, pigmented moles of fibroma of the skin behind the kidneys, post-operative scar tissue, or defects in the films, may all be recorded by the roentgenologist as "areas of increased density" with a diagnosis of a calculus.

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REGIONAL ILEITIS, SUMMARY AND A CASE REPORT

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The original description of terminal ileitis, by Crohn,[1] Ginzburg, and Oppenheimer, in 1932, defined a disease of the terminal ileum, "characterized by a subacute or chronic necrotizing and cicatrizing inflammation". This disease was set apart as a definite entity, separating it from the confusing "benign intestinal granulomas".[2] The pathology, clinical symptomology, and x-ray findings have placed the diagnosis within reach of the general practitioner.

In the original paper, the terminal ileum alone was described as the region of involvement; however, in recent years, a broader concept has been established—that the inflammatory process is not stationary, that it may originate at the terminal ileum, but it may also extend throughout the entire large gut to the sigmoid.

Pemberton[3] and Brown described two clinical types of regional enteritis: (1) Involvement of a rather short localized segment, usually consisting of a single lesion; and (2) a similar process which involves larger segments and usually consists of multiple lesions. Harris,[4] Bell, and Brunn described the identical process of ileitis to involve the jejunum. Brown,[5] Bergen, and Weber called the inflammatory process of the ileum and large gut, "regional enteritis". Colp[6] published the first report of an ileitis, affecting the colon in an analogous inflammatory process. Crohn[7] and Berg, in their discussion of right-side (regional) colitis presented an interesting observation of the life history and progress of the disease. In their series of cases they report:

> "The segments involved are most often the cecum and ascending colon; in this form the term ileum is almost invariably included in the pathologic process. In one case the disease began at the hepatic flexure, spreading both ways; in two other cases the transverse colon was the initial seat of disease, spreading to involve both the hepatic and splenic flexure; in one case the splenic flexure alone was first involved. In six cases, when first seen the disease process had already included the whole right side of the colon, transverse splenic flexure and descending colon, stopping at the beginning of the sigmoid or at the middle of the sigmoid flexure. It is to be noted that the sigmoid flexure marks a natural barrier, or at least a point of long delay, to the further progress of the infection. In all cases of right-sided regional colitis the rectum and sigmoid are free of the disease; hence the sigmoidoscopic examination is always negative."

ETIOLOGY

Although no definite etiologic factor has been isolated, the work of Felsen,[8] on a new clinical concept of bacillary dysentery, in its

relation to distal ileitis, ulcerative colitis and non-specific granuloma, is worthy of much consideration. It is his opinion that distal (regional) ileitis, chronic nonspecific ulcerative colitis, and non-specific ileocecal granuloma are all manifestations of *bacillary dysentery*. Dr. Felsen described thirty-eight consecutive cases of chronic ulcerative colitis, eleven of chronic distal ileitis, eleven of acute distal ileitis, and two of nonspecific granuloma, traceable to bacillary dysentery. He states, "The longer I work on this problem the more I am convinced that in the Eastern part of the United States at least the entire pathology is explainable on the basis of bacillary dysentery. The clinical course of this disease, along with the pathologic findings, are identical with proved cases of bacillary dysentery." He feels that the main reason for high incidence of recurrence after surgery is due chiefly to the fact that the surgeon cuts through infected intestinal wall and overlooks other areas of segmental involvement. Intramural infection extends well beyond the grossly visible area of pathologic change. In his opinion, the ideal therapy is the prevention of bacillary dysentery.

PATHOLOGY

In its earliest stages, the terminal ileum is found thickened, soggy and edematous. The serosa is blotchy red. The mesentery of the terminal ileum is greatly thickened and contains numerous hyperplastic glands.

The characteristic, fully developed hypertrophic process is, as a rule, limited to the distal 25-35 cm. of the terminal ileum, including the ileal side of Bauhin's valve, which may become converted into a rigid diaphragm with a small opening. This stenotic ileo-cecal junction with its adjacent hyperplastic terminal ileum constitutes the mass which is so frequently found clinically in examination of the right lower quadrant.

Crohn and his associates stress the marked tendency to perforation of the bowel. This perforating process is so slow that walling off by adhesions to an adjacent viscus or to the omentum is the usual finding. These walled-off abscesses are often drained for appendeceal abscesses, with resulting fecal fistulas which refuse to heal because of the underlying pathology.

CLINICAL SYMPTOMOLOGY

The active stage is characterized by diarrhea, abdominal cramps, fever, anorexia, loss of weight, secondary anemia, and development of a mass frequently in the lower right abdominal quadrant.

The diarrhea is rarely very severe, averaging from three to four stools daily. In contrast to left-sided colitis, movements may be from ten to twenty daily. The difference between right and left-sided colitis lies in the involvement of the rectum, leading to greater frequency and bloody stools.

Cramps and general abdominal pain relieved by defecation are characteristic of the condition. Nausea and vomiting are exceptional. Fever is almost a constant finding with afternoon rises most customary. The febrile state of the patients is relative to the existing pathology. Loss of weight is moderate, becoming more severe when the pathology extends to the sigmoid. The anemia is parallel to the degree of colonic infection. Differential blood count reveals only a moderate leukocytosis. Occasionally one sees an allergic dermatitis covering the trunk and extremities.

The physical examination elicits a general run-down condition of the patient, along with a palpable mass in the right lower quadrant. In the more widespread right-sided colitis, the ascending and transverse colon may be palpable. Rectal (digital) examination is usually negative, with no masses palpable. Sigmoidoscopic is usually negative, unless the pathology has extended through the colon to this point—otherwise pus and mucus sometimes can be seen coming from above.

CLINICAL COURSE

Crohn has classified the clinical course under four groups:

1. *Signs of Acute Intra-abdominal Inflammation.*—Signs and symptoms cannot be distinguished, preoperatively, from acute appendicitis. At operation the terminal ileum is greatly thickened, red, and blotchy, with marked edema of the surrounding tissues.

There is usually a small amount of clear fluid in the peritoneal cavity. These cases, if drained, may develop intractable fistulas.

2. *Symptoms of Ulcerative Enteritis.*—Generalized abdominal pain with three to five loose stools daily, containing pus, mucus, occult or gross blood. A constant low-grade fever is present. Secondary anemia and loss of weight now are evident. This course may continue and extend into the stenotic phase of the disease.

3. *Stenotic Phase.*—This is the most common type. The symptoms are those of partial intestinal obstruction. There are violent cramps, borborygymus, occasional vomiting and constipation. A palpable mass almost always present in right lower quadrant. In this phase of the disease fistulous communications with the colon or sigmoid may lead to the sign and symptoms of colitis, and mask the true nature of the disease.

4. *Persistent Fistulas.*—Fistulas which are of supposedly appendiceal origin, but which have ileal openings, and which have resisted simple closure are, in the absence of tuberculosis, to be considered as cases of regional ileitis.

ROENTGENOGRAPHIC OBSERVATIONS

X-ray studies of the gastro-intestinal tract offer one of the most positive diagnostic aids in this disease. Kantor,[9] in his article on roentgen diagnosis of regional ileitis, summarizes his technic as follows:

> "The usual oral opaque meal is employed, as well as the barium enema. All roentgenograms are made with the patient prone, rays being directed dorso-ventrally. This posture is preferred to the erect position because in the former the ileal loops are more widely separated. Observations are made at hourly intervals from the period just before the cecum fills to the normal period of ileac emptying. This means from three to nine hours after ingestion of the opaque meal. The patient is allowed to take an ordinary meal as soon as the stomach is seen to be empty. This takes place normally five hours after the barium meal. The abnormalities, as revealed by x-ray studies, may be either in the ileum or colon, or both. The changes in the latter may be reflex in nature, that of a secondary spasm, or may show actual progression of the disease from the ileum."

The characteristic changes in the ileum, briefly, are:

a. Filling defect just proximal to cecum.

b. Abnormality in contour of the terminal loop of the ileum.

c. Dilatation of ileal loops just proximal to the lesion.

Kantor describes a roentgenologic sign which is very suggestive and characteristic of regional ileitis. He called this the "string sign". This consists of a thin, slightly irregular linear shadow, suggesting a cotton string in appearance, and extending from the region of the last visualized loop of ileum through the entire extent of the filling defect, and ending at the ileocecal valve. It represents the attenuated barium filling the greatly contracted intestinal lumen. Weber has recently offered the term "twisted cord appearance" as an alternative for the string sign.

The absence of the string sign does not exclude the disease. Every effort should be made to demonstrate filling defects in the terminal ileum.

The string sign, or very similar streaks of barium, have been seen by x-ray in circumscribed tuberculosis of the terminal ileum. Stenosing sarcomas of the terminal ileum and syphilis of the terminal ileum may present the same picture.

TREATMENT

Medical: Summarizing Crohn and Berg's treatment.

1. Diet strictly non-roughage.
2. Intravenous injection of polyvalent anti-dysentery serum in amounts up to 120 c.c. either in divided doses, or in one dose, diluted with physiologic saline.
3. As a therapeutic test, a course of emetine and carbasone is regularly indicated in the form that involves only the cecum and right colon.
4. Vitamin A and B in liquid and extract form.
5. Blood transfusions.
6. Intravenous glucose.
7. Operation is indicated in all cases which do not respond to conservative therapy; in all cases having a tendency to progressive advance of the lesion to new territory, and whenever the pelvic colon is threatened.

Surgical: The treatment of choice is sur-

gery. Dr. A. A. Berg, of New York, who has had the greatest experience in surgery treatment of cases of regional ileitis, advocates resection with ileo-colestomy as operation of choice.

Differential Diagnosis: The lesion must be differentiated from other well-recognized conditions which produce a mass in right lower quadrant, with diarrhea and fever. Under this category are listed: non-specific ulcerative colitis, ileocecal tuberculosis, mesenteric tuberculosis, Hodgkin's disease, lymphosarcoma and more rarely actinomycosis.

CASE REPORT

This case is reported as a typical study of regional ileitis, presenting a pathological process involving the terminal ileum, cecum, and ascending colon.

Mrs. G. P., white, aged 29, was admitted to surgical service on December 27, 1937, complaining of cramp-like pains in both lower quadrants of the abdomen. These pains came on chiefly after meals, beginning as a dull ache, becoming sharper, and passing off quite rapidly. These attacks never lasted longer than several minutes. Appetite was good, but she was afraid to eat very much because of gas pains which were persistently coming on after meals. She has been troubled with constipation during past three years, requiring at least one-half ounce of milk of magnesia every night for regularity of bowel movements. Stools were frequently green and green-brown, with no bloody or tarry stools.

Ten years ago patient was operated upon for "appendictis". Intestinal trouble was found, but patient does not know what it was or what was done. She had a fecal fistula for one month postoperatively. She left the hospital with an incisional hernia. Three years ago she had a Caesarean section for delivery of her only child, because of cephalo-pelvic disproportion. There are occasional palpatation and dyspnea upon exertion.

On physical examination December 27, 1938, patient was a well-nourished, white female, asthenic habitus, complaining of pain in lower abdomen. The pupils were contracted, and reacted to light and during accommodation. Several caries of teeth; moderate injection of posterior pharynx. The chest was thin and asthenic. Percussion and auscultation were normal.

The abdomen was soft and flat, except for a slight bulge in the right lower quadrant. In this region a hard, tender mass, the size of an orange, could be palpated, fixed to the underlying structures, and not attached to abdominal wall. There was a well-healed right rectus scar. On pelvic examination the uterus was retroverted. The rectum was normal, and reflexes were active and equal.

Patient was explored the following day. Through a right rectus incision the abdomen was opened, and exploration revealed a large inflammatory mass composed of terminal four inches of ileum, caecum, ascending colon, and hepatic flexure of ascending colon. It was questionable at the operating table, whether we were dealing with an advanced regional ileitis, tuberculosis, or malignancy. Radical surgery was decided upon, and Dr. Dieffenbach did a resection of terminal ileum, caecum, and ascending colon, and an anastomosis of ileum to transverse colon.

Eight days following operation patient developed fecal fistula. Convalescence was uneventful, and the fistula closed up completely within three weeks. Patient was seen one month after discharge from hospital. The abdominal wound was well healed. The patient was feeling very well, and had no complaints. She was again seen three months later, had gained fifteen pounds, and looked the picture of health.

PATHOLOGICAL REPORT

Gross: The specimen consists of a piece of gut, apparently about one foot long, with a mass attached at one end. This mass, on palpatation, is very hard, and seems to encircle the gut. One area shows some ulceration.

Microscopic: Chronic inflammatory reaction.

Mesenteric Glands: Chronic inflammatory tissue.

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LESSON FROM A DEATH CERTIFICATE

NUMBER NINETEEN

Normal spontaneous delivery after fourteen and a half hours of labor. Placenta and membranes intact. No laceration nor abrasion. Rectal examination before delivery.

Temperature 101 twenty-four hours after labor.

Patient died of sepsis.

How did she become infected?

A. W. Bingham, M.D.

A STUDY OF NEONATAL DEATHS IN PHILADELPHIA DURING 1938

By RALPH M. TYSON, M.D., Philadelphia, Pa.

Read before the Joint Section on Gynecology and Pediatrics at the Annual Meeting of The Medical Society of New Jersey, June 6, 1939.

Each year in the United States there are over two million births, seventy-five thousand stillbirths; and seventy thousand neonatal deaths. In Philadelphia last year there were 30,739 births, 842 stillbirths, and 824 infants who died in the first month of life. The total infant mortality in the first year of life, including neonatal deaths, was 1297. In other words, there were 473 infants over one month of age who died. It is seen that 63 per cent of the deaths, excluding stillbirths, occurred during the first month, and nearly 55 per cent within the first twenty-four hours of life. There were five times as many hospital as home deliveries.

It has been estimated that it is possible to prevent two-fifths of the stillbirths, and one-fifth of the neonatal deaths. This is merely an approximate estimation; and before anything definite can be stated, it is essential that more complete studies be made on all groups of cases. All our studies so far show that the causes of deaths occurring in the first month of life are very closely allied to conditions operating during pregnancy, labor, and delivery.

As shown in Table I, during the eight-year period beginning 1931 there has been a fall in the birth rate, maternal mortality, infant mortality, neonatal mortality, and stillbirths,—which is quite remarkable. It is quite generally agreed that the great drop in maternal deaths has been due to the activities of the Maternal Mortality Commission, which was established in Philadelphia about eight years ago. Apparently the work of the obstetricians has had a noteworthy influence on the stillbirth rate, but very little on the neonatal death rate. It was after considering the above record that the Department of Health of this city appointed a Committee of Pediatricians and Obstetricians to study neonatal deaths occurring in Philadelphia; and a third group is making an analysis of the stillbirths. According to the Pennsylvania State Law, any fetus that is above twenty weeks gestation, and subsequently dies at or after birth, must have a death as well as a birth certificate filed with the Bureau of Vital Statistics.

CLASSIFICATION OF DEATHS

In order to differentiate a neonatal death and a stillbirth, three criteria are used, of which the presence at birth of any one constitutes a *neonatal death;* and of course, all must be absent for the case to become a *stillbirth.* The three criteria are voluntary breathing, heart beat, and muscular action.

TABLE I

MATERNAL AND INFANT MORTALITY—PHILADELPHIA
1931 — 1938

Year	Live Births Number	Births Rate	Maternal Mortality No.	Maternal Mortality Rate	Infant Mortality No.	Infant Mortality Rate	Neonatal Mortality No.	Neonatal Mortality Rate	Stillbirths No.	Stillbirths Rate
1931	33,773	17.17	203	6.0	2166	64.13	1012	29.9	1511	42.82
1932	32,093	16.22	211	6.5	1657	51.63	893	27.8	1449	43.19
1933	29,528	14.83	135	4.5	1463	49.54	806	27.2	1225	39.83
1934	29,751	14.85	158	5.3	1600	53.78	838	28.1	1172	37.90
1935	29,988	14.87	147	4.9	1462	48.75	824	27.4	1111	35.72
1936	29,652	14.61	158	5.2	1377	46.43	758	25.5	1095	35.61
1937	30,059	14.72	117	3.8	1342	44.64	811	26.9	983	31.06
1938	30,739	14.97	97	3.1	1297	42.19	824	26.8	842	26.66

Maternal, Infant, and Neonatal Mortality per 1,000 Live Births
Stillbirths per 1,000 Total Births

The Bureau of Vital Statistics has classified the 824 neonatal deaths according to the International List and Joint Causes as shown in Table II. The four leading causes of death in this table are prematurity, injury at birth, diseases peculiar to infancy, and malformation.

TABLE II

VITAL STATISTICS RECORD OF DEATH FOR PHILADELPHIA

Prematurity	429	52.0%
Injury at Birth	131	15.0%
Diseases Peculiar to Infancy	107	12.0%
Malformation	84	10.0%
Infections	39	4.7%
Other Causes	27	3.0%
Violent Deaths	3	
Coronor's Cases Pending	4	

It is felt by our committee that such a classification does not properly represent the situation. It might be pointed out that the term *prematurity* has become a leaning post for our lack of more accurate knowledge, and does not give us correct information as to the actual cause of death. Also, it seemed important for us to specify more definitely the heading "Diseases Peculiar to Infancy".

METHODS OF INVESTIGATION

The Neonatal Study Committee has been functioning for only approximately two years; but it can give a report that is almost complete for the year 1938. The cases are taken from the death certificate records in the Bureau of Vital Statistics. Special blank forms are being sent to the various hospitals and physicians requesting that they be filled out as completely as possible. Such subjects as prenatal care, health during pregnancy, serology, length and type of labor and delivery, use of anesthetics and analgesics, important signs and symptoms of the newborn and subsequent course, are some of the important points on this special blank. Key men have been contacted in all the hospitals that have volunteered to take care of the necessary paper work. Special physicians attached to the Bureau also help in collecting the data.

The committee is composed of eight members, and meets once a month to review all the accumulated case histories. Of the total group, from five to fifteen cases are selected for review at the regular monthly meeting. The cases are selected for particular and informative review, to which all the physicians interested are especially invited in order that they may present additional data and discuss their own cases. A lag of three months is thought to be about the correct one in order that full pathological data may be available. These meetings have been well attended and are usually helpful.

During our first year of activity, the committee has acted merely as a fact-finding body, *educational* in nature, rather than *punitive*. No attempt has been made to fix definite responsibility as to whether or not the death was preventable. In the beginning, it was felt that we would probably get more and better coöperation if such an attitude could be maintained. Every effort has been made to settle the problem of cause of death in each individual case, and to put it in its proper classification.

CO-OPERATION OF PHYSICIANS

According to Table III, 805 of the 824 neonatal cases have been studied, showing 97.7 per cent coöperation by the various physicians of the city. We are quite sure that all the cases for 1938 will be reported. There were 640 white, and 165 colored infants, with respective percentages of 79.5 and 20.5.

TABLE III

NEONATAL DEATHS IN PHILADELPHIA DURING 1938

Total Cases	824	
Cases Studied	805	97.7%
White	640	79.5%
Colored	165	20.5%
Autopsies	341	42.3%

Autopsies were secured on 341 cases, or 42.3 per cent. The number of autopsies ran about the same from month to month, the highest being 51 per cent, and the lowest 33 per cent. To be successful, such necropsies require special interest and training on the part of the pathologists, as abnormalities and other conditions may be so meager and minute that they may be missed or misinterpreted.

TABLE IV

SEROLOGY OF GROUP

Total Cases Studied	805	
Total Tests Reported	532	66.0%
Positive Tests	35	4.2%
Negative Tests	497	61.7%
Tests Not Done	189	23.4%
No Report	84	10.4%

SEROLOGY

Table IV illustrates the serology of the group investigated. There were 532 Wasser-

mann tests made, which is 66 per cent of the group; and showed 35 positive and 497 negative reactions. In 189 cases the test was not done, and there was no record reported in 84 others. A later table will show that syphilis is not much of a causative factor in neonatal deaths in Philadelphia.

METHODS OF DELIVERY

In Table V, an analysis is made of the method of delivery and its relation to the neonatal deaths. Sixty-eight and six-tenths per cent of the cases were spontaneous deliveries; 9.5 per cent by forceps; versions were done in 1.8 per cent; breeches occurred in 5.2 per cent; sections in 6.3 per cent; craniotomy in 0.6 per cent; and there was no report in 7.5 per cent. Strangely enough, five cases of craniotomy met the requirements of neonatal deaths.

TABLE V

Method of Delivery

Spontaneous	553	68.6%
Forceps	77	9.5%
Version	15	1.8%
Breech	42	5.2%
Section	52	6.3%
Craniotomy	5	0.6%
No Report	61	7.5%

tion of forceps to the vertex. In the spontaneous deliveries, the mortality is 7.2 per cent, or over three times as great as in the forceps deliveries; however, it must be noted that there were a large number of very small infants in the pre-viable stage in this group. But even when this group of 250 prematures is excluded, the mortality rate in spontaneous deliveries is still higher than the mortality rate when forceps are used.

PRENATAL CARE

A summary for 1937 of 13,253 delivered mothers, who were given prenatal care in forty-three different clinics, shows a maternal mortality rate for the group of 1.4 per cent, as compared with the city rate on all deliveries of 3.8 per cent; and a stillbirth rate of 19.2 per cent as compared with the city rate of 31 per cent. This would seem to indicate that adequate prenatal care might be a very potent factor in lowering the neonatal death rate.

AGE AT DEATH

It has been shown on numerous occasions that the great majority of neonatal deaths occur during the first twenty-four hours. Table VII illustrates this point, revealing that in the first hour of life 115 babies died; 338 succumbed during the next twenty-three hours; and that 28.2 per cent of the infants died from the second to the seventh day, 4.3 per cent died from the eighth to the thirteenth day, and 11.1 per cent passed away during the second two weeks

TABLE VI

Types of Delivery

	Total	Percentage of Total	Deaths	Mortality Percentage	Percentage of Deaths
Spontaneous Vertex	5830	37.6	440	7.5	46.6
Forceps Vertex	7814	50.4	185	2.3	19.6
Versions	532	3.4	78	14.6	8.2
Breech	501	3.2	149	29.7	15.7
Sections	830	5.3	92	10.8	9.7
	15,507				

It is surprising to see so many of the deaths occurring in spontaneous deliveries. If the percentages could be calculated on total types of deliveries, a better understanding of this problem could be secured. For example, in Table VI the relation of the types of delivery to the mortality, as occurring in one of the maternity hospitals in the city, is given over a seven-year period. It is interesting to note that the lowest mortality rate appeared when the delivery was accomplished by the applica-

TABLE VII

Length of Life

Less Than One Hour	115	14.3%
One to 24 Hours	328	41.7%
One to Seven Days	227	28.2%
Eight to 13 Days	35	4.3%
Two Weeks to One Month	90	11.1%

of life. When it is remembered that there were 429 premature infants reported in the group, it is easy to understand why the death rate is so high in the first twenty-four hours of life.

CAUSES OF DEATH

The causes of death may be looked at in several ways. Table VIII lists the causes of

TABLE VIII

CAUSE OF DEATH DISREGARDING AUTOPSY

Prematurity	342	42.6%
Injury	98	12.3%
Malformation	84	10.5%
Infection	60	7.4%
Asphyxia	55	6.9%
Syphilis	13	1.7%
Toxemia	14	1.8%
Atelectasis	12	1.6%
Miscellaneous	24	2.9%
Unknown	93	11.6%

death without regard to autopsy findings, and rather closely approximates the figures used in Table II as recorded by the Bureau of Vital Statistics. It must be noted, however, that prematurity was the cause in 42.5 per cent of the cases as studied by our committee, rather than 52 per cent as recorded by the Bureau. Injury, malformation, infection, and asphyxia lead the list in regard to the reason for fatalities; however, when Table IX is considered,

TABLE IX

CAUSE OF DEATH

	Autopsy 341 Cases	No Autopsy 464 Cases
Prematurity	91—26.6%	251—54.0%
Injury	67—19.3%	31— 6.6%
Malformation	51—14.9%	33— 7.1%
Infection	41—12.0%	19— 4.0%
Asphyxia	29— 8.4%	26— 5.6%
Syphilis	7— 2.0%	6— 1.2%
Toxemia	6— 1.7%	8— 1.7%
Atelectasis	10— 2.9%	2— 0.4%
Miscellaneous	17— 4.9%	7— 1.5%
Unknown	17— 4.9%	76—16.3%

which separates the group into those autopsied and those not coming to autopsy, a different viewpoint is obtained. In the autopsy group, it is noted that prematurity accounts for only 26.6 per cent of the deaths; while of the 464 cases which did not come to autopsy, it was considered the sole fault in 54 per cent. Birth injury was found to be the cause of death in 19.3 per cent of the autopsy group; and only 6.6 per cent of those not so examined. Malformation was the causative factor in twice as many, and infection in three times as many, of those autopsied as those not coming to autopsy. The committee was not able to make a diagnosis in 4.9 per cent of the cases coming to autopsy; but without autopsy the percentage rose to 16.3 per cent.

PREMATURITY

Table X merely gives a recapitulation of prematurity and its relation to the cause of death in the group studied. According to the death

TABLE X

PREMATURITY AS CAUSE OF DEATH

Death Certificate Record	429	52.0%
Reclassification	342	46.6%
With Autopsy	91	26.6%
Without Autopsy	251	54.0%

certificate records, there were 429, or 52 per cent, of the cases so classified; but by our reclassification there were 342 or 42.6 per cent, while only 26.6 per cent of the autopsy group were considered as due to prematurity, as compared to 54.0 per cent of those without autopsy.

Prematurity was not stated as the cause of death unless no other adequate explanation could be given. So many secondary factors enter into this problem that it is difficult to get general agreement, or even to be sure of the correct viewpoint.

OTHER CAUSES OF DEATH

While prematurity was given as the sole cause of death in 342 cases, at the same time secondary factors such as asphyxia (27 cases), multiple births (25 cases), toxemia (21 cases), syphilis (16 cases), maternal illness (13 cases), injury (nine cases), delivery (seven cases), malformation (five cases), and sedation or the production of a sedative effect (one case), must be considered as important parts of the problem. It is entirely possible that if the secondary factors had been absent, the infants might have survived.

INFECTION

The types of infection that could be definitely diagnosed are shown in Table XI. Pneumonia heads the list with 39 cases. There were

TABLE XI

Types of Infection

Pneumonia	39
Sepsis	12
Diarrhoea	6
Erysipelas	2
Peritonitis	1

12 cases of sepsis; six cases of diarrhoea; two of erysipelas; and one of peritonitis. In the 12 cases of septicemia, infection was widespread in many parts of the body; and because of its general distribution, these cases were classified under this heading rather than attributed to a diseased condition of any particular organ.

MISCELLANEOUS GROUP

The miscellaneous group of cases includes nine cases of hemorrhagic disease of the newborn; four of erythroblastosis foetalis; one of edema of the newborn; one of anemia of the newborn; three of icterus gravis; and one in a convulsive state.

In the injury group, there were 85 instances of intracranial hemorrhage, and 13 of liver and adrenal hemorrhage.

Toxemia of all types and grades was present in 65 cases. But this was considered the cause of death in only 14, or 1.4 per cent and as a secondary factor in 21 deaths of prematures.

COMMENTS AND SUGGESTIONS

The committee has a number of definite objectives in mind, and hopes that it may be able to stimulate closer clinical observations of the newborn with recording of all signs and symptoms. The lack of this approach to the problem has probably been one of our greatest difficuties.

Effort has been made to foster greater interest among the pathologists who perform the autopsies on the newborn. It is hoped that they will be painstaking, and make a closer search for evidence of injury, malformation or disease; and that microscopic studies will be carried out on all organs, and post-mortem cultures taken when conditions are favorable.

The committtee also recommends that the head be opened in the Benecke method in all cases.

Our study has revealed another important point, namely, that there is a need for closer coöperation between the obstetric and pediatric staffs in the hospitals. While neonatal deaths are to a large extent an obstetric problem, it is felt that the pediatrician has much to offer, and that he should assume charge of the child as soon as it is born.

We are also suggesting that each hospital group review its own cases in open staff meetings, and that frank and free discussions take place.

The committee feels quite certain that more attention needs to be given to prenatal care, and that this care should be started at an earlier date.

It is illuminating to learn that, in this group of cases studied, there were 169 complications of pregnancy of some kind; 69 cases in which there were complications of labor; and 78 with complications of delivery. This would seem to indicate that the problem of neonatal mortality is, to a large extent, an obstetric one.

SUMMARY

1. A study of neonatal deaths in Philadelphia during 1938 is reported.

2. It is a coöperative effort of the Department of Health, and the Pediatric, Obstetric and County Medical Societies; and is now financed by the societies.

3. There is a need for revision of classification lists; country-wide uniformity is desirable.

4. Carefully performed autopsies alter the various percentages of causes of death.

5. The medical profession is giving excellent coöperation.

6. The open committee meetings are educational.

255 South Seventeenth Street

THE EVALUATION OF THE RESULTS OF PRE-NATAL WASSERMANN TESTS

MATERNAL WELFARE ARTICLE NUMBER FORTY-SEVEN

Submitted by a joint sub-committee, consisting of:

The Maternal Welfare Committee, represented by ARTHUR W. BINGHAM, M.D., East Orange, N. J., and

The Venereal Disease Control Committee, represented by JOHN S. KESSELL, M.D., East Orange, N. J.

To evaluate the results of serological tests for syphilis, physiological and sociological data are necessary. With adequate information from the diagnostic trinity—serology, physiology, and sociology—one can arrive at a fairly accurate conclusion, and can plan an adequate procedure.

PHYSIOLOGICAL DATA

The physiological data may be obtained from the history, and from a physical examination. As a minimum it should include:

1. The history of any previous venereal disease infection.
2. The history of any genital lesion or any suspicious rash.
3. Information about miscarriages or still births.
4. The results of previous blood tests.
5. Information concerning any previous courses of intravenous or intramuscular injections that could have been anti-luetic.
6. The results of a physical examination, especially of the genitalia, the cardio-vascular and the central nervous systems.

SOCIOLOGICAL DATA

The sociological information may be obtained from the patient, the husband, and occasionally from the children. A minimum should include:

1. The history of known congenital syphilitic children.
2. The history of syphilitic infection of the husband,—its duration and the amount of treatment received.
3. The results of any blood tests on the husband or children.
4. A physical and serological examination of the husband and children, if indicated.

BLOOD SEROLOGY

With the above physiological and sociological data, the result of the blood serology can be evaluated.

A NEGATIVE TEST

1. If the blood test is *negative,* and there is nothing to indicate the presence of syphilis either by examination or from the information obtained, then the patient may be considered free of syphilis, and no further serological tests need be done.
2. If there is a history of a syphilitic infection, or of having borne syphilitic children, then treatment should be started as early as possible in the pregnancy, and an adequate amount administered, no matter what previous treatment has been given.
3. If there is a history of miscarriages, or still births, or a suspicious lesion or rash, repeat the blood test. If this result is negative, repeat every two weeks, and take tests on the husband and children.
4. If the husband has had syphilis, even if of long standing and adequately treated, repeat the test every four weeks.

If the report is *anti-complimentary,* it may be due to either:

1. An error in technic in taking the blood (water or alcohol in the syringe). Therefore, repeat the test using a dry syringe, or a vacuum tube.
2. The blood itself. Repeat the test, but take sufficient blood to have a complement fixation test (Wassermann), and a flocculation test (Kahn or Kline) done.

A TWO-PLUS TEST

If the result is *two plus positive,*—that is, a *doubtful* result, repeat the test. If the result of the second test is:

1. Negative,—repeat it again in one or two weeks.

2. Four plus positive, and fits in with the other information,—it indicates a syphilitic infection. Then start treatment. If it does not fit in with the other information, then repeat the test before starting treatment.

3. If the diagnosis is still doubtful and the physiological and sociological data do not support a diagnosis of syphilis, repeat the test weekly as long as the result comes back two plus, but do not start treatment. It is quite possible for a pregnancy to cause a doubtful Wassermann test that will disappear following the termination of the pregnancy.

A FOUR-PLUS TEST

If the result is four plus, repeat the test, sending some of the second specimen to each of two reliable laboratories.

CONFIRMATORY TEST

A confirmatory test is essential if this test is:

1. Negative,—then repeat the test. Do not start treatment on a single four-plus positive unless supported by the physiological and sociological data.

2. Four-plus positive,—rule out the few diseases that might give such results (acute mono-nucleosis or malaria).

TYPE OF TREATMENT

Having decided a syphilitic infection is present, one should examine carefully the cardio-vascular and the central nervous system to determine what type of treament should be given to protect the unborn child from syphilis. Protection of the child is the all-important factor of treatment in syphilis in pregnancy.

The physiological and sociological data will enable the doctor to decide whether the syphilitic infection is early,—that is, less than four years' duration; or late,—more than four years' duration. The type and the amount of treatment will be dealt with briefly later.

INFORMING THE PATIENT

With a definite diagnosis of syphilis established, the doctor must decide whether to inform the patient of her diagnosis or not. He must take into consideration the emotional state of the pregnant woman.

It is well to remember that, when the patient and her husband are informed of the presence of syphilis, all other instructions that are given at the same time are crowded out and go unheard. It is important for the doctor to realize that it is his responsibility to see that the patient does follow the directions given, and does come under treatment. He may delegate that responsibility, but it is his until the person to whom it is delegated assumes it. If the patient does not keep the next appointment, then it is the responsibility of the doctor either to find out why not; or to request the health officer or the State Department to find out why not. If he refers the patient to a clinic, then the doctor should notify the clinic so that the clinic can assume the responsibility, and see that the patient does arrive.

If the patient should be unable to assume any additional monetary responsibility, then the physician might share the medical treatment of the patient with the public health clinic. The physician could assume responsibility for the pre-natal care, and the public health clinic could assume responsibility for the treatment for the syphilis.

TYPE AND AMOUNT OF TREATMENT

The Coöperative Clinical Group considers that adequate treatment consists of at least ten, but preferably fifteen, arsenical injections and appropriate heavy metals early in pregnancy.

It further states: "If the diagnosis is made early, an intravenous injection of neoarsphenamine (0.3 to 0.6g) should be given every week for twelve to fifteen weeks; and be followed with ten weekly injections of either potassium bismuth tartrate (0.2g), bismuth salicylate (0.2g), or sodium potassium bismuth tartrate suspended in oil, each dose yielding from 0.05g to 0.1g metallic bismuth. If possible, the schedule should be arranged to finish up with an arsenical; and treatment should be continued to term. If the diagnosis is made late in pregnancy, combined arsenical and bismuth therapy is indicated. Even late, inadequate treatment may mean a living, possibly nonsyphilitic child." There are five chances in six of a baby born of an untreated syphilitic mother being syphilitic. There are ten chances in eleven of a baby born of an adequately treated syphilitic mother being non-syphilitic.

STATE SOCIETY ACTIVITIES

THE MEDICAL SERVICE PLAN OF NEW JERSEY

Operated by

THE MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY

I. BACKGROUND OF PLAN AND NECESSITY FOR LEGISLATION

The distribution of adequate medical care is one of the most important socio-economic problems confronting the nation.

Extensive studies of conditions in New Jersey have been made by committees of "The Conference on Health and Welfare", appointed by Governor A. Harry Moore, and by special committees of The Medical Society of New Jersey. The members of these committees are in entire accord on two approaches to a solution of the problem—first, that the medical care of the *indigent* is the responsibility of the community, the state, and the medical profession; and second, that a plan by which persons of the *low-wage group* may assume the responsibility of payment for their medical care on a voluntary, pre-payment insurance plan, at a cost within their ability to pay, should be instituted on an experimental basis in New Jersey.

The Medical Society of New Jersey, acting upon the recommendation of these committees, has formulated a plan applicable to the *low-wage group*. The Society was actuated by a sincere desire to be of service to this group of deserving people; to assist them in obtaining and paying for their medical care; and at the same time to help them in maintaining their self-dependence and self-respect by fulfilling this important obligation of society and citizenship.

The plan was originally intended to be a simple, informal arrangement between a group of doctors and a group of potential patients. The Commissioner of Banking and Insurance was consulted; and after his review it became apparent that such a plan constituted an *insurance* venture. This meant that such a plan would require special legislation in order to bring its operation under the supervision of the Commissioner of Banking and Insurance.

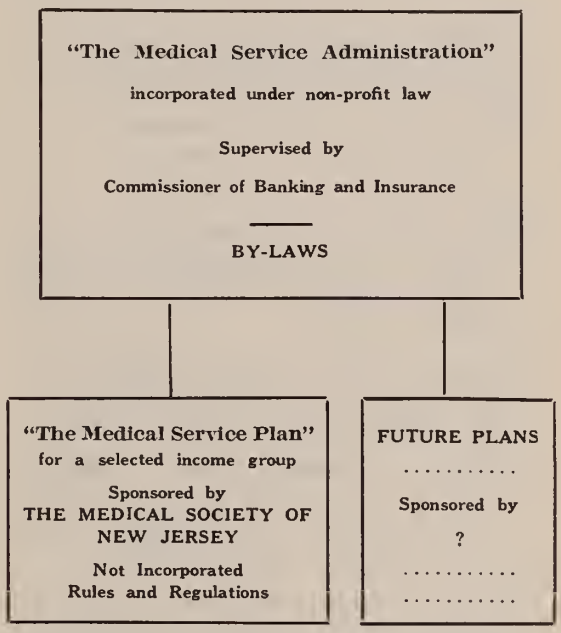
Complying with this advice, and with the cooperation of the Commissioner of Banking and Insurance, The Medical Society of New Jersey drafted an enabling bill which has been presented to the Legislature.

II. THE ENABLING BILL

The purposes of the bill are:

1. To provide for the incorporation of *medical service corporations;*
2. To place the organization and activities of such corporations under the supervision of the Commissioner of Banking and Insurance; and
3. To allow such medical service corporations to finance and operate plans for the distribution of medical care.

This diagram is presented to explain the provisions and purposes of the enabling bill and the relations of medical service corporations to medical service plans.



III. THE MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY

Under the provisions granted by the legislative act there will be incorporated "The Medical Service *Administration* of New Jersey".

This non-profit corporation will be the financing and administrating agency for "The Medical Service *Plan* of New Jersey". The corporation will also carry on research activities to determine:

1. The cost and the demand for medical care;

2. Any deficiencies in the standards and distribution of medical care; and

3. Means of correcting any demonstrated deficiencies in the distribution and standards of medical care rendered the people of New Jersey.

The corporation will be managed by a *Board of Governors.* The Board of Governors will be assisted and advised by *County Medical Advisory Committees,* who will deal with problems pertaining to their respective counties.

The Board of Governors will be composed of medical and lay members. Each member has been selected on a basis of his medical, public welfare, or insurance experience. A short biographical sketch of each member follows:

Edward W. Sprague, M.D., Newark, N. J., General Surgeon.

George W. Merck, West Orange, N. J., President and Director, Merck & Co., Inc., Rahway, N. J.

Augustus S. Knight, M.D., Far Hills, N. J.; Medical Director, Retired, Metropolitan Life Insurance Company.

Elton W. Lance, M.D., Rahway, N. J.; General Practice of Medicine and Surgery.

John S. Thompson, Newark, N. J.; Vice-President and Mathematician of The Mutual Benefit Life Insurance Company of Newark.

William G. Herrman, M.D., Asbury Park, N. J.; Radiologist; Past President of The Medical Society of New Jersey.

William J. Carrington, M.D., Atlantic City, N. J.; Gynecologist of the Atlantic City Hospital; Past President, The Medical Society of New Jersey.

Col. Joseph Bigley, Elizabeth, N. J.; Executive Director Brooklyn Chapter of American Red Cross; Deputy Director, Civilian Relief of New Jersey 1932-36.

IV. THE MEDICAL SERVICE PLAN OF NEW JERSEY

The *Medical Service Plan* is the name applied to a voluntary insurance plan, sponsored by *The Medical Society of New Jersey,* and to be operated by *The Medical Service Administration of New Jersey.*

A brief description of the provisions of The Medical Service Plan follows:

1. ELIGIBILITY FOR PARTICIPATION AS BENEFICIARIES

A. Age
Under 65 years, except after physical examination, and then at discretion of Board.

B. Upper Family Income Limit
1. $1200.00—Single subscriber
2. $1800.00—Subscriber and spouse.
3. $ 200.00—Additional, each dependent.

C. Other groups or classifications at discretion of Board.

D. Other qualifications:
1. Groups of ten or more from the same place of employment.
   a. 100% of married eligibles in groups of 10 to 20 members.
   b. 90% of married eligibles in groups of 20 to 50 members.
   c. 60% of married eligibles in groups of 50 or more members.
2. Dependents are:
   a. Spouse.
   b. Unmarried children not over 18 years of age.

2. PAYMENTS FOR MEDICAL SERVICES MADE FOR:

A. Home and office calls.

B. Hospital calls.

C. Surgical services.
1. Emergency surgery and care of traumatic injuries.
2. Elective surgery will not be paid for in first subscription year; and afterward only after consultation and approval by Board of Governors, or authorized representative.
3. Operations for tonsillectomy-adenoidectomy will not be paid for during first subscription year.

D. Obstetrics
1. Maternity care (except for pre-natal care) will not be paid for during first subscription year.

E. X-Ray and Laboratory Services
1. Payments for x-ray and laboratory procedures will be made only after consideration by Advisory Committee, and on decision of Board of Governors or proper representative of the Board.

F. Anesthetics
1. Anesthetics, being considered drugs, will not be paid for.
2. Anesthesia will be paid for at discretion of Board, upon advice of the Advisory Committee.

G. Consultant
   1. Will be paid for when, in the judgment of participating physicians, consultation is necessary, and after approval of Advisory Committee and Board.

H. Hospital Care
   1. Professional calls. Emergency and traumatic surgery as determined by the Board. Elective surgery at discretion of Board.

I. Other services:
   1. Privilege of annual physical examination and immunizing vaccinations
   2. The Administration will pay for all medical care not listed above or excluded according to paragraph V.

3. LIMITATIONS

A. Value of Services
   1. $250.00 annually per individual.
   2. $500.00 annually per family group.
   3. Service credits to the amounts of $300.00 and $600.00 respectively may be accrued if payments during the preceding year do not exceed $7.50 per individual subscriber or an average of $7.50 per member of family group.

B. Other conditions:
   1. Waiting period of two months, covering first three payments of monthly subscriptions during first subscription year.

4. EXCLUSIONS

A. Deductable—None.

B. Drugs and Appliances—None are supplied.

C. Diseases and conditions excluded:
   1. Insanity, tuberculosis, and feeble-mindedness, when institutionalized.
   2. Acute alcoholism.
   3. Certain phases of venereal diseases.
   4. Conditions existing prior to acceptance of the beneficiary.

D. Conditions compensable under any workment's compensation or similar insurance laws.

E. Diseases receiving medical care by Federal, State, or other governmental agencies.

5. DUES (SUBSCRIPTIONS)

Subscriber—½% of subscriber's monthly wage, plus $.75 additional.

Spouse—½% of subscriber's monthly wage, plus $.50 additional.

1st Child—½% of subscriber's monthly wage, plus $.25 additional.

2nd Child—½% of subscriber's monthly wage.

3rd Child—½% of subscriber's monthly wage.

6. MEDICAL PARTICIPATION

A. Patient has free choice of physician from among participating physicians.

B. Professional participants are limited to those who have full licenses to practice medicine in New Jersey, and under emergency or special conditions physicians holding similar licenses in other states.

C. Professional and beneficiary participants have the right to appeal to the Board of Governors in cases of dispute.

7. PHYSICIANS' FEES

A. Physicians' fees will not be paid according to a fixed fee schedule.

B. Amount actually paid will depend upon—
   1. Amount of money available.
   2. Consideration of amount usually charged in the particular area for similar services to that particular group of people, and upon advice of County Advisory Committees reviewing physicians' bills.

8. RELATION TO PHYSICIANS

The corporation will not furnish medical care. It is only concerned with the *payment* for medical services.

Medical service will be furnished by the participating physicians of the Plan administered by the Administration.

The Administration will not interfere with, or determine the activities of participating physicians; neither will it modify existing physician-patient relationship. Physicians may treat patients or operate upon patients according to their best judgment.

This venture will be experimental. It will be promoted and controlled by the medical profession, for the common welfare of physician and patient. Its success will depend upon (1) the coöperation of the profession; and (2) the demand for such services by the public.

NORMAN M. SCOTT, M.D.,
Acting Secretary to the
Board of Governors.
143 East State Street
Trenton, N. J.

THE LEGISLATIVE BILL

1. DESCRIPTION

The legislative bill authorizing the establishment of Medical Service Corporations and Medical Service Plans, is a supplement to the Insurance Law under title 17 of the Revised Statutes; and constitutes a new chapter entitled "Medical Service Corporations". It was introduced in the Senate by Senator Scott on March 11, 1940; and was referred to the Committee on Public Health consisting of Senators Taggart, Hollinshed, Wilensky, and Bowers.

The printed Bill covers thirteen pages, and consists of 381 lines of type containing 4,500 words, and would fill six or seven pages of this Journal. It is an "Enabling Act" designed to legalize the operation of the pre-payment plan that was proposed by the Committee on Voluntary Health Insurance. (See Journal, March, 1939, page 165; the Transactions, 1939, pages 13 and 19; and the Journal, February, 1940, page 67.) However, the Bill which was introduced in the Legislature is general in its provisions. It authorizes the establishment of non-profit corporations which may set up and operate medical service plans. Practically the proposed law will permit The Medical Society of New Jersey to carry out the program which was outlined in The Journal of February, 1939, pages 67 and 68, and whose Board of Governors had already been appointed by the Board of Trustees.

ANALYSIS OF THE LEGISLATIVE BILL

The Bill which was introduced in the Senate is divided into 26 sections whose scope is as follows:

1. Definitions of:
   a. A Medical Service Corporation.
   b. A non-profit Medical Plan.
   c. A subscriber.
   d. A covered dependent.
   e. A participating physician.
   f. The scope of the medical services to be rendered.
2. Restrictions:
   a. No plan to be for financial profit.
   b. No restriction to be placed on the subscriber's choice of physician.
3. Certificate of authority to a medical service corporation; conditions of its issuance.
4. Basic funds—$5,000 in cash required.
5. Conditions in contracts with subscribing patients.
6. Certificate of subscriber's contract to define eight provisions.
7. Printed form of contract, style of type, etc.
8. Participating physicians.
9. Filing a sample form of certificate.
10. Filing a schedule of rates.
11. Filing a form of agreement with subscribers.
12. Funds for payment of solicitors.
13. Administrative expenses.
14. Investments of funds.
15. Annual reports.
16. Penalties.
17. Examination of accounts.
18. Expenses of examinations.
19. Exhibiting records for inspection.
20. Insolvency.
21. Fees to the Banking and Insurance Department.
22. Penalties.
23. Acceptance of funds.
24. Tax exemption.
25. Invalidity of one part of the Act not to impair the validity of other provisions.
26. The Act to take effect immediately on its passage.

The Bill safeguards the interests of the subscribers, the medical profession, and the public.

2. NEWSPAPER COMMENTS

The following are editorial comments on "The Medical Service Administration" and "The Medical Service Plan", taken from daily newspapers:

The Medical Society of New Jersey is to be congratulated for taking up the challenge to organized medicine presented by the thousands of families who now don't get adequate service, or who are dependent upon charity.—*New York Post, Feb. 29, 1940.*

This measure bears the earmarks of a humane purpose. With its operation safeguarded by the Commissioner of Banking and Insurance, the plan seemingly merits a trial.—*Jersey Observer, Hoboken, Feb. 16, 1940.*

It is also important that the bill in no way conflicts or interferes with the operation of any of the existing insurance laws, regulations, or practice.

This bill is a progressive step of greatest importance and being a voluntary plan managed by physicians it eliminates the objections of a compulsory government system.—*Plainfield Courier-News, Feb. 20, 1940.*

The Plan is designed to benefit those self-supporting families who find it difficult, and at times practically impossible, to pay for modern medical care.

It puts their doctors' bills on an installment plan, with a central bureau guaranteeing payment to the physician.

The idea is fine. It makes it easier on the payee, and encourages use of medical care now sometimes avoided, even in cases of necessity.

The present plan, if vigorously administered along the lines for which it was intended, should benefit society as a whole.—*Cape May County Times, Feb. 16, 1940.*

The New Jersey Medical Society, by its sponsorship of such plans, is keeping pace with modern trends in the practical business world.—*Mr. Carl A. Padrone in the Irvington Herald, Feb. 21, 1940.*

3. LETTERS FROM LEGISLATORS

From Hon. Robert C. Hendrickson, Senator, Woodbury, Gloucester County:

"May I take this opportunity to commend the Medical Society upon its vision and foresight in launching 'The New Jersey Medical Service Plan'?

"This is another sample of the high and lofty motives which underlie the philosophies of the American Doctor of today.

"I congratulate the Society, even as I congratulate each of its members."

From Hon. Herbert F. Myers, Jr., Assemblyman, Hackensack, Bergen County:

"I am in receipt of your release concerning the bill introduced on Monday night, February 12th, in the New Jersey Legislature, for the establishment of non-profit medical service, which is to be known as the New Jersey Medical Service Plan.

"Please be advised that I am heartily in favor of this plan."

THE PRACTICE OF PHARMACY, AND OF MEDICINE

The following two articles are reprinted from the editorial department of The New Jersey Journal of Pharmacy, on the request of the Joint Committee on Professional Relations, whose personnel consists of the members of the Advisory Committee on Pharmaceutical Problems of The Medical Society of New Jersey, Dr. Chester I. Ulmer, Chairman, and the Committee on Professional Relations of The New Jersey Pharmaceutical Association, Robert P. Fischelis, Editor.

1. WHEN DOES A PHARMACIST PRACTICE MEDICINE?

From the New Jersey Journal of Pharmacy, October, 1939, page six.

In reply to a question, the Secretary of the Board of Medical Examiners of the State of New Jersey wrote:

"The question as to whether a pharmacist is diagnosing or counter-prescribing depends entirely on what is said and done in each particular case."

We have had occasion to investigate some of the cases where pharmacists have been subject to prosecution by the State Board of Medical Examiners, and we have been present in the courts when pharmacists have been tried for alleged violations of the medical practice act. In every instance it has been just as plain as day that the pharmacist was guilty. We have never run across a case about which there could have been the slightest doubt of guilt based on the evidence at hand. In each instance the pharmacist would tell a pathetic story of how an investigator (not known to him at the time) would come in and ask for something for a cold or for a headache or for a pain in the back and he would hand out a prepared remedy, either of the popularly advertised variety or one bearing his own label. The inference was that the pharmacist did nothing but hand out a "patent or proprietary" medicine, in response to a call, for some specified ailment—and why should that be a violation of any law when radio announcers, the newspapers and magazines, bill-boards and other forms of advertising were constantly being employed to urge people to take "so and so" for "this and that" and general merchants anywhere are permitted to sell "non-poisonous" patent or proprietary preparations.

The facts, in all of the cases we know anything about, are that the accused pharmacist did a whole lot more than he was willing to admit. He usually questioned the "patient" in detail about the aches and pains complained of. He asked the "patient" to show his tongue; he sometimes took the temperature and, in one case, he even asked for a specimen of urine. Following the "examination" he would gravely tell the patient that he had this or that trouble and needed a certain medicine. Sometimes the medicine was a prepared proprietary article, but more often, and *invariably* in the cases subject to prosecution, the pharmacist made up a preparation and labeled it with a prescription label with nothing written on the label except directions for taking the medicine and possibly some such designation as "For the Stomach" or "For pain", etc. To all intents and purposes the medicine was "like what the

doctor gives". There is not the slightest excuse for any pharmacist to diagnose and prescribe and that is exactly what was done in these cases.

While we cannot speak for the State Board of Medical Examiners, we believe that no pharmacist ever has been or will be prosecuted for violation of the medical practice act because he hands out a prepared remedy in response to a request from a customer; nor do we believe that giving a dose of aromatic ammonia or bicarbonate of soda when asked for, constitutes the practice of medicine. But when it comes to questioning a complaining customer about his pain and aches, and then suggesting a remedy or preparing a medicine for him to take, that is entering into the realm of diagnosis and prescribing which no conscientious and intelligent pharmacist wants to usurp.

Do not believe that the ordinary practice of pharmacy ever got any pharmacist into trouble; but likewise, do not believe that you can play doctor and get away with it for very long.

2. WHEN DOES A PHYSICIAN PRACTICE PHARMACY?

From the New Jersey Journal of Pharmacy, January, 1940, page six.

We shall now attempt to indicate how far a physician may go in the matter of dispensing medicines before he can be accused of practicing pharmacy. The first pharmacy laws in this and other States provided for the issuance of certificates of registration entitling physicians to practice pharmacy without any restriction. In same States a physician may still obtain a license to practice pharmacy and carry on a drug business on no other qualifications than his medical diploma.

The present Pharmacy Act of New Jersey provides that "nothing in this act shall be construed to apply to or in any manner interfere with the strictly professional pursuits of any physician". This exemption has been construed to mean that a physician has a right to dispense, and if necessary, to compound medicines for his own patients. It would obviously be contrary to the best interests of the citizens of New Jersey if a physician had to call upon a pharmacist to dissolve a hypodermic tablet for him for administration at the bed side or to mix a medicine for application or administration to a patient in his office. To treat disease, a physician must have freedom of action so that he can meet any emergency which might arise. However, such freedom of action is not to be construed as a license to practice pharmacy.

When a physician installs a laboratory for the compounding of medicines, and dispenses prepared medicines without a diagnosis or re-examination of a patient previously treated, he is encroaching upon the practice of pharmacy.

If he should compound prescriptions of other physicians, he would, of course, be practicing pharmacy in gross violation of the pharmacy act.

If he permits a nurse or office assistant to "re-fill" prescriptions originally dispensed by him to a patient, the nurse or assistant is violating the pharmacy act and the physician is equally liable if the dispensing is done from his office.

A distinction must be drawn between what is done under the personal supervision of the physician and what is done without supervision. An unregistered clerk in a pharmacy may compound a prescription, or sell a drug or poison, provided this is done under the personal supervision of a registered pharmacist. Likewise an assistant who is not a physician may do certain things under the supervision of a physician which, without such supervision, would make the non-medical assistant liable for violation of the Medical Practice Act or the Pharmacy Act, as the case may be.

The "Principles of Ethics" of the American Medical Association contain two references to pharmacy. In Chapter III, Article I, Section 6, we read: "It is unethical for a physician to prescribe or dispense secret remedies or other secret remedial agents, or manufacture or promote their use in any way."

In Chapter IV, Section 4, we read:

"By legitimate patronage, physicians shall recognize and promote the profession of pharmacy; but any pharmacist, unless he be qualified as a physician, who assumes to prescribe for the sick, shall be denied such countenance and support. Moreover, whenever a druggist or pharmacist dispenses deteriorated or adulterated drugs, or substitutes one remedy for another designated in a prescription, he thereby forfeits all claims to the favorable consideration of the public and physicians."

Nowhere in the code of ethics is dispensing of drugs by physicians prohibited in so many words. However, the first phrase of the foregoing quotation strongly suggests that pharmacy should be encouraged as a separate profession, and not as a part of medical practice.

To answer the question propounded in the heading of this editorial we would say that, when a physician compounds or dispenses or sells drugs in his office, he is practicing pharmacy.

If such compounding, dispensing, or sales are carried on by him, pursuant to personal

diagnosis and prescribing of treatment for a specific patient, he is not violating the Pharmacy Act.

If he compounds, dispenses, or sells drugs pursuant to a diagnosis or prescription of another physician, he would be violating the Pharmacy Act.

If he permits the compounding or dispensing or selling of drugs from his office by an employee or other assistant not under his personal supervision, both he and the employee or assistant are violating the Pharmacy Act.

There is considerable discussion these days as to what can be done to curb office dispensing of drugs by physicians. There is general recognition of the necessity for bedside dispensing of drugs in emergencies, and the use and application of certain drugs in office practice. However the practice of handing out pills, tablets, ointments, and liquids as a part of the doctor's service, and often charging a separate fee for such drugs, is certainly an encroachment on the legitimate practice of pharmacy, and is a type of unfair competition as far as medical practice is concerned. A professional fee for office or house calls is being "cut" when drugs are given "free" as a part of the service rendered for such fee. Many physicians who dispense, do so only because they are forced to by their medical competitors.

It is doubtful whether physicians' dispensing can be regulated satisfactory by law; but much can be accomplished by the promotion of mutual understanding between the professions. Such efforts are under way. They will bear fruit if we can learn to work together.

OSTEOPATHS IN MEDICAL PRACTICE

Under a legislative act which became a law on July 1, 1939, graduates of osteopathic schools, who meet the educational requirements of doctors of medicine, are permitted to take the examinations conducted by the Board of Medical Examiners of New Jersey. If they pass the tests, they are licensed to practice medicine, although they are Doctors of Osteopathy, instead of Medicine.

Since July first, when the law went into effect, 145 graduates in osteopathy have received licenses to practice medicine in New Jersey, of whom 138 are practicing in the State. According to the records of the Board of Medical Examiners, these osteopaths are distributed through the counties as follows:

County			
Atlantic	9	Middlesex	1
Bergen	8	Monmouth	6
Burlington	3	Morris	10
Camden	21	Ocean	1
Cape May	3	Passaic	3
Cumberland	4	Salem	3
Essex	36	Somerset	2
Gloucester	6	Sussex	1
Hudson	2	Union	11
Hunterdon	0	Warren	1
Mercer	7	Total	138

MENTAL HYGIENE COMMITTEE

A meeting of the *Mental Hygiene* Committee was held on February 14, 1940, in the Academy of Medicine, Newark, New Jersey, at 4:00 p. m. Those present were: Dr. Raycroft, Chairman; Drs. Lewis, Howard, Davidson, Doody, Pessel, Murray, Nichols, Wassing, Levy, and Wilkes.

MENTAL HYGIENE CLINIC

The committee endorsed a policy whereby the State Mental Hygiene Clinics be offered for a period of two years as a demonstration service which may be taken over and supported locally at the end of this period. Motion was seconded by Dr. Pessel and unanimously passed by the committee.

EDUCATING THE PUBLIC

The committee agreed that the education of the public regarding emotional factors which influence health and behavior is badly needed; and that the schools offer the best point of approach to this problem. It is especially urgent that board members and teachers be educated regarding this fact.

DEMONSTRATIONS FOR THE PROFESSION

The Mental Hygiene Committee agreed that it should provide demonstrations of mental hygiene procedures which could be offered to County Societies. It was agreed that such demonstrations could be made most effective with

the help of a professional who has had experience in staging radio or other presentations.

It was believed also that those hospitals which have functioning psychiatric clinics could be hosts to the County Medical Society meetings. The committee agreed that such a clinic type of demonstration of mental hygiene procedures would provide the best form of teaching this specialized subject to the general practitioner.

MENTAL HYGIENE SECTION IN THE ANNUAL MEETING

Dr. Nichols moved that the committee, at the 174th Annual Meeting of The Medical Society of New Jersey next June in Atlantic City, provide a demonstration of mental hygiene technic and application. This motion was seconded and unanimously approved by the committee.

MENTAL HYGIENE CLINIC IN THE GENERAL HOSPITAL

Serious consideration was given to establishing mental hygiene service in the general hospitals, in order to treat the mental states of the patient as well as their physical conditions. Dr. Davidson presented the outline of a plan for operating such a service.

MENTAL HYGIENE EXAMINATIONS IN PUBLIC SCHOOLS

Dr. J. W. Howard, conductor of mental hygiene clinics in the Mountainside Hospital, spoke of the medical inspections of school children as opportunities to recognize those who are over-emotional or unresponsive; and to refer them to family physicians for treatment.

Dr. Wassing, of Paterson, reported that the Passaic County Medical Society had a Mental Hygiene Committee which offered the fullest coöperation with the State Mental Hygiene Committee in the local development of a practical program.

Through the courtesy of Dr. Ambrose Dowd of the Mental Hygiene Committee, and President of the Neuro-Psychiatric Society of New Jersey, the members of the committee were given the opportunity to attend an evening lecture on "Mental Hygiene and General Practice" by Dr. Wendell Muncie, Associate Professor of Psychiatry, Johns Hopkins University.

The next meeting will be held at 4:00 p. m., Wednesday, March 27th, at the Academy of Medicine in Newark.

BOARD OF MEDICAL EXAMINERS

The following is a report of the Board's activities in enforcing the Medical Practice Act since our last report:

June 13th, 1938, Eustace Mattinson, of Pompton Lakes, New Jersey, who conducts the Mattinson Health Foundation, was tried before Judge Hinchcliffe of the First District Court of Paterson, and decision was reserved. In January, 1939, judgment was rendered in favor of the defendant.

September 8th, 1938, Paul Hansen, of Carlstadt, pleaded guilty and paid the penalty to the Attorney General for practicing medicine without a license.

September 9th, 1938, Louis Adler, of Newark, New Jersey, paid the penalty to the Attorney General for practicing medicine without a license. This was his fourth offense.

October 20th, 1938, Camillo Cianciulli, a registered pharmacist of Bayonne, paid the penalty to the Attorney General for practicing medicine without a license.

November 16th, 1938, the Board revoked the license to practice midwifery of Mary Salaky, of Perth Amboy, New Jersey, for the practice of criminal abortion.

On the same day, the Board suspended for an indefinite period the license to practice medicine and surgery of Aram K. Andounian, of Paterson, for the conviction of a crime involving moral turpitude.

On the same day, the Board dismissed the complaint against Victor E. Bullen, a licensed physician, of Paterson, for conviction of a crime involving moral turpitude.

In April, 1939, Benjamin Baker, of Springfield, New Jersey, paid the penalty to the Attorney Geneneral for practicing medicine without a license.

May 26th, 1939, Harlin F. Mills, an unlicensed chiropractor, of Vineland, pleaded guilty before the Judge of the Common Pleas Court of Cumberland County; and was sentenced to fifteen days, to serve one day in jail, and to be placed on probation for one year to report to the Sheriff once a month.

In June, 1939, Randal J. Brown, a registered pharmacist, of Trenton, New Jersey, paid the penalty to the Attorney General for practicing medicine without a license.

June 2nd, 1939, Hester Armstrong, of Cranford, New Jersey, was tried in the Elizabeth District Court, convicted, and paid the penalty to the Attorney General.

June 6th, 1939, Anna Kaneshiro, of Asbury Park, was tried in the Asbury Park District Court for practicing medicine without a license, and judgment rendered in favor of the defendant.

June 30th, 1939, Esther Mitchell, of Camden, New

Jersey, was tried in the Camden District Court for practicing medicine without a license, and was sentenced to thirty days in jail.

July 11th, 1939, George Posta, a pharmacist, of Trenton, New Jersey, paid the penalty to the Attorney General for practicing medicine without a license.

July 27th, 1939, Emil Widmer, of Bound Brook, paid the penalty to the Attorney General for practicing medicine without a license.

In August, 1939, Mayme Applegate, of Trenton, New Jersey, paid the penalty to the Attorney General for practicing medicine without a license.

September 6th, 1939, Morris Ehrenfeld, of Atlantic City, New Jersey, paid the penalty to the Attorney General for practicing medicine without a license.

September 21st, 1939, Kenneth L. Shaver, a physician licensed in Pennsylvania, paid the penalty to the Attorney General for practicing medicine in this State without a license.

In October, 1939, Elvin E. Walker, a licensed osteopath, of Clementon and Laurel Springs, New Jersey, paid the penalty to the Attorney General for practicing medicine without a license.

October 17th, 1939, Peter Paul Fucci, of Newark, New Jersey, was tried before Judge MacMahon in the First District Court of Newark for practicing medicine without a license, and was sentenced to ten days in jail.

On the same day, Adam Marshall, of Newark, was tried before Judge MacMahon in the First District Court of Newark. Decision was reserved, and defendant found not guilty on December 20th, 1939.

November 3rd, 1939, Charles B. Slosberg, of Salem, New Jersey, was tried in the Common Pleas Court of Salem County for practicing medicine without a license and found not guilty.

November 10th, 1939, Nicola Bernardo, of Camden, New Jersey, was tried in the Camden District Court, and judgment was rendered in favor of the defendant.

November 14th, 1939, Frank L. Fischer, of Newark, New Jersey, pleaded guilty to a second violation of the Medical Practice Act, and paid the penalty to the Attorney General for practicing medicine without a license.

On November 29th, 1939, George A. Davis, of Red Bank, New Jersey, was tried before the Judge of the Asbury Park District Court, entered a plea, and was sentenced to one day in jail on December 9th, 1939.

In January, 1939, Jacob Fertel, a pharmacist, of Newark, New Jersey, paid the penalty to the Attorney General for practicing medicine without a license.

February 9th, 1940, Frank McAndrews, of Newark, New Jersey, was tried before Judge MacMahon in the First District Court of Newark on a charge of practicing medicine without a license, found guilty, and was committed to jail for ten days.

E. S. HALLINGER, M.D., *Secretary.*

FIFTH COUNCILOR DISTRICT MEETING

There will be a meeting of the Fifth Councilor District of The Medical Society of New Jersey in Salem County, at the Salem Country Club, on May 17th, at 3:30 p. m.

An individual announcement of the meeting will be mailed to each member of the five southern county societies which comprise this district.

The program of the meeting will also be printed in the May Journal.

CHESTER I. ULMER, M.D., *Councilor,*
Fifth Judicial District.

RECORDS OF THE N. J. SANITARY ASSOCIATION

The proceedings of the New Jersey Sanitary Association are useful because of their historical records of the development of public health work in the State to which the executive and editorial offices frequently have occasion to report.

Dr. E. J. Marsh has files of the proceedings from 1902 to 1933, with the exception of the years 1903 and 1927. The Medical Society will be grateful to any member who can donate the missing numbers, and will present them to the Medical Society library.

MEMORIAL PLAQUE TO DR. JOHN F. HAGERTY

A bronze plaque, the gift of the Medical Staff of St. Michael's Hospital, Newark, N. J., was unveiled in the Academy of Medicine of Northern New Jersey on the evening of Tuesday, January 23, 1940, in honor of Dr. John F. Hagerty, former attending surgeon at the hospital.

The obituary of Dr. Hagerty, who died on February 1, 1937, was printed in the March Journal, page 186; and a memorial booklet, beautifully prepared by direction of the Trustees, was presented to his family. (Journal, May, 1937, p. 347.)

At the dedication of the memorial plaque a beautiful eulogy of Dr. Hagerty was delivered by The Very Reverend James F. Kelly, President of Seton Hall College, from which Dr. Hagerty had received the degree of Doctor of Laws. Also the following addresses were given by three of Dr. Hagerty's medical colleagues:

Dr. Schaaf Dr. Hawkes Dr. Robbins

1. THE ADDRESS BY E. ZEH HAWKES, M.D., NEWARK, N. J., PRESIDENT, THE MEDICAL SOCIETY OF NEW JERSEY

A few days after Dr. Hagerty opened his office in Newark, he and I became acquainted. I knew him rather intimately from that time until his death;—knew him both in his work and in his play. During these years much prominence and many honors came to him, yet I cannot remember ever having heard him mention them, such was his reticence and his modesty. He fully appreciated the honors, but seemed to be surprised that such distinction should have come to him. The only way to get a complete knowledge of his many honors was to consult the written record.

In his later years, while on a Mediterranean cruise, he wrote a brief story of his life, which I read with great interest. He wrote that his father was "honest and honorable in all his dealings" and "a strong adherent of his church".

As a school boy in New Brunswick, John was not only a good student, he also took an active part in the various extra-curricular activities. He liked music and sang in the church choir. He took part in school plays, and enjoyed public speaking. In high school he played baseball and football. He was a class officer and editor-in-chief of the school paper called the Livingston Avenue High School Advocate. Even at that early age he wrote editorials which, in clearness of thought and in literary finish, would have done credit to a metropolitan paper.

As I have compared the written record of his boyhood with the activities of his manhood, I have realized as never before the truth of the old saying, "The child is father of the man." He ran true to form. The tastes and abilities and activities of his boyhood pointed unerringly to the achievements of his manhood. From beginning to end, his life was as logical as a syllogism.

It was not because he possessed any of the tricks of oratory, but because as a schoolboy he loved public speaking and could write model editorials that in manhood he developed into the most effective public speaker in the medical profession of New Jersey. It was because as a boy he sang in the choir that, as a man, he loved grand opera. It was because of his natural abilities, both mental and physical, combined with studious habits and hard work, that the great number of honors and the opportunities to serve his fellow man came to him.

In his profession his tastes were for surgery. He was not only a good general surgeon, but in diseases of the thyroid grand was the leading authority in the State. He wrote various papers on a wide range of medical and surgical subjects.

One after another every honor came to him that was within the gift of his fellow practitioners—President of the Essex County Medical Society, President of the Academy of Medicine of Northern New Jersey, President of The Medical Society of New Jersey, Delegate to the American Medical Association, Chairman of the State Credentials Committe of the

American College of Surgeons. He was consultant on the staffs of many hospitals.

It was while he was President of the Academy of Medicine that this property which we now occupy was acquired.

As a hospital administrator he was a great success. While he was Medical Director of St. Michael's Hospital a new wing was built, a training school for nurses was established, new operating rooms and modern laboratories were added, departments of obstetrics, of pediatrics, of bronchoscopy, and of fractures were developed.

Outside of his profession he was also honored. He was a commissioned officer in the World War, was President of the High Point State Park Commission, and received the degree of L.L.D. from Seton Hall College. Pope Pius the XIth made him a Knight Commander of the Order of St. Gregory.

It was after his marriage in 1919 to Miss Regina C. Delaney that most of his honors came to him.

Brief as my remarks must necessarily be, I cannot stop without saying something of Dr. Hagerty as a man.

"What shall it profit a man if he gain the whole world, and lose his own soul?" I take this quotation to mean that the essential consideration in the life of a man is what he himself is. We have all known men who achieved great wealth, power, and influence, yet were distrusted and despised by their fellows. On the other hand, we have known of those who were humble and inconspicuous, yet were honored by all who knew them.

The boy John who sang in the choir, and was an altar boy in the parish church developed into a religious man. His was not a religion of lip service, nor assumed for self advancement. He was truly religious. His religion dominated and controlled every thought and act of his life. It is for this reason that he never did a mean act, and for this reason also we could all believe his every word.

It was because his religion made him so fine and dependable a man that many distinctions came to him, and that we, his associates, honored and loved him.

2. ADDRESS OF CHARLES M. ROBBINS, M.D., NEWARK, N. J., PRESIDENT, THE ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

The Academy of Medicine accepts with honor this plaque from the Medical Staff of St. Michael's Hospital, proud to preserve in bronze upon the walls of this Academy the name of John Hagerty—a former President of the Association, a noted surgeon and practitioner in this State for four decades, and one of New Jersey's respected and illustrious citizens.

Two thousand years ago the Latin poet Horace wrote: "I have erected a monument more enduring than bronze." He referred to his own writings, which already in his lifetime had attained popular approval and acclaim.

Of John Hagerty,—man of culture, man of refinement, man of learning,—it may likewise be said, as one contemplates the prodigious and skilled labors in his useful career, that *he too* had erected a monument more lasting than bronze—more lasting, since in countless ways, the lasting influence of his life and his works will reach out through manifold, undefinable channels, for generations to come. Because of the nobility of his character, the warmth of his friendships, the intensity of his labors which pervaded the whole of his professional and civil life, his years of service have left an impress that has been deep and abiding upon his colleague, his friends, his patients, and the community in which he moved.

It is fitting that this edifice should be the repository of a memorial to John Hagerty for this structure was acquired during the period of his administration as head of this institution—the culmination of his effective campaign to establish a suitable home, worthy of the Academy.

To our colleagues from St. Michael's Hospital, who honor us with this memorial plaque, there go forth words of appreciation from this Academy.

John Hagerty's name belongs in the roll of honor of men who have served the profession with idealism, with fidelity, and with fervor.

Dr. Hagerty was a great Catholic gentleman; Catholic in his piety, and in his deeply religious life; Catholic, too, in his wide scholarship, and his artistic and cultural interests.

The Academy of Medicine has become a notable symbol for all that is stimulating and inspiring in our great calling. Here the myriad

problems of the profession, arising in divergent specialities, find their expression and their solution in the crucible of composite thought and action. Our Academy unites the members of the profession. It gives substance—it gives spirit—it gives vitality to our great common purposes.

It is in such a place that the memory of John Hagerty and all that he epitomized and symbolized becomes suitably enshrined.

3. ADDRESS OF ROYAL A. SCHAAF, M.D., PRESIDENT, THE MEDICAL SOCIETY OF ESSEX COUNTY

It is a great privilege to represent the Essex County Medical Society on the occasion of this memorial to one of its most distinguished members and Past-Presidents. Few men have served our Society longer, and none more faithfully than John F. Hagerty. Dr. Hagerty was elected to membership in the Society at the Annual Meeting in 1898, and remained continuously active in its affairs until his death on February 1, 1937, more than thirty-eight years later. He was the President of the Society in 1915, gracing the office in the best tradition of his predecessors, at a time when the County Society was a purely scientific and social body. From a perusal of the minutes, it would appear that his administration was uneventful, running the even tenor of its way undisturbed by the many knotty problems which have beset the path of his successors during the past decade. For twenty-two years he was a regular attendant at Council meetings, where his wisdom, energy, and foresight proved invaluable, particularly in dealing with economic and other difficulties of the depression years.

Those of us who knew Dr. Hagerty well, recall with pleasure his technical skill, especially in the surgery of the thyroid, his rugged health, his vigorous personality, his moral courage, his quiet determination, the beauty of his fluent oratory, and the rare demonstrations of hot anger over injustice especially to a patient. We remember affectionately his kindly smile, his friendliness, his impulsive generosity, his helpfulness to his fellow practitioners, and his gentleness in the care of the sick. The Essex County Medical Society had many reasons for being grateful to Dr. Hagerty, not the least of which was the personal detachment with which he viewed his participation in the activities of the Society,—for one consideration only governed his decisions, namely, the welfare of the Society as a whole. For this alone, he would be entitled to a permanent place in our hearts. We cherish the memory of our friend and colleague, Dr. John Hagerty.

HONORING DR. ROGERS, TREASURER

At the regular meeting of the Essex County Medical Society held on March 14, Dr. Robert H. Rogers, Newark, was the recipient of a key of honor, a set of resolutions, and a purse, in recognition of his twenty-eight years of efficient service as Treasurer of the Essex County Medical Society (page 180). In presenting the gifts, President Royal A. Schaaf said:

"At our annual meeting on May 11, 1939, the Essex County Medical Society presented a watch-charm key to each of its twenty-two living Past Presidents. The awards committee also decided, after deliberation and consultation, that it was the unanimous wish of the members of the Society to present the same memento to you who have attended to the finances of the organization under twenty-eight presidents.

"The Society also desires you to accept the following resolution in appreciation of your devotion to its interests:

Whereas, Dr. Robert H. Rogers has for over one-quarter of a century been a staunch and understanding officer of the Medical Society of Essex County, the Society now pauses to pay tribute to him as a physician and a practitioner of the healing art in the highest meanings of these terms; to take cognizance of his exactitude and devotion to the duties of his office; to commend him, and to express to him the Society's gratitude and appreciation for his valued services, and wise, dependable counsel; therefore, be it resolved, that the Essex County Medical Society commends Dr. Robert H. Rogers, and officially recognizes his valued services and wise counsel for twenty-eight years; and as evidence of its appreciation and gratitude, bestows upon him the Society's emblem and officer's key with the felicitations of the members.

"Finally, the members of the Essex County Medical Society wish you to accept this purse, and to use its contents for the attainment of some cherished desire."

DECEASED PHYSICIANS — NEW JERSEY

Data Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
William Brewer	74	Jan. 28, 1940	Woodbury	Same	Carcinoma of gall-bladder.
Edward L. Bumis	74	Jan. 29, 1940	Newark	Same	Hemiplegia.
Hiram F. Datesman	80	Jan. 31, 1940	Passaic	Same	Senility.
Aaron Friedman	75	July 14, 1939	New York City	Hoboken	Cancer of prostate.
George A. Holland	39	Jan. 4, 1940	Newark	Same	Coronary occlusion.
Charles D. Kane	66	Jan. 16, 1940	Paterson	Same	Laryngeal edema. Chr. arthritis.
Alton L. Sherman	50	Jan. 9, 1940	Orange	Same	Coronary Thrombosis.
John C. F. Webner	71	Jan. 28, 1940	Newark	Same	Coronary occlusion.

NUMBER OF CHILDREN REPORTED RECEIVING FREE STATE BIOLOGICALS

SINCE JULY 1, 1939

DIPHTHERIA TOXOID

County	Total to Jan. 31	Month of Feb.	Total to Feb. 29	Average per Month
Atlantic	179	55	234	29.2
Bergen	1606	92	1698	212.2
Burlington	85	29	114	14.2
Camden	1342	10	1352	169.
Cape May	47	0	47	5.8
Cumberland	41	3	44	5.5
Essex	5780	753	6533	816.6
Gloucester	80	2	82	10.2
Hudson	6975	1765	8740	1092.5
Hunterdon	398	130	528	66.
Mercer	1261	1163	2424	303.
Middlesex	1151	19	1170	146.2
Monmouth	1122	21	1143	142.8
Morris	479	10	489	61.1
Ocean	38	98	136	17.
Passaic	2400	385	2785	348.1
Salem	190	2	192	24.
Somerset	86	37	123	15.3
Sussex	2	0	2	.2
Union	1116	23	1139	142.3
Warren	31	1	32	4.
Totals	24409	4598	29007	3625.8

SMALLPOX VACCINE

County	Total to Jan. 31	Month of Feb.	Total to Feb. 29	Average per Month
Atlantic	339	2	341	42.6
Bergen	1854	96	1950	243.7
Burlington	208	4	212	26.5
Camden	957	13	970	121.2
Cape May	90	0	90	11.2
Cumberland	103	0	103	12.8
Essex	3896	537	4433	554.1
Gloucester	195	1	196	24.5
Hudson	3665	73	3738	467.2
Hunterdon	311	103	414	51.7
Mercer	859	40	899	112.3
Middlesex	522	11	533	66.6
Monmouth	1104	3	1107	138.3
Morris	636	7	643	80.3
Ocean	48	0	48	6.
Passaic	1646	55	1701	212.6
Salem	201	2	203	25.3
Somerset	400	3	403	50.3
Sussex	0	0	0	0.
Union	1340	7	1347	168.3
Warren	113	0	113	14.1
Totals	18487	957	19444	2430.5

BOOKS RECEIVED FOR REVIEW

Management of Obstetric Difficulties. By Paul Titus, M.D. 2d ed. Pp. 968. Price $10.00. St. Louis, C. V. Mosby. 1940.

Clinical Roentgenology of the Alimentary Tract. By Jacob Buckstein, M.D. Pp. 652. Price $10.00. Philadelphia, W. B. Saunders. 1940.

Injection Treatment of Hernia, Hydrocele, Ganglion, Hemorrhoids, Prostate Gland, Angioma, Variocele, Varicose Veins, Bursae, and Joints. By Penn Riddle. Pp. 290. Price $5.50. Philadelphia, W. B. Saunders. 1940.

Diseases of the Gallbladder and Bile Ducts. By Waltman Walters and Albert M. Snell. Pp. 645. Price $10.00. Philadelphia, W. B. Saunders. 1940.

Modern Urology for Nurses. By Sheila Maureen Dwyer, R.N., and George W. Fish, M.D., with a foreword by Helen Young, R.N. Pp. 290. Price $3.25. Philadelphia, Lea & Febiger. 1940.

Trapping the Common Cold. By George Sanford Foster, M.D. Pp. 125. Price $2.00. New York, Fleming H. Revell. 1940.

Modern Diabetic Care, including instructions in the diet and the use of old and new insulins. By Herbert Pollack, Ph. D.M.D. Pp. 216. Price $2.00. New York, Harcourt, Brace & Co. 1940.

Ten Years in the Congo. By W. E. Davis. Pp. 301. Price $2.50. New York, Reynal & Hitchcock. 1940.

As the Twig Is Bent. By Leslie B. Holman, M.D. Pp. 291. Price $2.50. New York, Macmillan Co. 1940.

Elmer and Rose Physical Diagnosis. Revised by Harry Walker, M.D. 8th ed. Pp. 792. Price $8.75. St. Louis, C. V. Mosby Co. 1940.

BOOK REVIEWS

Injuries of the Skull, Brain and Spinal Cord: Neuro-Psychiatric, Surgical, and Medico-Legal Aspects. Edited by Samuel Brock, M.D. A William Wood Book. The Williams & Wilkins Company, Baltimore, Md., 1940. 632 pp. $7.00.

This work is a symposium by twenty-two authors, well versed in their specialties, who set forth in detail the various aspects of injuries to the central nervous system. It is timely, and does justice to this highly important specialty of neuropsychiatry. It contains information which will be of interest to the general practitioner and specialist alike; and to judges, lawyers, and others who have to deal with compensation matters, as well as insurance companies and claim adjusters. Every doctor, lawyer, and judge should have it handy for consultation.

The chapter on The Medico-Legal Aspects of Injuries of the Skull, Brain, and Spinal Cord is exceptionally fine and sets forth the duties of the testifying physician, and valuable information regarding the laws of damages, the rules of evidence, and other important matters.

The bibliography at the end of each chapter affords ready reference to original articles for further reading.

In spite of the tremendous progress made in the last two decades, there are still many controversial matters regarding the subject of brain and spinal cord injuries; and differences of opinion may be expected to develop as to the diagnosis, prognosis, and even treatment of the sequelae of injuries to the central nervous system.

The information contained in this book will certainly help to ear-mark much of the loose testimony that is frequently offered in our Courts of Law.

The reviewer feels that Dr. Brock and his colleagues, and the publishers, have given both the medical and legal professions a fine book replete with up-to-date knowledge.

C. C. Beling, M.D.

Synopsis of Pediatrics. By John Zahorsky and T. S. Zahorsky. 3d ed. Pp. 430. Price $4.00. St. Louis, C. V. Mosby Co. 1939.

This third edition of the Synopsis of Pediatrics by Dr. John Zahorsky closely resembles the other editions in brevity and thoroughness.

Written for the medical student and the general practitioner, it offers a complete outline of general pediatrics. It is brought up to date by frequent references to, and discussions of, the newer phases of therapy.

It is not intended to be a reference book for the pediatrician; but it presents all the essential points in the symptomatology, diagnosis, and treatment of conditions met with in the care of infants and children.

Its 140 or more figures and interesting pictures of common pediatric conditions help to make this small book a valuable asset not only to the physician limiting his work to the care of children, but especially to the general practitioner.

Heart Patients, Their Study and Care. By S. Calvin Smith, M.D., Sc.D. Price $2.00; pp. 166. Lea & Febiger, Philadelphia, 1939.

The late Dr. Smith, author of many excellent volumes on cardiovascular subjects, has given the general practitioner a very useful handbook for his cardiac cases. In this small book the writer has not attempted to overwhelm the reader with a mass of information in order to parade his erudition. On the contrary, he has succinctly headlined only those facts which are necessary, and are distinctly helpful in every-day practice. This monograph will find many uses in the hands of the general practitioner daily, and will make an excellent addition to the doctor's library.

A. E. P.

Varicose Veins. By Alton Ochsner, B.A., M.D., D. Sc. (Hon.), F.A.C.S., and Howard Mahorner, B.A., M.D., M.S. (Surgery), F.A.C.S. Price $3.00; pp. 147. The C. V. Mosby Company, St. Louis, 1939.

This excellent monograph with its many explicit illustrations certainly fills a long-felt need. The authors have not filled the pages with much controversial material, but have rather confined themselves to factual statements that strike directly at the root of the problem which faces the man attempting to treat varicose veins. The reader never feels that something has been left unsaid, or that any particular procedure has not been clearly explained or adequately treated.

A. E. P.

Clinical and Experimental Use of Sulfanilamide, Sulfapyridine, and Allied Compounds. By Perrin H. Long, M.D., and Eleanor A. Bliss, Sc.D. Pp. 319. Price $3.50. New York, Macmillan Co. 1939.

This remarkable book brings together under one cover what was known up to the time of publication on the subject of sulfanilamide and its derivatives, which have been on trial and extensively used in this country and Europe ever since Dr. Foerster's first report on the use of prontosil in staphylococcal sepsis six years ago. It is a monumental piece of work to be accomplished in so short a space of time.

It covers all phases of the subject; gives every disease in which the drugs have been of value; gives tables of dosage, and the toxic effects with directions for their prevention, recognition and treatment. There are extensive bibliographies at the end of each chapter.

The book is a valuable reference work for every physician because almost every physician has been called upon to use the drug, and also because there has been such widespread publicity that physicians will need to have ready answers to patients' inquiries about the drugs. Even though it will so soon be antidated, the bibliographies alone supply adequate references to the extensive literature already published in journals.

SHOCK: BLOOD STUDIES AS A GUIDE TO THERAPY. By John Scudder, M.D., Med.Sc.D., F.A.C.S. From the Surgical Pathology Laboratory of the College of Physicians and Surgeons, Columbia University; and the Department of Surgery, the Presbyterian Hospital, New York City. Fifty-five illustrations. Five plates, three of which are in color. J. B. Lippincott Company, Philadelphia. Price $5.50.

Dr. Scudder's book is unusually valuable; and although one may be at first frightened by the profusion of charts and tables, investigation of the text quickly reveals its value. These charts and tables are, of course, work sheets, or basic proof for the statements in the text, and hence the average reader must not lead himself into the path of discouragement by attempting to decipher them at first. Let him rather turn to the text on Blood Changes in Shock, Potassium, Hemoconcentration, Normal and Abnormal Blood Values, and the Treatment, after first reading Section XIII which summarizes the work. With the proper orientation, this book will thus become fascinating.

The importance of potassium is emphasized, and an attempt made to demonstrate what information is necessary for correlation and an intelligent estimation of the pre-operative and post-operative status of the surgical patient with regard to his fluid and electrolyte balance. The tremendous importance of recognizing incipient shock before it is clinically noticeable cannot be overestimated, as the best treatment for shock is its prevention. The use of eschatin and salt solution is also important as substantiated by the increasing amount of information in recent journals.

This book should be on the desk of every physician and laboratory for ready reference; and should go a long way toward dispelling the many persistent misconceptions regarding this subject.

C. ABBOTT BELING, M.D.

DISEASES OF THE GALL-BLADDER AND BILE DUCTS. By Waltman Walters and Albert Snell. Philadelphia. W. B. Saunders Co., 1940. $10.00.

This is a thoroughly modern treatise on the biliary tract. It summarizes the opinions and experience of the Mayo Clinic Group. There are brief, clear chapters on anatomy, physiology, and pathology. The chapter on cholecystography is written by B. R. Kirklin. The discussion on diseases of the extrahepatic bile ducts and on jaundice is adequate. The chapter on pre- and postoperative management by Butt can be read to advantage by every surgeon. The determination of prothrombin clotting time, and its correction by vitamin K if prolonged, is fully covered. There are 342 illustrations and 195 figures. The various operations on the biliary tract are well demonstrated by drawings. X-rays have been unusually well reproduced. To the regret of the reviewer, very little mention is made of biliary drainage. Since little use has been made of this procedure at the Mayo Clinic, it was probably wisely omitted from this book which uses experience as its background.

The book, as are most Saunders publications, is well bound, has excellent paper and easily readable print. It should be in the library of everyone who comes in contact with biliary disorders.

MANFRED KRAEMER, M.D.

POPULATION, RACE AND EUGENICS. By Morris Siegel. Pp. 206. Price $3.00. Hamilton, Ontario. By the author. 1939.

This book presents, in a very simple and lucid manner, the established facts in regard to eugenics. The author is to be commended particularly for his objective and scientific approach to certain controversial phases of the subject. The chapter on sterilization presents the facts which indicate clearly the limitations as well as the values of this procedure in the field of eugenics, and should be read both by those who are unalterably opposed to it and by those who believe that it is a panacea for all human ills.

J. LEVY, M.D.

LIFE AND LETTERS OF DR. WILLIAM BEAUMONT. By Jesse S. Myer, A.B., M.D., with an introduction by Sir William Osler, Bt., M.D. A new print. Pp. 327. Price $5.00. St. Louis, Missouri, C. V. Mosby Company. 1939.

This is a beautiful new printing of a book long out of print, and first published in 1912. Beaumont's name is a byword in American medicine; indeed, he has been canonized as the patron saint of American physiologists.

It is a book which should have a lasting appeal to all members of the profession, since it is the story of one of the epoch-making contributions to medicine.

MEDICOLEGAL PHASES OF OCCUPATIONAL DISEASES; AN OUTLINE OF THEORY AND PRACTICE. By C. O. Sappington, A.B., M.D. Pp. 405. Price $2.75. Chicago, Industrial Health Book Company. 1939.

This book is a concise, critical analysis of industrial hygiene and occupational diseases as related to the workmen's compensation act and casualty insurance. The material was collected from individual writings and government publications; the book is illustrated with tables, and has short bibliographies for each section and a very complete index.

It is a worth-while book for those working in the industrial field.

DIAGNOSTIC SIGNS, REFLEXES AND SYNDROMES, STANDARDIZED. By William Egbert Robertson and Harold F. Robertson. Pp. 309. Price $3.50. Philadelphia, F. A. Davis Co. 1939.

The authors have performed a great service in defining signs, reflexes, and syndromes which are often confused, especially where individual names have been used to describe conditions. This is the first book of its kind, and includes over three hundred pages of fine print arranged alphabetically and by systems.

The careful study of the diagnostic arrangement of signs in this book will prove of value to the physician. The book should be as invaluable an addition to every physician's library as a dictionary.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

April, 1940

2	Camden	11	Passaic
2	Cape May	11	Somerset
2	Hudson	12	Atlantic
9	Bergen	12	Salem
9	Cumberland	16	Warren
10	Mercer	17	Middlesex
10	Ocean	18	Gloucester
10	Union	18	Morris
11	Burlington	24	Monmouth
11	Essex	30	Hunterdon

May, 1940

7	Camden	10	Atlantic
7	Hudson	10	Salem
8	Mercer	14	Bergen
8	Ocean	14	Sussex
8	Union	15	Middlesex
9	Burlington	16	Gloucester
9	Essex	16	Morris
9	Passaic	22	Monmouth
9	Somerset		

REPORTING COUNTY SOCIETY MEETINGS

The department of County Society Reports is designed primarily to record the activities of the County Medical Societies, in distinction from those of their individual members, and those of the State Society. The reports of the County Societies fill about one-eighth of the pages of The Journal. They are of great value in demonstrating the degree of coöperation between the leaders of the State Society and the members of the County Societies.

It is to the advantage of the officers and members of the County Societies that the reports of the county meetings should be clear, concise, and attractive. The Publication Committee therefore presents some fundamental principles regarding the form and contents of the reports:

1. Omit commonplace details, such as the reading of the minutes. Also omit the names of those who are proposed for membership, so as to avoid embarrassment to those who fail to be elected. The names of those who introduce the speakers are also unnecessary.

2. Be sure that the opening sentence answers the questions, who? what? when? and where? Every month it is necessary to ask that the date and place of a meeting be supplied.

3. The expression "at a recent meeting" is aggravating. Give the date of the meeting, and the page of The Journal in which a reference is printed. It often happens that the reference cannot be found.

4. Give an outline of a debate, rather than the exact words that are spoken.

5. It has been extremely gratifying to receive outlines of the speakers' addresses. They are often lost when they are printed with the county society reports, for no one looks through those reports for scientific articles. They belong in the scientific department; and being brief and concise, there is always room for them between the longer scientific articles. Read the editorial on this subject on page 50 of the February Journal.

6. Always include records of the reaction of the members of the county society to the projects of the State Society. Glance through the 1939 index and note the number of the references to such items as cancer control, legislation, and post-graduate plans.

Turn again to the last index of county society reports, and note that the space which it fills is about as large as that of the activities of the State Society.

7. If the reporter is uncertain about including the comment of a member, include it anyhow, and trust to the Editor to discover its salient points.

8. Please write the county society reports with the lines double-spaced, so that corrections, elisions, additions, and cross-references may be inserted on the original copy. So far as possible the reports of the reporters are always printed in their exact words.

In conclusion, the county reporters are to be congratulated for the increasing breadth and intrinsic human interest of their reports.

ATLANTIC COUNTY

Charles Hyman, M.D., Reporter

The regular meeting of the *Atlantic County Medical Society* was held March 8, 1940, at the Hotel Ambassador in Atlantic City. The meeting was called to order at 9 p.m. by the President, Dr. Edward F. Uzzell.

SCIENTIFIC

Dr. Frank E. Adair, of New York City, spoke on "The Present Status of Therapy in Breast Conditions".

(This article is an index to which general practitioners will wish to refer. An abstract will therefore be printed in an early issue of the Journal.—Editor's note.)

The paper was discussed by Drs. Conaway, Carrington, Mason, Johnson, Irwin, Davidson, and Andrews.

Dr. Mason announced the winners of the essay contest on health topics sponsored by the Woman's Auxiliary.

SOCIETY RECORDS

Dr. Barbash turned over to the Secretary the minutes of the first twenty-five years of the society (1880 to 1904) in a volume which he recently had bound. An effort is being made to get together all available society records and have them properly arranged. A safe for their storage is to be obtained and a place in the medical library arranged for its keeping.

SPECIAL MEETING

On Sunday, March 10, at 10:30 a.m. a special meeting of the Society was held in the Solarium of the Atlantic City Hospital to reconsider the previous action of the society in deciding not to permit osteopaths to take the post-graduate course in medicine sponsored by the State Society and Rutgers University. After a lengthy and extremely enlightening discussion it was voted 35 to 6 to uphold the action of the previous meeting in this matter.

RADIO BROADCAST

On March 8, 1940, at 7 p.m., immediately before the meeting of the society, Dr. Frank E. Adair broadcasted on WBAB on aspects of breast tumors of interest to the laity. These radio facilities will be available before each of our meetings so that the speaker on our regular scientific program can give a fifteen-minute health talk in his specialty for the radio audience.

BERGEN COUNTY

A. T. V. Brennan, Jr., M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Holy Name Hospital School of Nursing, Teaneck, New Jersey, on December 12th, 1939. The meeting was preceded by fifteen minutes of informal discussion on office procedures; after which Dr. G. Milton Knowles, President, called the formal meeting to order at 9 p.m.

MEMBERSHIP

Two applications for membership were received. The following applicants were elected:

To junior membership—
J. L. Evans, Jr., Leonia
R. A. Rose, Waldwick

Advanced from junior to regular membership—
J. J. Coughlin, Teaneck
J. D. Levy, Hackensack
R. H. Ringewald, Leonia

CONSTITUTION

Amendments to the constitution and by-laws were read and adopted.

SCIENTIFIC

Dr. LeRoy Black, of Rutherford, Chairman of the Scientific Committee, introduced Dr. W. D. Suttliff, Assistant Director of the Pneumonia Control Division, New York City Board of Health. Dr. Suttliff gave us an excellent detailed talk upon the actions, reactions, and results of the treatment of pneumonias with sulfapyridine.

Dr. N. Plummer of the same division gave us a detailed and very clear account of the unfavorable reactions of sulfapyridine, and the methods of their prevention. The slides he showed illustrated why blood count and chemistry and urine analysis should be made daily while the patient is under this treatment.

Dr. Charles Hendee Smith, of New York, spoke on the diagnosis and treatment of the pneumonias in childhood, demonstrating the diagnosis and treatment of these cases.

Questions by members of the Society were answered by the three speakers, who also carried on a further discussion on specific cases, and instances brought up during the evening.

Meeting adjourned to a collation.

The regular meeting of the *Bergen County Medical Society* was held at the Hackensack Hospital, Hackensack, New Jersey, on the evening of January 9th, 1940. The meeting was called to order by the President, Dr. G. Milton Knowles, at 9:00 p.m.

A fifteen-minute discussion of office procedure in the care of ambulatory cardio-renal cases preceded the start of the regular meeting.

CONSTITUTION AND BY-LAWS

The final form of the Constitution and By-Laws was put to vote and passed; and now the Bergen County Medical Society is operating under its new Constitution and By-Laws.

MEMBERSHIP

Dr. Felix H. Vann, of Englewood, was elected to junior membership; and Dr. Ralph Carbone, of Woodridge, to regular membership.

Dr. Knowles reported a change in the usual meeting night for our Executive Committee meetings. From now on, that committee will meet on the third, instead of the fourth, Tuesday of each month at 9:00 p.m.

MEDICAL-DENTAL SERVICE BUREAU

Dr. Knowles made the following appointments to the Medical-Dental Service Bureau of Bergen and Passaic Counties:

Vincent Farmer, of Hackensack
Herbert Reinhold, of West Englewood
R. C. Schretzmann, of Rutherford
Russell Tether, of Closter
H. B. Wilson, of Hackensack

These appointments were approved by the Society unanimously.

SCIENTIFIC PROGRAM

Dr. LeRoy Black, of Rutherford, Chairman of our Scientific Committee, introduced the guest speaker

of the evening, Dr. Reginald Fitz, Wade Professor of Medicine at Boston School of Medicine. The subject of the evening was "Types of Edema and Their Treatment".

Dr. Fitz gave us an excellent talk on this subject, made the presentation most interesting, and divided his talk into five main headings, which were:

1. Edema from *varicose veins,* which he classified as the most common type of edema, and which is purely a postural affair. He discussed the big rôle of deep thrombophlebitis in this problem.

2. The edema of *hypoproteinemia,* or nutritional edema, and showed how minor degrees of this type of edema are not at all uncommon, though the more severe types are rather rare.

3. The edema of *myxedematous* conditions, where in each case there appears to be an element of true edema.

4. *Cardiac* edema, and its treatment with digitalis and the mercurial diuretics.

5. *Renal* edema. Here Dr. Fitz used the more simplified classification of renal disorders as advocated by Christian.

The paper elicited a lively discussion,

A collation was served.

The regular meeting of the *Bergen County Medical Society* was held at Bergen Pines, Bergen County Hospital, at Oradell, on the evening of February 13th, 1940. The meeting was called to order by the President, Dr. G. Milton Knowles, at 9:15 p. m.

OFFICE PROCEDURE IN CANCER PATIENTS

There was a half-hour discussion of office procedure in the care of cancer patients immediately proceeding the start of the regular meeting. This informal discussion was well attended, and numerous subjects were discussed concerning office management in cancerous conditions.

MEDICAL SERVICE PLAN

Dr. Samuel Alexander, of Park Ridge, explained to the Society the new Medical Service Plan of the Society of New Jersey, and answered questions concerning it.

OFFICIAL VISITOR

Dr. Knowles welcomed Dr. Elias J. Marsh, of Paterson, who is Second Vice-President of the State Medical Society and who was among the guests at our meeting.

SCIENTIFIC

Dr. LeRoy Black, of Rutherford, Chairman of our Scientific Committee, introduced the guest speaker of the evening, Dr. W. Wayne Babcock, Professor of Surgery at Temple University, Surgeon-in-Chief at Temple University Hospital, and Surgeon at the Philadelphia General Hospital, whose subject was "Tumors of the Intestine". Dr. Babcock, who is known to all of us as an exceptionally brilliant teacher and speaker, presented a most interesting program on tumors of the intestinal tract.

A regular meeting of the *Bergen County Medical Society* was held at Holy Name Hospital, Teaneck, N. J., on the evening of March 12th, 1940, at 9:05 p. m., with President G. M. Knowles presiding.

Preceding the business meeting there was an informal discussion of office procedure in the care of maternity patients.

NEWSPAPER PUBLICITY

The Public Relations Committee reported that it had aranged with the Bergen Evening Record that once a week it will print a page of news to be supplied by the Bergen County Medical Society.

RELATIONS WITH OSTEOPATHS

The Committee on Osteopathic Relations, consisting of Drs. Barlow, Alexander, Goldberg, Liva, Schmidt, and Snedecor, gave a report which was printed on page five of the March Bulletin of the Bergen County Society. A joint committee of the County Medical Society and the Osteopathic Society reached conclusions as follows:

1. The joint committee should meet once a month.

2. That the M.D.'s be educated as to the qualifications of the D.O.'s.

3. That the Bergen County Medical Society take the initial step to request The Medical Society of New Jersey to lay out a policy for guidance of actions to be taken by the County Societies.

4. Recommend to the Bergen County Medical Society that the Doctors of Osteopathy be invited to our meetings.

5. Recommend to the Hospital Staffs that they invite the Doctors of Osteopathy to their staff meetings.

6. Recommend that the Public Health Committee be brought in the Joint Committee for the purpose of guidance of the osteopaths regarding laboratory services, communicable disease laws, etc.

7. Recommend to the Executive Committee that the osteopaths be invited to avail themselves of the Society's post-graduate course.

8. Publish educational articles for the osteopaths in the Bulletin, and put the osteopaths on the mailing list.

After much discussion the report of the committee was adopted, subject to the approval of the State Medical Society.

INVITATIONS

The Secretary read a letter from the Passaic County Medical Society inviting members of our Society to attend a maternal welfare round table discussion which will be held in Paterson on the evening of March 21st.

Mr. Whitehead read a letter from the Rockland County, New York, Medical Society, inviting our members to attend a symposium on pneumonia which will be held at the Lederle Laboratories in Pearl River, New York, on March 20th.

MEMBERSHIP

The following new members were advanced from junior to regular membership:

Adolph D. Casciano of Ridgefield Park
Edward Grueringer of Cliffside Park
Reinold W. ter Kuile of Ridgewood

To junior membership:
Steward F. Alexander of Park Ridge
Louis V. Angioletti of Fort Lee
Willard H. Somers of Englewood

To courtesy membership:
Alfred G. Pfeiffer of Paramus

To honorary membership:
E. E. Conover of High Bridge

Three applications for membership were received.

SCIENTIFIC

Dr. LeRoy Black, of Rutherford, Chairman of the Scientific Committee, introduced the guest speakers of the evening. The program of the scientific session consisted of an obstetrical symposium which had been arranged by Dr. Harvey D. Matthews, of Brooklyn, Chairman of the A. M. A. Section on Obstetrics. The speakers were from the Obstetrical Staff of the Methodist Episcopal Hospital, Brooklyn, N. Y.:

Dr. W. G. French, Brooklyn. Experiences with Eclampsia in the Methodist Episcopal Hospital, Brooklyn.

Dr. Martin Z. Glynn. Post-partum Hemorrhage in the Hospital During the Last Five Years.

Dr. Henry S. Acken, Jr. Cases of Cesarean Section.

Dr. Matthews. The Use of Forceps in the Hospital.

BURLINGTON COUNTY

Paul R. Sparks, M.D., Reporter

The regular monthly meeting of the *Burlington County Medical Society* was held at the Moorestown Field Club on February 8th, 1940, Vice-President Tracy presiding. The meeting was called to order at 9:20 p. m.

WIDOWS' AND ORPHANS' FUNDS

Discussion was held regarding a proposal from the Woman's Auxiliary that individuals of the Society avail themselves of the State Widows' and Orphans' insurance. It was moved that the Auxiliary be asked to circularize the members as to this matter.

VACCINATION

Discussion was held on the floor regarding the stand of several parents in Pensauken objecting to vaccination of their children. It was resolved by the Society to endorse compulsory vaccination, Schick testing, diphtheria immunization and Mantoux testing. It was further resolved to publish such a stand in the press of the county.

Dr. Shipps, Chairman of the Program Committee, presented the speakers of the evening, members of the Society, this being annual *case report night*. The speakers and their subjects were:

Dr. Marcus Newcomb—Carcinoma of the Lung

Dr. Bruce Dickson—Case of Undulant Fever

Dr. Fred Fahrenbruch—Case of Inversion of the Uterus

Dr. Thomas Summey — Massive Hemorrhage from Peptic Ulcer

Dr. Emlen Stokes — Case of Lung Abscess Treated with Sulfathiosol

Dr. Hammel Shipps—Case of Acute Pancreatitis in a Child.

The regular monthly meeting of the *Burlington County Medical Society* was held at the Moorestown Field Club on March 14th, 1940. President Munro called the meeting to order at 9:20 p. m.

HISTORY OF THE SOCIETY

The Executive Committee reported that a history of the society, illustrated, with pictures of the members, be rejected, was proposed.

VENEREAL CLINIC

The appointment of an assistant to the Moorestown Venereal Disease Clinic was deferred until a formal request is received from the State office.

EXAMINATION OF BOY SCOUTS

Dr. Curtis proposed that free examinations of Boy Scouts be furnished by members when a fee was unobtainable.

The invitation of Dr. Atkinson to put on a program for the Society at Four Mile Colony at the next monthly meeting was accepted.

It was decided to hold a Ladies' Night again this year.

SCIENTIFIC

Dr. Shipps presented Dr. Thomas K. Lewis, of Camden, as the speaker of the evening. His topic was "Arthritis". A concise summary of the field was presented, exposing various worthless panaceas, and stressing the real forms of therapy.

CAMDEN COUNTY

Harold D. Barnshaw, M.D., Reporter

The regular meeting of the *Camden County Medical Society* was held in the City Dispensary Building, on February 6th, 1940, at 9 p. m., with 68 members and guests present, and President Deibert presiding.

Drs. T. I. London and R. F. Rapp, recently elected members, took the oath of membership and were introduced to the Society.

SCIENTIFIC PROGRAM

1. Medullo-blastoma in Child of Thirteen Years. Penrose H. Thompson, M.D.
   Discussion—E. A. Denbo, M.D.
2. Horse Serum Neuritis. Paul M. Mccray, Jr., M.D., and E. A. Denbo, M.D.
   Discussion—Drs. Decker, Goldstein, and Meyers.
3. History Alone Pointed the Diagnosis. Laboratory Procedures Negative for Lues. Paul G. Ebner, M.D.
   Discussion—C. Fred Becker, M.D.
4. Gastric Fistula. An Interesting Story. With lantern slides. Hyman I. Goldstein, M.D.
5. Sulfanilamide in Perinephric Abscess. R. R. Betancourt, M.D.

6. Report of a Case of Rhinosporidiosis. H. D. Barnshaw, M.D.; William T. Read, Jr., M.D.

President Deibert spoke briefly of the long and continued interest of Mr. George Pelouze in medical affairs, and appointed a committee to prepare resolutions. This was approved, and Dr. Saunders was appointed chairman, with Drs. Sieber, Howard, Jack and Decker to serve on the committee.

The regular meeting of the *Camden County Medical Society* was held in the City Dispensary Building on March 5th, 1940, at 9 p.m., Dr. Robert S. Gamon presiding in the absence of Dr. Deibert, President. There were sixty-four members and guests present.

MEMBERSHIP

The following physicians were elected to membership:

H. S. Price, M.D., Collingswood, N. J.
David H. West, M.D., Camden, N. J.

SCIENTIFIC

A paper on otitis media and mastoiditis was given by Horace Williams, M.D.

Discussion was opened by Drs. Hirst and Hallinger, followed by Drs. Kline, Del Duca, Ulmer, from Burlington County, and closed by Dr. Williams.

ADULT HEALTH EXAMINATIONS

Dr. Sharp, Chairman of the Executive Committee, explained the program as outlined by the Advisory Committee on Adult Health Supervision of the State Society.

MEMORIAL TO DR. W. J. SCRUGGS

The Secretary read resolutions on the death of William J. Scruggs, M.D., of Camden.

CUMBERLAND COUNTY

F. M. Ramsey, M.D., Reporter

At the beginning of the year 1939, the *Cumberland County Medical Society* adopted a schedule that, in addition to its regular bi-monthly meetings on the second Tuesday *afternoon* of five months of the year, it would also hold *evening* meetings on similar dates during the intervening months, with their programs on scientific subjects only (Jour., Feb., 1939, p. 124).

The society held its regular evening scientific session on March 12, 1940, at the Newcomb Hospital, Vineland, with President Dr. J. Franklin Reeves, presiding.

LEGISLATIVE

Dr. Millard Sewall gave a brief report on the medical bills that are now before the Legislature.

SCIENTIFIC

Dr. A. J. Ziserman, Philadelphia, gave a lecture on the subject "The More Frequent Use of Obstetrical Forceps". He demonstrated the Kielland forceps with lantern slides, and on the manikin. The members also practiced with the manikin under Dr. Ziserman's instruction.

ESSEX COUNTY

Paul H. Hosp, M.D., Reporter

The regular monthly meeting of the *Essex County Medical Society* was held on the evening of Thursday, March 14, 1940, at the Academy of Medicine, Newark. Over 200 members were present, although the weather was stormy and inclement. The meeting was called to order promptly at nine o'clock by Dr. Royal A. Schaaf, President.

PRESENTATION OF KEY

Dr. Schaaf presented Dr. R. H. Rogers with the honorary key of the Society, and with an additional gift of appreciation from his associates. The gift was in appreciation of the efficient services rendered by Dr. Rogers as Treasurer of the Society for over twenty-eight years. Dr. Rogers was born in New York City in 1866, and graduated from the College of Physicians and Surgeons, Columbia University, in 1894. In 1895 he became affiliated with the Newark Eye and Ear Infirmary, and is now attending surgeon. He joined the Essex County Medical Society in 1896. (See page 172.)

GRADUATE COURSES

Refresher courses have started in the Newark City Hospital in connection with the New York University College of Medicine. The first class consists of ten members who are studying surgical diseases of the lung with Dr. Richard Dieffenbach as the leader. (Jour., March, p. 128.)

SCIENTIFIC

Dr. W. Wayne Babcock, Professor of Surgery, Temple University Medical School, Philadelphia, addressed the Society on "Surgical Considerations of Intestinal Obstruction", illustrated with beautifully clear lantern slides.

LONG ISLAND COLLEGE ALUMNI

Plans are under way to form an alumni group of the graduates of the Long Island Medical College practicing in Northern New Jersey. Dr. Charles Rathgeber, 18 William Street, East Orange, is secretary of the committee.

MEMBERSHIP

The following new members were elected:

To active membership—
Robert A. Giuliana, Newark
Paul V. Reinartz, Bloomfield

To associate membership—
T. V. D'Amico, Cedar Grove
Joseph Dessauer, Newark
Marvin Oransky, Newark
Herbert B. Silberner, Newark
S. Andrew Silverman, Newark
Alfred Weinberg, Irvington

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

The regular monthly meeting of the *Gloucester County Medical Society* was held on March 21, 1940, with President H. W. Wright presiding. The following members were present: Drs. W. J. and J.

P. Burkett, and Drs. Sinexon, Wandell, Pedrick, Carpenter, Gillis, Wood, Hollinshed, Hughes, Sheets, Crain, Barrows, Livengood, Underwood, Ulmer, Collins, Rogers, Pegau, Diverty, Bowersox, Moore, Venturo, and Ruttenberg.

Our guests included Drs. Wilkes and Scott from the Executive Offices of the State Society; Dr. Kandle, of Pitman, the newly appointed District State Health Officer; Drs. Thompson and Chalfont, of Pitman; Mary Bacon, of Bridgeton; Reed, of Woodbury; Beards, of Atlantic City; and Church, of Salem.

Drs. Wilkes and Scott gave very timely talks on matters concerning our future welfare as individuals as well as a society. They were most welcome.

POST-GRADUATE COURSE

The Committee on Post-Graduate Courses in Medicine reports a very successful year, with all bills paid. On April 16th the last lecture will be given by Dr. Hobart A. Reimann of Jefferson Medical College, Philadelphia, on the subject "Recent Advances in Medicine".

SCIENTIFIC

G. Harlan Wells, M.D., of Philadelphia, Professor of Medicine, Hahnemann Medical School, gave a most interesting talk on "The Causes and Treatment of Congestive Heart Failure", illustrated by lantern slides. Discussion was opened by Ralph K. Hollinshed, M.D.

HUDSON COUNTY

John N. Connell, M.D., Reporter

The regular meeting of the *Hudson County Medical Society* was held on Tuesday, March 5, 1940, at the Carteret Club, Jersey City. The meeting was called to order by the President, Dr. James F. Norton, at 9:05 p.m.

CONSTITUTION AND BY-LAWS

The Society voted to adopt our amendment to By-Laws, Chapter IV, Section 5—Paragraph E, as follows:

"At any Annual Meeting in which there is no contest for an elective office it shall not be necessary for the Committee on Election to arrange a place suitable for the election other than the regular meeting place and time, and that it shall not be necessary for the Secretary to furnish a roster of the Society; nor shall the provisions in paragraph C or D of this Section pertain to such meetings at which there are to be no contests for elective offices."

NOMINATING COMMITTEE REPORT

Dr. W. T. Callery reported that the Nominating Committe had held a meeting on Friday, March 1, 1940, and had nominated officers for the coming year.

BANK LOANS TO DOCTORS

Dr. T. J. Schuck reported that the Welfare Committee, at the request of the Executive Committee, investigated a suggestion made by one of the members of the Hudson County National Bank. The idea was to make loans available to patients who contracted debts. Notes are available without endorsers or co-makers. The interest has been reduced to five per cent a year. If the borrower should die before the loan is paid, the unpaid balance is cancelled. Loans are now available up to $500.00.

The committee considered these suggestions and endorsed them in principle. They thought it would be advisable to contact the other banks in the county to see if they will offer equal accommodations. If they can do that, the committee will recommend the plan to the Society for approval. Until that is accomplished, the Society will withhold its endorsement.

HOSPITAL SERVICE PLAN OF NEW JERSEY

Dr. A. C. Ruoff reported that in response to the postal cards that were sent out relative to the Hospital Service Plan of New Jersey, there were 171 received in the affirmative and 24 in the negative. Under the circumstances, Dr. Ruoff suggested that we wait another month before making a decision.

On motion of Dr. B. S. Pollak, the Medical Directors of each hospital in the county were added to the committee.

SCIENTIFIC

Dr. N. M. Alter gave a report on the prolonged low-temperature treatment of malignancies. This will be published in abstract in the Journal.

Dr. Norton introduced the guest speaker of the evening, Dr. Perrin H. Long, Professor of Medicine and Director of the Institute of Preventive Medicine, Johns Hopkins Medical School, who spoke on "Clinical Evaluation of the Therapeutic Effects of Sulfanilamide, Neoprontosil, Sulfapyridine, and the Sulfathiazoles".

Discussors: Drs. Woodruff, White, Jaffin, E. Halligan, Goldowsky, Butler, Kerdasha, B. Markowitz; terminated by Dr. Long.

MIDDLESEX COUNTY

John J. Jablonski, M.D., Reporter

The February meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, N. J., Wednesday, February 21, 1940, with President B. F. Slobodien presiding.

NEW MEMBERS

The following associate members were elected to full membership privileges:

Louis L. Krafchik, New Brunswick
George F. Kohut, Perth Amboy
A. F. Normand, Perth Amboy
Benj. Wiesenfeld, Woodbridge

Elected to associate membership were:

Edward F. Duschock, Perth Amboy
Maurice Landau, Fords
George M. Miller, Carteret
Rene G. Schirber, New Brunswick

SCIENTIFIC

Dr. Anthony M. Sindoni, Jr., Chief of the Diseases of Metabolism, Philadelphia General and St. Joseph's Hospitals, and Chief Metabolic Consultant to

the American Oncologic Hospital, Philadelphia, Pa., spoke on the subject "Pregnancy in Diabetes".

He ably presented the subject, stressing the fact that although the maternal mortality was reduced, nevertheless the fetal mortality has not improved in spite of insulin.

The importance of post-prandial blood sugar was also stressed due to the fact that the fasting blood sugar may be normal, yet after a controlled meal the blood sugar may be elevated—giving the first and only clue to a disturbed carbohydrate metabolism. The diet advocated was 60 gms. protein; 80-90 gms. fat, and 150-180 gms. carbohydrate subject to individual requirements as necessity arises.

More frequent blood sugars every three to four weeks was advocated, and less dependence on glycosmia as the sole criterion in disturbed C H metabolism in pregnancy. Plain insulin is better tolerated and is recommended in pregnancy in diabetes.

Nausea and vomiting in the first trimester may require more C H and insulin. In the second trimester little change in diet is usually anticipated; however, in the third trimester lowered renal threshold may require more insulin and a careful watch for signs of toxemia, eclampsia, etc.

Labor should take into account the state of the diabetes control and the judgment of the obstetrician; thus the closest coöperation or interest of obstetrician is desirable. Some advocate Caeserean section, which was found to be best performed during the thirty-seventh week of pregnancy.

The post-natal period usually shows a hypoglycemia—thus an increased C H tolerance is experienced. The later puerperium should be noticed for signs of acidosis and hyperglycemia in both mother and child.

COMMITTEE REPORTS

Dr. B. Copleman gave a summary of the report of the meeting of the Cancer Control Committee in Trenton, N. J., as follows:

1. Bulletins to be sent to general practitioners on all phases of cancer, diagnosis, prognosis, etc., monthly.

2. List of speakers willing to speak on cancer for lay organizations. Lists to be sent to State committee, who would refer any lay organization to speakers in their own county.

3. Liaison with the State Board of Health with regard to statistics, death rates, reporting of cancer.

4. County program. Hospital Cancer Study Groups. Cancer registry to list cures, follow-up, etc.

Dr. C. H. Rothfuss reported on the evening of entertainment to be had jointly with the Woman's Auxiliary to the Middlesex County Medical Society. It is planned to hold the affair in Blue Hills during the month of May. Further reference as to the cost that each member may be asked to expend was wholly left to the best judgment of the committee.

Dr. Wilentz reported for the Venereal Disease Committee, recommending Dr. Gerald Miller, of Cranbury, for the Venereal Disease Clinic position in Cranbury.

Dr. Walker reported on the Maternal Welfare meeting recently held in Newark, N. J., and stated that Middlesex County enjoys the distinction of having the best mortality record in spite of the fact that we have no pre-natal clinics generally throughout the county. A plea in behalf of the community plan for pre-natal clinics in this county was ordered to be reported on by the Maternal Welfare Committee.

Dr. Rowland, Chairman of the Medical Defense Committee, reported everything was in order.

Dr. Wilentz reported that as far as medical legislation is concerned, we are adequately being taken care of.

Dr. Faulkingham reported on the Insurance Committee activities, stating more will be made known at the next meeting.

NEW BUSINESS

a. Dr. Kler presented before the members a resolution asking for authorization and approval to organize a Women's Field Army Unit of the American Society for the Control of Cancer in Middlesex County; also for an appointment by the President of a committee of the Middlesex County Medical Society to serve on the Executive Committee of the Women's Field Army Unit of the American Society for the Control of Cancer. This was approved by the members, and the appointed committee is as follows: Dr. Joseph H. Kler, Chairman; Drs. William Klein, Edward F. Klein, B. Copleman, P. S. Avery, Marshall Smith.

b. Letters read:

1. From State Medical Society. Dr. Wilkes asks that any recommendations for changes in the Constitution and By-Laws of The Medical Society of New Jersey be sent to Dr. Kraker, Newark, N. J.

2. From Dr. Kler, asking for the above resolution.

3. From Dr. Wilkes, State Medical Society, asking for appointment of Venereal Disease Clinic doctor, enclosing blank in duplicate to be filled in. One to be kept in our files, the other to be sent to Dr. Karl Scott for approval of State Society Venereal Disease Committee.

COMING SCIENTIFIC PAPER

Dr. Irving Graef, Associate Professor of Pathology of the New York University College of Medicine, will be our speaker in March, and his subject is "Pathological Basis of Renal Hypertension".

The meeting was ordered adjourned and members invited for refreshments in the cafeteria.

MONMOUTH COUNTY

Samuel Edelson, M.D., Reporter

The regular meeting of the *Monmouth County Medical Society* was held Wednesday, February 28th, 1940, at 8:30 p.m., at Molly Pitcher Hotel, Red Bank.

SCIENTIFIC

The guest speaker at this meeting was Dr. John Erdmann, Attending Surgeon, New York Post-

Graduate Hospital. His topic was "Symptoms and Conditions Requiring Surgery of the Gall-Bladder".

The Upjohn Company presented a moving picture on "Gonadogen" in technicolor with sound, graphically illustrating technic and results of gonadal stimulation in cases of menstrual disorder and infertility.

MEMBERSHIP

New member elected to the Society,—Dr. Anthony James DeVito, Port Monmouth, N. J.

The February meeting of the *Executive Committee* was held February 5th at Monmouth Memorial Hospital, Long Branch. The Cancer Control Committee also attended the meeting.

CANCER CONTROL

Dr. Harold Kazmann, Chairman of the Cancer Control Committee, introduced the guest speaker, Mrs. R. T. Peabody, from Curie Institute. Mrs. Peabody gave a very interesting talk on the work of the organization which she represented. Following this, Dr. William G. Herrman spoke on the same subject.

The plan, as outlined by Mrs. Peabody, was unanimously approved. Volunteer speakers for the Cancer Control Committee activities will be sought.

TUBERCULOSIS

Dr. Altschul's report on January 28th gave significant and heartening evidence of the coöperation which doctors may expect from the agencies of our county, notably the *Monmouth County Organization for Social Service*. In the formulation of plans for tuberculosis detection in the high schools, organized medicine was called upon to take the lead. Dr. Altschul's committee recommendations were supported by your unanimous vote, and should, if adopted by school authorities, facilitate the mandatory program with fairness to all. The example may thus be set for standard practices through all the schools in examination and immunization procedures.

Further evidence of valuable coöperation by welfare executives and nurses is contained in Dr. Hausman's excellent report printed in the Bulletin.

THE INDIGENT

Dr. S. W. Hausman, Chairman of Committee on Medical Care for Indigent and Low-Wage Group, sent in a very complete special report on the work his committee is doing, and the effort being made to bring about a better understanding between the Board of Old Age Assistance, the doctor, and the committee. (See the Monthly Bulletin of February.)

SCHOOL PHYSICIANS

A special meeting of the *School Physicians' Committee* of the Monmouth County Medical Society was held at the Fitkin Memorial Hospital on February 25th, 1940, with twenty school physicians attending. The purpose of the meeting was to discuss the new school law regarding the examination of employees, and to formulate a Monmouth County plan which would comply with the law and provide an adequate examination.

OCEAN COUNTY

L. R. Carmona, M.D., Reporter

A *special* meeting of the *Ocean County Medical Society* was held on Wednesday evening, February 27, 1940, at the Paul Kimball Hospital, Lakewood, N. J., with President Obert presiding, and the following members present: Drs. Bunnell, Carmona, Dodd, Gaumer, Goldstein, Green, Hayden, Henriksen, Hogan, Ivory, Menge, Obert, Sickel, Taylor, Thompson, and Towbin. Dr. Nyvell, of Barnegat, was a visitor.

LEGISLATION

Relative to Legislation Bulletin No. 1, Amendments to the Workman's Compensation Act, the Society approved that the State Senator and State Assemblymen of Ocean County be notified of the official action taken relative to the recommendations suggested by the New Jersey State Medical Society Committee on Legislation.

DUES

The matter of dues in arrears was discussed and referred to the Executive Committee. Drs. Gaumer and Sickel moved that an interpretation be made by the Executive Committee at the next meeting on the Constitution and By-Laws relative to the dropping of members whose dues are on the delinquent list.

MEMBERSHIP

Dr. Appleton was elected as a regular member to the Society. Drs. Neiman and Smith were elected associate members; and Dr. Nyval to junor membership as soon as his application is received and approved.

REGULAR MEETING

The *regular* monthly meeting of the *Ocean County Medical Society* was held on Wednesday, March 13, 1940, at the Lakewood Country Club, Lakewood, N. J., with the President, Dr. Obert, presiding, and twenty members present. Guest speakers were Dr. L. A. Wilkes of the State Medical Society, and Miss Dolby of the Ocean Health Association. Dinner was served at 8 p. m.

SCIENTIFIC

After a short order of business, Dr. Taylor introduced Dr. Wilkes, Executive Officer of The Medical Society of New Jersey, who discussed the subject of *Socialized Medicine*. He clearly pointed out certain phases of the subject which heretofore have been obscure in our minds regarding Socialized Medicine, and the good points as well as the bad ones of that practice of medicine as he saw them in his tours in England, Austria, and Germany.

Miss Dolby spoke on the subject of *tuberculosis*. Most of the cases referred to her department for investigation are very advanced cases of tuberculosis, and she urged the members to coöperate in finding incipient cases, especially among the relief and W. P. A. groups.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held Thursday, March 14, 1940, at 9 p.m., at the Paterson Health Center, Paterson, with President Wayne Hall presiding and fifty members present.

Dr. W. W. Hall was elected as delegate to the State Nominating Committee, and Dr. C. J. Murn alternate.

MENTAL HYGIENE

Dr. H. Wassing, Chairman of the Mental Hygiene Committee, reported:

1. The Passaic County Committee will coöperate with the State Committee on any project it may start.

2. The Board of Freeholders of Passaic County has decided to set up a separate wing of eleven beds at Hope Dell, the County Welfare Home, at Preakness, for the use of psychopathic cases. This will obviate the necessity of placing supervision of mental cases in the County Jail for supervision, as has been the practice heretofore.

REPORTS OF SCHOOL PHYSICIANS

A resolution was passed that the school physicians of the county be notified that in the future all reports on the physical examinations of school children be sent home by mail, or given to the child in a sealed envelope to be taken home. This will avoid any bad mental effect on the child from seeing a report of his own condition.

MEMORIAL TO DR. REYNOLDS

Resolutions on the death of Dr. E. C. Reynolds were read and approved. (Jour., March, p. 130.)

MEMBERSHIP

The following were elected to membership:

Active—

Dr. Philip Opper, Paterson

Dr. Jacob Schwartz, Fair Lawn

Associate—

Dr. M. J. Ackerhalt, Clifton

Dr. Gustav Farkas, Passaic

Dr. M. H. Teichholz, Passaic

Twelve applications for active membership were received.

SCIENTIFIC

Dr. Philip M. Stimson, Pediatrician to the New York Hospital, gave an address on "The Latest Ideas on Immunization and the Treatment of Various Infectious Diseases".

The paper was discussed by Dr. Joseph R. Morrow, Bergen County Hospital, and Dr. Ellis L. Smith, Essex County Hospital for Contagious Diseases.

SALEM COUNTY

L. C. Hummel, M.D., Reporter

The regular monthly meeting of the *Salem County Medical Society* was held March 15th at the Salem Tea Room.

FIFTH COUNCILOR DISTRICT

A report from the Entertainment Committee stated a dinner for this, the Fifth Councilor District, would be held May 17th at the Salem Country Club. A motion was passed to invite the wives of the attending members and guests.

TREASURER'S REPORT

The Treasurer's report was very satisfactory. With one exception our members are paid up and in good standing, which seems to be a fairly good indication of the healthy attitude of our society.

SCIENTIFIC

Following the business meeting we were treated to a very practical and useful address by Dr. Ristine, of Camden, N. J. He spoke on the common infections of the extremities encountered daily in our offices. He covered thoroughly subjects such as subungual abscess, ingrowing toenail, injection of varicose veins, treatment of varicose ulcers, etc., which so often are improperly handled. His review of the anatomy, pathology and treatment of these conditions was very practical and helpful.

FARM SECURITY ADMINISTRATION

Dr. Mott of the Farm Security Administration was present, and gave a talk setting forth the aims of the Department of Agriculture, which is attempting to establish a plan for the medical care of the low-wage farm group. He stated a plan had been in operation in Atlantic County for over one year and had worked out very satisfactorily. He urged Salem County to establish a similar plan. A committee was appointed to look into the matter and consult further with Dr. Mott.

A dinner was served at the tea room following the meeting.

SOMERSET COUNTY

Hayward F. Day, M.D., Reporter

On March 14th, 1940, the regular meeting of the *Somerset County Medical Society* was held in Somerville, with President A. W. Pigott presiding, and sixteen members present.

No business was brought before the Society at this meeting, as it was a program meeting.

A most informative and interesting paper was presented by Dr. Joseph Stokes, Associate Professor of Pediatrics at the University of Pennsylvania, on the subject "Recent Studies in Air-Borne Infections". In it he traced the evolution of the present concepts of air-borne infections from the earliest times, to the present work at the University of Pennsylvania.

UNION COUNTY

C. C. Carpenter, M.D., Reporter

The *Union County Medical Society* held its regular monthly meeting on March 13 in the Elizabeth General Hospital.

SCIENTIFIC

Over half of the members of the Society were present to hear Dr. John Scudder, Attending Sur-

geon at the Presbyterian Hospital, New York City, give an extremely interesting talk on "Shock and Blood Studies as a Guide to Therapy".

Dr. Scudder used colored motion pictures very effectively to illustrate four very simple procedures which are easily performed—the hemacrit test, specific gravity apparatus, determination of plasma proteln, and plasma specific gravity. By these methods shock can be anticipated many hours before actual symptoms or fall in blood pressure occur. This prevents a pateint in potential state of shock from being operated, and further helps to determine if internal hemorrhage is also occurring.

Dr. Scudder also discussed blood banks, and the fact that they need not necessarily be limited to larger centers today. The improved type of dumbbell-shaped bottle and removing the blood from donors in a carbon-dioxide atmosphere has greatly increased the keeping qualities of blood. After a week it is usually necessary to throw away the cellular portion, but the plasma may be kept for as long as two months, and is more useful in shock than saline or glucose infusions.

This paper was discussed by Dr. A. Strelinger, Dr. P. J. Kreutz, Dr. I. Lehrman, and Dr. M. A. Shangle.

SAVING SIGHT AND HEARING

Dr. William E. Boozan reported for the Sight and Hearing Saving Committee, stating that a definite program had not been received from the State. The coöperation of the school physicians throughout the county in helping the county with the educational campaign would be greatly appreciated.

MEDICAL SERVICE BUREAU

Dr. T. Walsh reported that approximately $1,400 in new accounts had been received during February, and that this bureau had been staying on the blue side of the ledger.

VENEREAL DISEASE COMMITTEE

Dr. Irving Lehrman reported on a telephone communication and correspondence received from Dr. Blaisdell of the State Venereal Disease Committee, who wanted a list of six new men who are interested in venereal disease work for two appointments to be open after April first in the Elizabeth Board of Health. It was decided that any man wishing thls appointment should get in touch with the Executive Committee.

REVISION OF CONSTITUTION AND BY-LAWS

Dr. H. Murphy submitted a new Constitution and By-Laws which are to be mimeographed and copies sent to all members so that they may be studied before coming up for adoption at the meeting on April 10th at the Muhlenberg Hospital in Plainfield.

IMPENDING LEGISLATION

Dr. W. B. Morris talked on impending legislation which would be detrimental to the Uniform Medical Practice Act which was recently passed, and said, from his personal observations around the State, that there was need for more intimate contact with the legislators through dinners, meetings, etc., so that fair professional legislation may be advised.

NEW MEMBERS

The following physicians were elected to membership:

Leon J. Anson, of Garwood
David Blatt, of Elizabeth
B. J. Bernstein, of Plainfield
Hilde Boruch, of Elizabeth.

A collation was served by the hospital.

SUMMIT MEDICAL SOCIETY

E. H. Macpherson, M.D., Secretary

The *Summit Medical Society* held its monthly meeting at the Beechwood Hotel, Tuesday evening, February 27, 1940, where Dr. James J. Duffy of the New York Memorial Hospital gave an illustrated talk on "Some Indications for Irradiation Therapy in Neoplastic Diseases".

Following the meeting a collation was served.

THE WOMAN'S AUXILIARY

A. M. A. CONVENTION PUBLICITY BULLETIN NUMBER ONE

The Eighteenth Annual Convention of the Woman's Auxiliary to the American Medical Association will be held in New York City, June 10-14, 1940, with headquarters in the Hotel Pennsylvania. In view of the fact that the second edition of the World's Fair will accelerate advance hotel reservations, it is urged that reservations be made immediately through the Housing Bureau which has been set up by the American Medical Association, in charge of Dr. Peter Irving, Secretary of the Medical Society of the State of New York, Room 1036, 233 Broadway, New York City.

SPECTACLES FOR THE NEEDY

Turn to page 142 of this Journal, and read the letter from Mrs. Julia Lawrence Terry, of Short Hills. The fact that the work which she describes is carried on by a New Jersey woman without publicity or solicitation should have a strong appeal to the members of the Woman's Auxiliary. Many a woman has a collection of gold frame glasses that were worn by her revered ancestor; and will be glad to donate them to a needy person in the name of her grandfather or grandmother.

QUARTERLY BOARD MEETING

The Quarterly Board Meeting of the Woman's Auxiliary to The Medical Society of New Jersey was held at the Douglas Hotel, Newark, on Monday, March 11, 1940, at 10:30 a. m., with the President, Mrs. G. E. McDonnel, presiding.

REPORTS

The Treasurer, Mrs. T. P. McConaghy, reported a balance of $1.043.74 on hand.

Archives: Mrs. C. C. Chianese, Chairman, reported that she had had a book of clippings bound.

Arts, Hobbies, and Medical History: Mrs. Ily R. Beir, Chairman, made a request for articles for exhibit at the Annual Meeting.

Entertainment: Mrs. David B. Allman, Chairman, submitted a general plan of the program for the Annual Meeting at Atlantic City.

Historian: Mrs. James Hunter, Historian, stated that she was preparing a history of the Auxiliary, and that she must have a history of every County Auxiliary by the first of April in order to complete her report.

Legislation: Mrs. A. W. Bickner, Chairman, gave a resumé of the bills pertaining to medicine in the State Legislature.

Press and Publicity: Mrs. Mark Brown, Chairman, asked for newspaper clippings regarding auxiliary activities with the name and date of each publication.

Widows and Orphans: Mrs. George A. Scheller, Chairman, reported two new members of the Fund.

Corresponding Secretary: Mrs. J. H. Hornberger, Chairman, read the following letters:

From Mrs. Adams, President of the State Federation of Women's Clubs, accepting the resignation of the State Auxiliary from the State Federation.

From Mrs. George A. Rogers, resigning as First Vice-President. Mrs. Don A. Epler was appointed in her place.

From J. Franklin Reeves, M.D., Bridgeton, stating that response in Cumberland County to a request for organizing an Auxiliary had been unfavorable.

Mrs. H. V. Hubbard was elected as a delegate to serve in the place of Mrs. George A. Rogers; Mrs. O. R. Carlander in place of Mrs. E. G. Brittain; and Mrs. J. H. Hornberger in place of Mrs. O. F. Ziegler.

Reports of activity in the County Auxiliaries was made by Bergen, Burlington, Camden, Essex, Hudson, Mercer, Middlesex, Ocean, Passaic, and Union.

There was a discussion as to the activity of the Auxiliary in the Cancer Control program. The President advised that the Auxiliaries are not permitted to act as an organization, but that each individual member may use her own discretion as to her activity.

Mrs. McDonnel reported that the New Jersey Auxiliary has two representatives on the National Auxiliary Board,—Mrs. Ily R. Beir

on Art and Hobby Exhibit, and Mrs. McDonnel herself, representing the New Jersey State Auxiliary.

The New Jersey Auxiliary has three representatives as Regional Chairmen:

Mrs. A. J. Casselman, Organization
Mrs. A. H. Lippincott, Public Relations
Mrs. Don A. Epler, Legislation.

Mrs. R. E. Haldeman, of Mount Holly, gave an interesting review of the book "The Doctor on Horseback" by James Thomas Flexner.

Dr. Ellen C. Potter, Medical Director, Department of Institutions and Agencies, gave an address on "The Child Adoption Law of New Jersey", based on her series of four articles in the Journals of November, 1939, through February, 1940.

COUNTY AUXILIARIES

Atlantic County

Mrs. Samuel L. Winn, Publicity Chairman

The regular meeting of the *Woman's Auxiliary to the Atlantic County Medical Society* was held on Friday evening, March 8th, 1940, at the Ambassador Hotel, with twenty-one members and two guests present.

Reports were heard from various committees. Public Relations placed two speakers to lay groups. The Arts and Hobbies reported that six biographies are ready to be filed with several more possibilities in view. The State Chairman of Arts and Hobbies, Mrs. Ily Bier, asked for all who could contribute to the success of the State convention in June by entering an exhibit, should by all means do so. We are all proud of this project and know we will all do our utmost to make this the highlight of the convention.

The Welfare Committee is busy. This month it bought sheeting for the Betty Bacharach Home to the amount of $25.

Each year the Junior Research Club of Atlantic City makes an effort to replenish the Public Library with some new material. It has been the custom of our Auxiliary to make such a presentment annually. This year we are honoring Mrs. Edwin H. Harvey, a charter member and one who has served faithfully through many years of our Auxiliary, to make her very own selection and we shall be very happy to make the presentation.

Again we find ourselves knitting garments—this time for the Finnish relief. We hope we can do as well as previously for the Polish refugees.

There will be a study group in connection with the Legislation Committee to further discuss the Wagner Bill after the meeting in April. Mrs. Stamps, who also is Captain for the Atlantic County Women's Field Army for the Control of Cancer, urged 100 per cent coöperation in that project.

For our evening's entertainment we heard Mr. Ben Barkin, English instructor at the Atlantic City High School, give us a most interesting book review on Robert Nathan's "Portrait of Jennie".

Our April meeting will be profitable, for we hope to hear Professor James Morgan Read (brother of Dr. Hilton S. Read) speak on "Current World Affairs". Professor Read received his Ph.D. degree at the University of Marburg in Germany. He studied modern history for three years in Germany and is well informed on the present conditions abroad.

Bergen County

Reported by Mrs. J. Willis Demarest, Hackensack, N. J.

The regular meeting of the *Woman's Auxiliary to the Bergen County Medical Society* was held Tuesday evening, March 12, 1940, at Holy Name Hospital. There were twenty-three members present.

The program consisted of a book review by Mrs. Lyman Brown on the book "What It Means to Be a Doctor". The members voted to purchase fifty copies of this book to place in the various doctors' offices.

The by-laws were read and revised and will be adopted at the April meeting. The delegates and alternates were elected for the Atlantic City Convention.

Our President, Mrs. Reynold Berke, reported the State Executive Board meeting in Newark on Monday, March 12. Mrs. Alvah Bickner reported on the medical bills that are coming up before the legislature soon.

Refreshments were served.

Camden County

Reported by Mrs. E. Reed Hirst, Publicity Chairman

The regular meeting of the *Woman's Auxiliary to the Camden County Medical Society* was held on Tuesday afternoon, March 5th, 1940, at the home of Mrs. W. H. Jack, in Haddonfield, with the President, Mrs. M. L. Weimann, presiding. There were fifty members and guests present.

Reports were received from the several chairmen, and final plans for the Public Relations Meeting, to be held March 26, at the Camden Woman's Club, 424-26 Linden Street, were discussed. As a departure from plans in former years, an all-day institute is being arranged by Mrs. O. R. Carlander, Public Relations Chairman. Opening at 10:30 a.m., it will continue until 4:00 p.m., with lunch and a social hour at noon. Invitations have been sent to representatives of all civic and social groups to attend this important meeting.

Mrs. A. H. Lippincott, State Commander of the American Society for the Control of Cancer, announced that April will again be the Cancer Control Month. All members were urged to join and help to show the public through literature, speakers, etc., that cancer is curable.

Mrs. A. H. Lippincott gave a reading from "An Easter Play" by John Drinkwater.

Dr. W. T. Read, Jr., played three piano selections of "Impressionistic Music". Tea was served, at which Mrs. A. J. Casselman and Mrs. Joel Fithian poured, assisted by the Hospitality Chairman and the committee.

Essex County

Reported by Mrs. Frank S. Forte, Chairman of Publicity

The regular monthly meeting of the *Woman's Auxiliary to the Essex County Medical Society* was held on Monday, February 26th, 1940, at two o'clock, at the Academy of Medicine, 91 Lincoln Park, Newark, N. J. An Executive Board meeting preceded the regular meeting at one o'clock. Mrs. William D. Miningham, the President, presided.

Mrs. Anthony Ambrose, Membership Chairman, reported that three new members were elected to the Auxiliary this month:

Mrs. Philip Levine, 1133 Bergen Street, Newark, N. J.

Mrs. A. L. Reich, 83 Lyons Avenue, Newark, N. J.

Mrs. Alfred J. D'Agostina, 71 Fuller Place, Irvington, N. J.

Mrs. Don A. Epler, Program Chairman, introduced the guest speaker, Dr. Samuel Alexander, of Park Ridge, N. J. He criticized socialized medicine and declared America, without governmental control, has made finer records in public health than European countries working under a centralized system.

At the business meeting preceding the lecture, plans were made to assist in the Red Cross roll call, March 15th to 30th. Mrs. William J. Donahue was appointed chairman for soliciting members, and Mrs. Don A. Epler and Mrs. Edgar P. Cardwell will have charge of two of the enrollment booths. A contribution of $50 to the Red Cross from the Benevolent Fund was approved, also a contribution of $750 to the Benevolent Fund of the County Medical Society. Mrs. Don A. Epler presented Mrs. Gordon Buchanan, who made an appeal on behalf of the Red Cross.

Mrs. Roy A. Van Ness, Chairman of Public Relations, announced that April 22nd would be set aside for Health Institute Day, at which time the Institute will include the award of a prize to the winners of the Health Essay Contest held in Newark's public schools. The winning essay will be read.

Members of the Auxiliary assisted the Medical Society in promoting publicity for Medical Week, which was held at the Mosque Theatre Building, February 5th to 10th. Dr. Schaaf, President of the Society, wrote a letter of thanks to the women, a copy of which he had published in the Essex County Bulletin and reads as follows:

"I want to express sincere appreciation and gratitude for the splendid help which the Woman's Auxiliary gave our Society during Medical Week. It is not too much to say that without such coöperation the Exhibit could not have been carried on.

"Were there any lingering doubts regarding the usefulness of the Auxiliary, they would certainly have been completely and permanently dispelled. I shall make no attempt to appraise the comparative values of the services of each individual member of the Auxiliary. To do so would be futile, for who can say when discussing the relative importance of the parts of a fine watch whether the hair-spring, the jewels or the main-spring are the most important? There is a mathematical axiom to the effect that the whole is equal to the sum of its parts. Since the whole was quite perfect, it necessarily follows that each individual contribution was also perfect."

Tea was served at the close of the meeting. Mrs. Richard Straehle and Mrs. J. Irving Fort poured.

Hudson County

Reported by Mrs. Sydney Chayes

The *Woman's Auxiliary to the Hudson County Medical Society* held a Reciprocity Meeting March 4, 1940, in the parlors of the Young Women's Christian Association, Fairmont Avenue, Jersey City, N. J. Representatives from fifteen organizations of Hudson County were present.

Dr. James Norton, President of the Hudson County Medical Society, spoke on the subject "Fight Cancer with Knowledge".

Mrs. Marion Simmons, Field Secretary of the Cancer Control Society, explained the functions of the Field Army and the steady progress in the education of the layman.

Mrs. Henry Klaus, of Union City, was announced as Captain of the Hudson County Division of the Cancer Group now being organized.

Miss May Rosencrans, of Hoboken, presented readings at the close of the program. Tea was served.

Ocean County

The regular meeting of the *Woman's Auxiliary to the Ocean County Medical Society* was held at the home of Mrs. B. Sawyer, of Toms River, on Friday afternoon, March 1st, 1940, with Mrs. A. Goldstein, of Lakewood, presiding, and the following members present: Mrs. Robert Carmona, of Tuckerton; Mrs. Carl Menge, of Toms River; Mrs. Leon Taylor and Mrs. Raymond Taylor, of Lakewood; Mrs. L. W. Falkinburg, Forked River; Mrs. J. E. Obert, of New Egypt; Mrs. J. B. Henriksen and Mrs. C. W. Witte, Point Pleasant; Mrs. F. Bunnell, Barnegat; and Mrs. W. E. Dodd, Beach Haven.

The proceeds of the recent motion picture benefit were $103.35, and were applied to the Blood Transfusion Fund which was initiated by the Auxiliary several years ago. Within the last week four patients at the Point Pleasant Hospital were given the benefit of this fund.

A substantial donation was given to the Infantile Paralysis Fund towards the purchase of the "Iron Lung" to be placed at the Paul Kimball Hospital.

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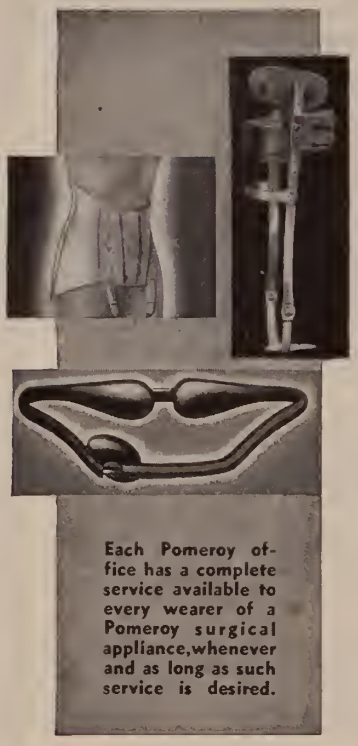

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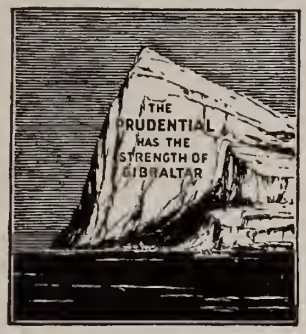

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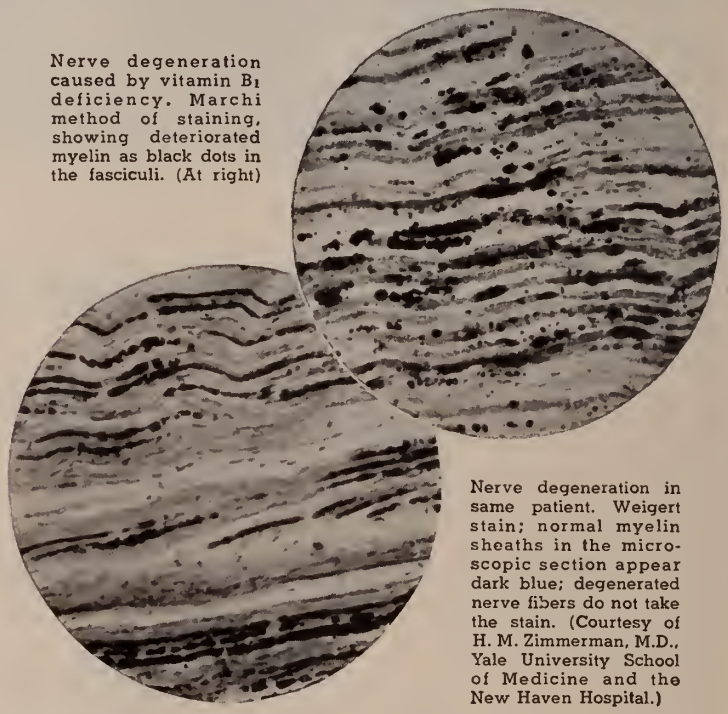
STUDIES IN THE AVITAMINOSES

This page is the fifth of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A full color, two-page insert on the same subject appears in the April 27 issue of The Journal of the American Medical Association.

ONE of the specific lesions resulting from thiamin deprivation consists of degenerative changes in the myelin sheaths of nerve fibers. In peripheral nerves, the myelin breaks down into small globules and finally disappears, and the axis-cylinder undergoes atrophy and fragmentation. Degeneration has been described also in the spinal cord, especially in the posterior columns and anterior and posterior nerve roots, and in the posterior spinal ganglions and the anterior horn cells.



Nerve degeneration caused by vitamin B_1 deficiency. Marchi method of staining, showing deteriorated myelin as black dots in the fasciculi. (At right)

Nerve degeneration in same patient. Weigert stain; normal myelin sheaths in the microscopic section appear dark blue; degenerated nerve fibers do not take the stain. (Courtesy of H. M. Zimmerman, M.D., Yale University School of Medicine and the New Haven Hospital.)

The Neurologic Manifestations of Vitamin B_1 Deficiency

Above, peripheral neuritis of nutritional etiology; note limited dorsiflexion. At right, improvement in dorsiflexion after two and one-half weeks of thiamin chloride therapy. (Courtesy of Henry Field, Jr., M.D., University of Michigan.)

THE early manifestations of vitamin B_1 deficiency affecting peripheral nerves are pain and burning along the involved sensory neurons and impairment of motor nerve function. If the deficiency remains uncorrected, fragmentation of the axis-cylinders of motor nerves follows, leading to further loss of function and atrophy of the innervated muscles. Administration of thiamin chloride over a prolonged period slowly produces regeneration of the involved neurons. If complete degeneration of cells and axis-cylinders in the central nervous system has occurred, regeneration cannot take place.

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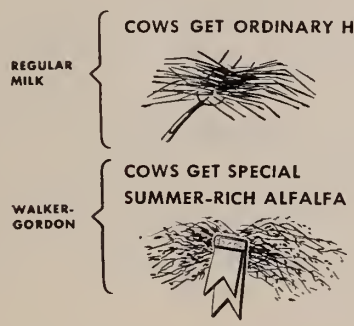
One of the reasons why the medical profession recommends Walker-Gordon Certified Milk is this:

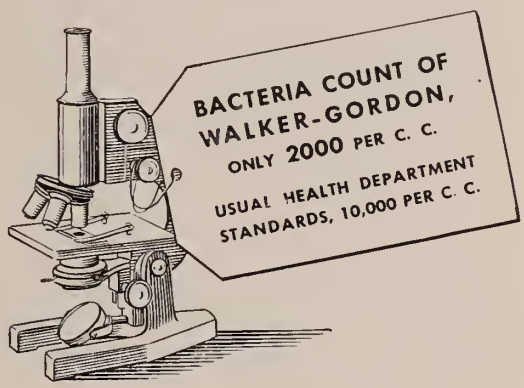
During cold months Walker-Gordon contains 60% more Vitamin A than regular milk.

During the winter and early spring months when most doctors consider an adequate supply of



Vitamin A most important, Walker-Gordon contains 60% more Vitamin A than regular milk.

The Vitamin A content is so high because the cows are fed a balanced ration of 16 foods—including dehydrated, summer-rich alfalfa rather than ordinary hay in the winter.



Another reason why doctors recommend Walker-Gordon Certified Milk is its exceptional purity.

Being produced entirely on our farm under the strictest sanitary control in the industry. the bacteria count of Walker-Gordon Certified Milk averages only 2000 per c.c. at time of bottling, compared to medical and health department standard requirements of 10,000 per c.c. Samples taken regularly from the bottling line show a complete absence of pathogenic bacteria.

Walker-Gordon Certified Milk

THE WORLD'S FINEST MILK

VITAMIN K—A NEW FAT-SOLUBLE VITAMIN

● In 1935, the existence of a new fat-soluble vitamin—distinct from vitamins A, D, and E—was demonstrated. A deficiency of this vitamin in the diet of chicks was found to lead to a disease characterized by anemia, hemorrhages, and prolonged clotting time of the blood (1). The name of this new factor was derived from the Danish designation "Koagulations-Vitamin".

The chemical, physical, and biological properties of vitamin K have been well established (1, 2, 3, 4). Besides vitamins K_1 and K_2—isolated from natural materials—an homologous series of synthetic compounds has been found to possess antihemorrhagic properties. As the vitamin K unit, the antihemorrhagic activity of 1.0 microgram of pure 2-methyl-1, 4-napthoquinone has been suggested; however, further research seems necessary before final selection of the vitamin K unit is made (4).

Clinical investigations have also established the importance of vitamin K in the clotting of human blood (3, 4). It has been demonstrated that avitaminosis K results in a prothrombin deficiency, with resultant prolonged blood clotting time. Although hypoprothrombinemia can frequently be attributed to inadequate intestinal absorption of vitamin K or to hepatic injury, other causative factors are also recognized; important among these is a deficiency of vitamin K in the diet.

The distribution of vitamin K in foods also has been studied. It has been found that vitamin K activity appears to be concentrated in the photosynthetic portion of the plant (3). Research during the next several years should add greatly to our knowledge of the extent to which this factor occurs in common American foods.

Discovery of vitamin K is another step towards establishment of the complete nutritive requirements of man. Recognition of this new factor, however, suggests that other factors—as yet unknown—will undoubtedly be found essential to man. Consequently, the wisdom of a varied diet to supply the identified, as well as the unidentified, essential nutrients, should be immediately evident. The large number of canned foods, available at all seasons, may well be included in diets designed to promote optimum nutrition.

AMERICAN CAN COMPANY

230 Park Avenue, New York, N. Y.

REFERENCES

1. 1937. Annual Review of Biochemistry, 6, 364.
2. 1939. Ibid., 8, 428.
3. 1939. J. Am. Med. Assoc., 112, 1457.
4. 1939. Ibid., 113, 2056.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the fifty-ninth in a series, which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

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Karo . . 2 tsps.
Milk . . 6 ozs.
Water . . 2 ozs.

This is a formula for *gradual weaning*. The KARO mixture is first offered in place of one breast feeding for a week, then in place of two breast feedings the next week until complete weaning.

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This is a formula for *immediate weaning*. The KARO mixture is divided into 4 feedings, 8 ounces each, at 4-hour intervals, and gradually concentrated as the baby becomes adjusted to bottle feeding.

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FOR safety and reliability use composite Radon seeds in your cases requiring interstitial radiation. The Composite Radon Seed is the only type of metal Radon Seed having smooth, round, non-cutting ends. In this type of seed, illustrated here highly magnified, Radon is under gas-tight, leak-proof seal. Composite Platinum (or Gold) Radon Seeds and loading-slot instruments for their implantation are available to you exclusively through us. Inquire and order by mail, or preferably by telegraph, reversing charges.

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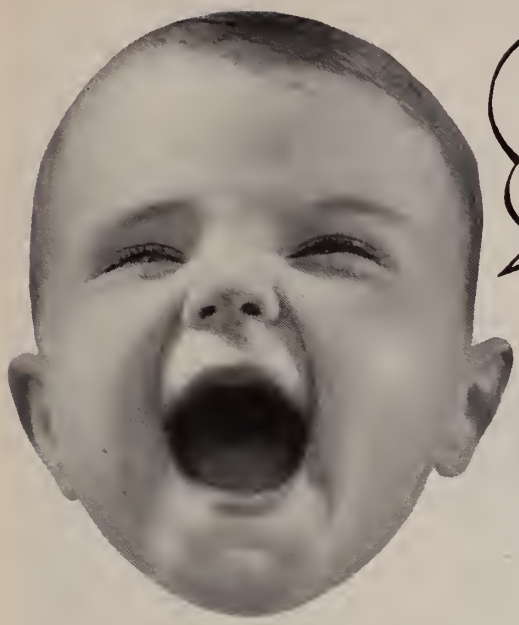

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We'll be looking for you at the Convention!

"Us babies owe you doctors lots of thanks for telling our Mommies to anoint our bodies with Mennen Antiseptic Oil EVERY DAY FOR AT LEAST OUR FIRST YEAR! Because the Oil sure helps protect our skins against germs and infections. And, as you know, doctor—our tender skins sure *need* help while we're so little and just getting up strength and resistance against infection. So *thanks a million* from us happy, healthy Mennen babies! (Boy, that Oil's in a class by itself, isn't it . . . look how it's used today in the nurseries of over 3,600 hospitals!)"

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HAS SHOWN A CONVINCING RECORD* OF EFFECTIVENESS IN ACUTE ANTERIOR URETHRITIS

due to Neisseria gonorrheae • Trichomonas vaginalis
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Silver Picrate is a crystalline compound of silver in definite chemical combination with picric acid. Dosage form for use in anterior urethritis: Wyeth's Silver Picrate Crystals in an aqueous solution of 0.5 percent.

Supplied at all pharmacies in vials of 2 grams

Complete literature on Silver Picrate as used in genitourinary and gynecological practice will be mailed on request.

*"Treatment of Acute Anterior Urethritis with Silver Picrate," Knight and Shelanski, AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES, Vol. 23, No. 2, pages 201-206, March, 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA, PA.

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. . . used under proper supervision lengthens lives of diabetic children

Prior to the discovery of Insulin, diabetes in a child led to severe restrictions in his mode of life and, in most cases, an early death. Today, in contrast, there are hundreds of happy, active diabetic children—leading practically normal lives with the aid of Insulin.

More institutions, more physicians, and more patients are using Insulin Squibb and Protamine Zinc Insulin *Squibb* than ever before. They rely on the quality and dependability of these Squibb Products.

INSULIN SQUIBB—An aqueous solution of the active, anti-diabetic principle obtained from pancreas. It is accurately assayed, uniformly potent, carefully purified, highly stable, and remarkably free from pigmentary impurities and proteinous reaction-producing substances. Insulin Squibb of the usual strengths is supplied in 10-cc. vials.

PROTAMINE ZINC INSULIN *Squibb*—Insulin Squibb to which protamine and zinc have been added. The product is carefully assayed and conforms to the specifications of the Insulin Committee, University of Toronto.

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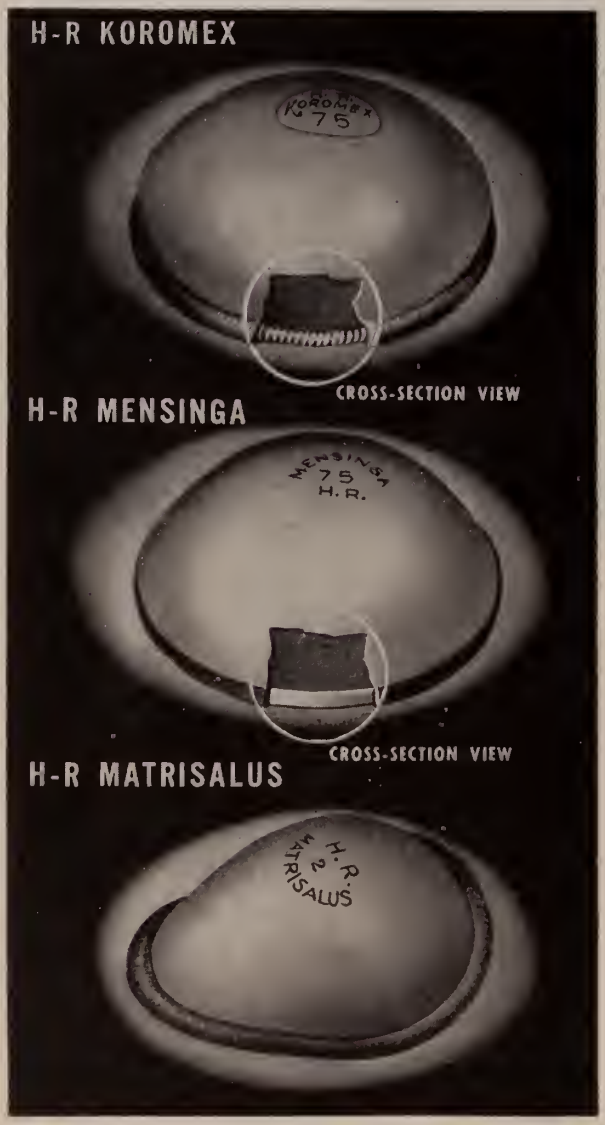
Diaphragms for EVERY Condition



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The H-R Koromex diaphragm (coil spring type) is available in sizes from No. 50 to No. 105 mm., and is indicated for use in all normal anatomies.

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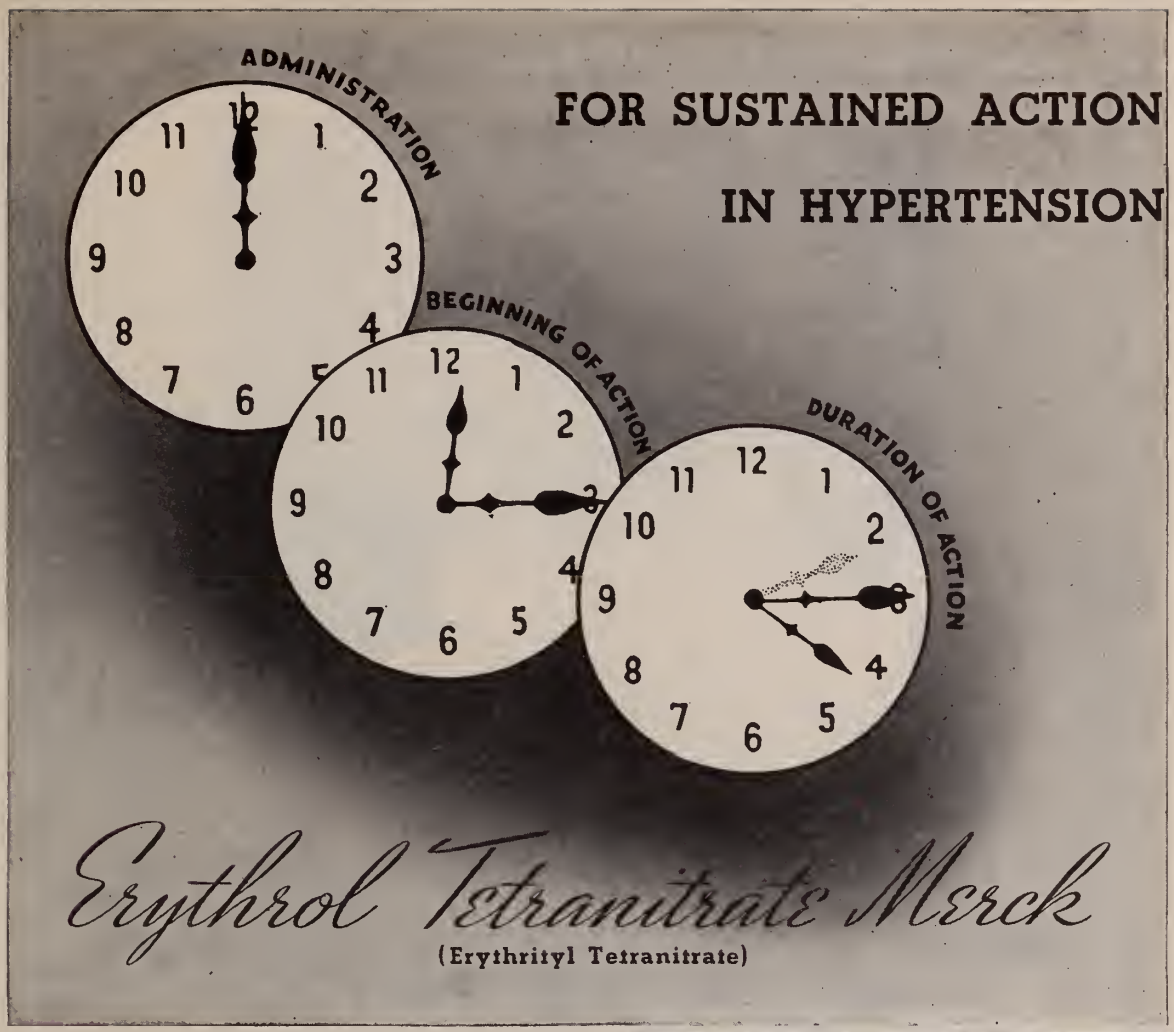

FOR SUSTAINED ACTION IN HYPERTENSION

Erythrol Tetranitrate Merck

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The special value of Erythrol Tetranitrate Merck in the treatment of arterial hypertension and angina pectoris lies in the duration of its action.

Vasodilatation usually begins within about fifteen minutes after administration and persists for 3 to 4 hours.

As a result of this prolonged activity, it is possible, by careful adjustment of dosage in the individual case, to obtain sustained vasodilatation.

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For Prolonged Vasodilatation in Hypertension

COUNCIL ACCEPTED AMERICAN MEDICAL ASSN. ACCEPTED

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No need to worry about cod liver oil when the feeding is S.M.A. Vitamins A, B_1 and D are provided in S.M.A., in adequate amounts to meet the nutritional needs of normal, full-term infants.

Diluted, ready to feed, each quart of S.M.A. provides 7500 U.S.P. units vitamin A, 400 U.S.P. units vitamin D and 200 U.S.P. units vitamin B_1.

S. M. A. IS ECONOMICAL TO FEED. INFANTS RELISH IT, DIGEST IT EASILY AND THRIVE ON IT.

S. M. A. is a food for infants—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

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You can't start building half-way up

Productive research is like building with brick—one fact or one experience is laid on top of another. The soundness of research accomplishment depends on the foundation underneath. You can't start building half-way up.

Parke-Davis contributions to modern medicine are familiar—among them are Adrenalin, Pituitrin, Pitocin and Pitressin, Mapharsen, Meningococcus Antitoxin. Each represents a single research project. Yet all are mortared together in a broad foundation of scientific understanding and experience. Every future Parke-Davis development will stand soundly on this structure.

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PIONEERS IN RESEARCH ON MEDICINAL PRODUCTS

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ECONOMICAL
SIMPLE OPERATION
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NO TILTING
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AMERICAN MEDICAL ASSOCIATION ACCEPTED COUNCIL ON PHYSICAL THERAPY

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TUBERCULOSIS: Irradiation is of distinct value for patients suffering from tuberculosis of the bones, articulations, peritoneum, intestine, larynx and lymph nodes, or from tuberculous sinuses.

*See this lamp and other Hanovia Therapeutic Apparatus, Sollux Radiant Heat lamps, Short and Ultra Short Wave units.

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Announcement

The Kelley-Koett Mfg. Co., Inc.

X-RAY EQUIPMENT

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We take pleasure in announcing the opening of our New Jersey Office at 20 Washington Place, Newark, New Jersey.

We wish to thank our many friends for their past and continued patronage.

Our new facilities include an Engineering and Drafting Department, Service Division, Supplies and Accessories.

We cordially extend an invitation to visit our offices.

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Pioneers in design and development of quality x-ray equipment for the medical profession.

In Depressive States

Our recent publication, "Benzedrine Sulfate Tablets in Depressive Conditions"—examined and found acceptable by the Council on Pharmacy and Chemistry of the American Medical Association—summarizes the findings of leading investigators as to the present status of the drug in this field. Excerpts are cited from the articles listed below:

Guttmann, E. and Sargant, W.: **Observations on Benzedrine**—Brit. Med. J., 1:1013, May 15, 1937.

Nathanson, M. H.: **The Central Action of Beta-aminopropylbenzene (Benzedrine)**—J.A.M.A., 108:528, Feb. 13, 1937.

Myerson, A.: **Effect of Benzedrine Sulfate on Mood and Fatigue in Normal and in Neurotic Persons**—Arch. Neurol. & Psychiat., 36:816, Oct., 1936.

Wilbur, D. L.; MacLean, A. R. and Allen, E. V.: **Clinical Observations on the Effects of Benzedrine Sulphate**—Proc. Staff Meet. Mayo Clin., 12:97, Feb. 17, 1937.

Woolley, L. F.: **The Clinical Effects of Benzedrine Sulphate in Mental Patients with Retarded Activity**—Psychiatric Quart., 12:66, January, 1938.

Davidoff, E. and Reifenstein, E. C., Jr.: **The Stimulating Action of Benzedrine Sulfate**—J.A.M.A., 108:1770, May 22, 1937.

Guttmann, E.: **The Effect of Benzedrine on Depressive States**—J. Ment. Sci., 82:618, Sept., 1936.

If you did not receive a copy, we shall be glad to mail one to you.

BENZEDRINE SULFATE TABLETS

Each 'Benzedrine Sulfate Tablet' contains amphetamine sulfate, S. K. F., 10 mg. (approximately 1/6 gr.)

SMITH, KLINE & FRENCH LABORATORIES EST. 1841
109 North Fifth Street, Philadelphia, Pa.

Please send me a copy of your booklet, BENZEDRINE SULFATE TABLETS IN DEPRESSIVE CONDITIONS.

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Fulfilling the essentials of effective liver therapy—

1cc. CONCENTRATED SOLUTION LIVER EXTRACT
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Lederle

SINCE INDIVIDUAL PATIENTS with Pernicious Anemia vary one from another and from time to time in the amount of liver extract needed, no dogmatic statements can be made as to dosage. Every patient should receive at least enough of the material to maintain a normal blood picture. "Lederle's 1 cc." extract usually meets such requirements when injected at intervals of 7 to 15 or more days.

For the successful treatment of severe neurologic involvement much more extract is indicated than is required for the maintenance of normal blood. An excess of liver is useful to the extent that it may be stored in the body reservoirs and drawn upon as needed.

Neurological complications and relapse need not develop once the patient's cooperation is gained. Lederle's 1 cc. concentrated solution liver extract, containing 15 USP units, aids in gaining this cooperation by

— fewer injections;
— less discomfort;
— less inconvenience.

OBTAINABLE IN PACKAGES OF THREE 1 CC. VIALS.

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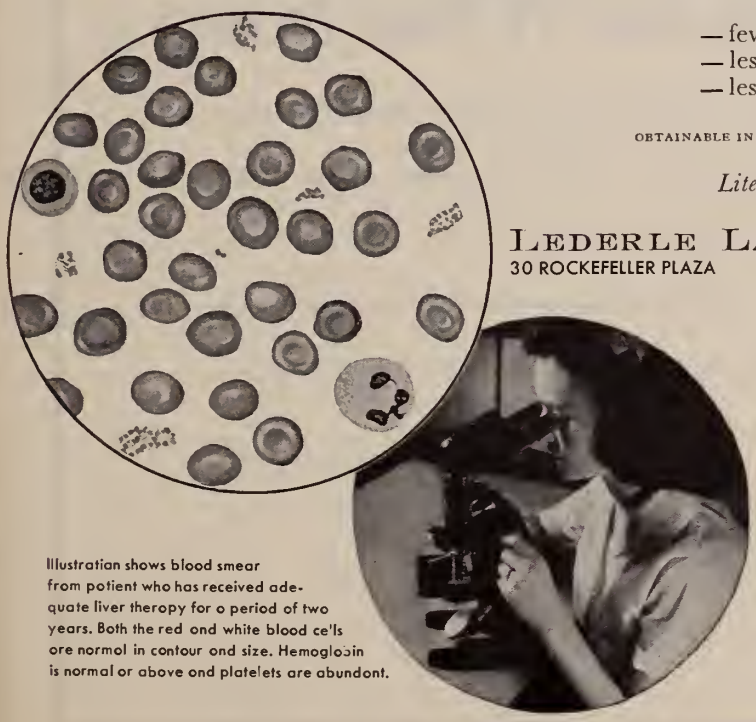

Illustration shows blood smear from patient who has received adequate liver therapy for a period of two years. Both the red and white blood cells are normal in contour and size. Hemoglobin is normal or above and platelets are abundant.

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● Since April 1, the diabetic can buy as much Iletin (Insulin, Lilly) for 3.5 cents as he purchased in 1923 for $1.00. Thirteen reductions in the price of Iletin (Insulin, Lilly) have resulted from large-scale production and improvement in marketing facilities.

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THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly

Under the
Direction of the
Committee on Publication

Editor of
The Journal
Frank Overton, M.D., Dr. P.H.

Editorial and Executive Offices of the Society—143 East State Street, Trenton, N. J.; Tel. 9330
Executive Officer—LeRoy A. Wilkes, M.D.
Executive Assistant—Norman M. Scott, M.D.
Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. XXXVII, No. 5 May, 1940 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

EDITORIAL

The Annual Reports

The annual reports of the Officers and Committees of The Medical Society of New Jersey which fill this, the May, 1940, issue of its official Journal, reveal the essential contributions which practicing physicians are making toward the welfare and contentment of the people of the State.

The Medical Society is the third party in the trinity of organizations which are essential in every community of free and enlightened people,—the church, the school, and the medical profession.

The field of the church is the promotion of the virtues of generosity and mutual helpfulness to which every community owes its very existence.

The field of the school is the enlightenment of every person regarding the forces and opportunities which are operating to make him a useful and happy member of a society of independent citizens.

The field of the Medical Profession is the development of those bodily and emotional states which will enable every citizen to contribute to the welfare of himself and his family. It is the glory of the Medical Profession that the physician is ready to respond to every call for the peculiar services which only the doctor can render. The humanitarianism of the average physician equals that of the priest, and excels that of the school-teacher.

But there is an economic aspect in the practice of every physician, for when he restores a poor man to health, he contributes to the available resources of the community. It is therefore becoming an accepted principle that the community shall not only reimburse the doctor for his actual outlay in giving services to the poor, but shall also provide the accessory services such as medicines, nursing and hospitalization.

The annual reports of the Officers and Committees of The Medical Society of New Jersey are predominantly records of discussions of methods and means by which the community may assume its fair proportion of the costs of distributing medical services to those of small means or no financial resources at all.

For those of small financial means, The Medical Society of New Jersey has devised The Medical Service Plan, which is a low-cost form of insurance.

For the indigent who can barely support themselves while they are in good health, the Society is developing workable plans by which the community may provide them with medical services to be rendered in their own homes by their own family doctors.

The annual reports, which fill the greater part of this issue of the Journal, demonstrate that the physicians of New Jersey are well on their way toward the solution of the social problems involved in the distribution of medical services to those in need.

Get Off Your Job!

The *Annual Meeting* in Atlantic City is an *opportunity* open to every member to get "off his job". Recreation is a necessity,—*not* a luxury. Rest need not take any standardized form. It may come through personal contact with old and new friends, or even through constructive controversy on subjects of mutual interest. Relaxation and variety are the spice of life.

Get *on* a *new* job periodically, and regain your perspective and sense of humor; but in order to do this successfully one must first get off the *old* job temporarily.

New Jersey is a small State, and the temptation is to attempt *two* jobs at once. One cannot successfully carry on his practice at home and get the most out of the Annual Meeting in Atlantic City. Face these facts and come to Atlantic City on the evening of June third. Get a good night's rest, and preferably some fresh air and exercise on the boardwalk before retiring. Be on time at the first meeting on Tuesday morning, and attend every session; look at the exhibits; come to the banquet; and you will return home feeling that it was all a good investment of time and money. Professionally, physically, and psychologically you will be a better physician.

LeRoy A. Wilkes, M.D.

Profession or Trade

Is the practice of medicine a *Profession?* or is it a *Trade?*

The answer depends upon a clear definition of each of the two terms. One naturally expects to find the answer in the dictionaries; but they do not define the words with any degree of accuracy.

In a general way, the dictionaries define a *profession* as a life-long calling whose practice requires a high degree of scientific knowledge, wide research, and sound judgment based on accurate information.

On the other hand, the dictionaries define a *trade* as an occupation in which the dominant motive is the *financial reward* which can be derived from its practice.

In the absence of accepted definitions of a profession and a trade, the officials of the Federal Government have brought a suit in the United States Supreme Court to determine the extent in which physicians practice a *trade* in distinction from a *profession.*

MEDICAL ECONOMICS

During the last half century *Medical Economics* has become both a *science* and an *art,* with two phases of their application:

1. Primarily, to the people in order to distribute medical services to those whose finances are limited.

2. Secondarily, to practicing physicians in order to relieve them of the financial burden which has hitherto fallen on them alone, in distributing medical relief to the needy.

WHO IS RESPONSIBLE?

Can the nine very human judges of the Supreme Court of the United States decide problems in medical economics more wisely than the 150,000 practicing physicians of the na-

tion? Convincing evidence of the willingness and the ability of members of the medical profession to solve its own problems is to be found in the seventy pages of the annual reports of the officers and committees of The Medical Society of New Jersey. Seventy-five per cent of those reports deal directly with methods for the distribution of medical services to all classes of persons, particularly those in financial need.

And the efforts of the medical profession of New Jersey are duplicated by the medical societies of the other forty-seven states, and by the national American Medical Association. This united body of physicians will solve the intricate problems involved in the distribution of medical services throughout the nation.

In this great work every physician has an essential part assigned to him through his license to practice medicine.

Consultants to County Societies

Every President of a county society has responded to the request for a report, and for suggestions for improving the local activities of his society. These reports have been both enlightening and encouraging, especially those from the smaller societies.

Dr. W. R. Bostwick, President of the Warren County Medical Society, with 27 members, asks for more information regarding the activities of the officers and committees of the State Society. This request is in striking contrast with the common complaints of the local members, who say, "Here is another letter from the State Society",—and into the waste basket it goes.

A difficulty in carrying out Dr. Bostwick's suggestion is that his county society does not have a sufficient number of members to supply a representative to each committee of the State Society. However, a workable plan would be that the county society shall assign one of its number as a "corresponding" member of each State committee in whose field the county society is especially concerned.

Dr. A. H. Groeschel, President of the Sussex County Medical Society, with 24 members, suggests that his county unite with the adjoining counties of Warren (27 members) and Morris (108 members) to form a single society with 159 members. Dr. Groeschel advances cogent arguments in support of his plan.

Two other county societies, which are similar to Warren and Sussex in size, are Cape May, with 29 members, and Salem, with 30 members; and each society is taking a leading and influential part in medical affairs within its own territory.

Another pair of rural counties consists of Hunterdon, with 26 members, and Ocean, with 30 members, each doing original work of leadership in public health work.

CONTACTS AND RELATIONSHIPS

An analysis of conditions in these three pairs of counties reveals that the members of their medical societies are active and influential in proportion to their contacts with other societies, and with the State Society. Physicians will recall that, in their early student days, they read the Commentories of Julius Caesar on the Gallic Wars, in which he wrote concerning the people of the three divisions of France:

"Of these the Belgians were the most warlike, because to them the merchants resort the least often" (because of their remoteness from centers of influence).

The physicians of Cape May County frequently entertain the leading physicians of Atlantic County; while those of Salem profit by the friendly influence of visitors from Camden and Gloucester Counties.

An examination of the records of The Medical Society of New Jersey reveals the fact that, during the first half-century of its existence, the State Society had an active membership no larger than the present enrollment of the smallest county society; and that the number and influence of the members grew in direct

proportion to the increase of the means of communication, and of the resulting contacts of physicians with the leaders of other sections of the State.

The Medical Society of New Jersey has developed a system of assigning its elected officers as visitors to the several county societies. The appreciation of these contacts is shown by the fact that the county reporters always record the presence of these visitors and the subjects of their addresses. A natural extension of these contacts would be to assign two or three present or former officers as *consultants* to those societies *who request their services*. This system would be similar to that of the consultants who are assigned to the several committees of the State Society.

The peculiar forte of these consultants would be to act as advisers to the officers of the county societies in preparing programs for their meetings, and in advising their committees regarding the details of developing and carrying on their local projects.

Quality of the Annual Reports

The members of the Medical Society recognize the high quality of the annual reports which fill eighty-eight pages of this issue of The Journal. These reports are, in fact, a series of editorials, which set a new standard for completeness, clearness, and informative value. Especially gratifying are the reports which have been received from one hundred per cent of the Presidents of the County Societies.

Senate Bill S-108, to allow the incorporation of medical service corporations, which was passed by the Senate on April 14, by a vote of 16 to 1, was passed by the Assembly on May 6, by a vote of 58 to 0.

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THE MEDICAL SOCIETY OF NEW JERSEY
ANNUAL REPORTS TO THE HOUSE OF DELEGATES

June 4-6, 1940

PART ONE

INTERNAL AFFAIRS

REPORT OF THE PRESIDENT

By E. Zeh Hawkes, M.D., Newark, N. J.

To the House of Delegates:

The program of The Medical Society of New Jersey does not commence or end with each administration. It is continuous over many administrations. Now and then some objective is reached, and sometimes new ones are added.

Each President meets emergencies that arise; each tries to interpret and to maintain the high ideals of our profession; each makes his small contribution toward reaching some specific objective approved by the House of Delegates. If during one administrative year some particular goal is reached, the President takes great satisfaction, although he knows that the credit is not his alone, but that the achievement is the result of the efforts of his predecessors, together with the final "push-over" given during the current year.

This fact is conspicuously illustrated by the passage of the Uniform Medical Practice Act—A-210—which took five years of discussion and the united effort of many all over the State working for this common end. This bill became a law early in the present administration. We all rejoice, because we all helped.

Since the passage of A-210, we have learned that we must be as vigilant and as active in protecting this bill, so valuable to the profession and to the public welfare, as we were in its passage, for efforts have already been made to nullify provisions of the bill by means of special legislation, and by vicious amendments. We now realize that every bill with health or medical practice provisions must be carefully studied, so as to determine its possible relation to A-210.

The underlying philosophy of the Medical Service Plan was first mentioned in our Society by Dr. Herrman during his administration. Development of the Plan was started early in the administration of Dr. Carrington, and seems likely to become a working reality during this presidential year. This valuable objective has been advanced by the study and work of a small group, partly physicians, partly laymen, and particularly by the untiring and intelligent effort of our Assistant Executive Officer. To this achievement none of the present elected officers of the Society has made noteworthy contribution, but we all feel the thrill of its approaching accomplishment.

The plan for medical care of the indigent, another of our prime objectives, which has been in a state of suspended animation for several years, came to life again this year. We are justified in the hope that we may soon see this plan in operation. At the present writing it seems to have been advanced as far as lies within our possibilities.

All three of the above-mentioned objectives and numerous others of importance attest to the value of patient, continuous effort. They are the achievements of more than two hundred and fifty members of committees of our State Society, aided by the officers and by our effi-

cient Executive Officer and his associates, assisted in no small measure by the officers and committees of our twenty-one County Societies.

In trying to evaluate our resources, it seems that the greatest asset which we have, the most important factor in the accomplishment of our objectives, is the interest, the enthusiasm, and the effort of the great number of us physicians working toward a common end.

The Medical Society of New Jersey likes to think of itself as being virile and progressive. These valuable characteristics are the result of the widespread nature of our organization, of a system that invites the interest and participation, and insures the equality of all. At times we may be tempted to enjoy the efficiency of greater centralization of administration, but mechanical efficiency and particularly centralization would take from us our most valuable possession; namely, the conviction of each one of us that he or she takes an essential part.

E. Zeh Hawkes.
April 14, 1940.

REPORT OF THE EXECUTIVE OFFICER

By LeRoy A. Wilkes, M.D., Trenton, N. J.

To the President:

The work in the Executive Offices as conducted during the administrative year 1939-1940 has followed the outline described in detail in previous reports.

THE EXECUTIVE ASSISTANT

Dr. Norman M. Scott, Executive Assistant, has devoted the major portion of his time to two specific assignments:

A. *The Medical Service Plan;* and *The Medical Service Administration,* under which the Plan, and possibly other plans, will be operated, as soon as the necessary legislation now pending is assured;

B. *Hospital Relationships.*

These subjects are being intensively studied by members of the committees having these projects in charge, and plans are developed to better define and integrate the duties of the groups involved. The Executive Assistant does the intensive research, visitation, compilation, and periodic revisions of the program and plans, as directed by the members of these committees.

The remainder of the time of the Executive Assistant is devoted to the various other activities of the Society as occasion arises and the judgment of your Executive Officer prescribes.

THE EXECUTIVE OFFICE STAFF

The Executive Staff has had but two changes in personnel during the year. Mrs. Nixon resigned in December after six years' work in the Executive Offices; and Miss Miriam Nilis has been engaged in her place. Miss Nilis fits in well as a member of our Executive Office Staff. She is to be assigned as Editorial Assistant to Dr. Overton upon the resignation, in May, of Miss Katz, who has been assisting our Editor since the opening of the Executive Offices in Trenton in October, 1933. Miss Ruth Dunne will take over the work done by Miss Nilis.

The following statistics show the relative increase in routine work of the Executive Office staff:

	1933-34	1939-40
Letters received per month	125	395
Letters sent per month	815	2,348
Stencils cut per month	35	101
Pages mimeographed per month	3,005	10,650
Committee meetings per month	3	6

The routine work of the Executive Office has increased three-fold during the past six years, and a number of extra activities has been placed in the hands of the office staff, which has been enlarged from one to four girls in this time.

The extra activities of the Executive Office include:

Accurate record of membership for the official list and during the year.

Accounts and books of the State Treasurer, with financial statements each month and an analysis of the accounts twice a year.

Data for publication in the Tri-State Directory of New York, New Jersey, and Connecticut.

Assistance to county societies, on request, by mimeographing and addressing material to their membership.

Secretarial services to the various committees which meet in the Executive Offices. Most of these meetings are held on Sunday, and the

average number of Sundays per month spent in the office by each girl is two from October through May.

Secretarial services to the Medical Service Plan to which one girl is assigned half time.

Special material to the membership—for example, Adult Health Supervision.

Special material to the profession in the State, such as free sulphapyridine for indigents.

SCOPE AND LENGTH OF REPORTS

From incidental comments heard on the occasion of visits to County Medical Societies the question has arisen in the mind of your Executive Officer whether the reports of committees made during the year are too voluminous and detailed. Such reports can be further abstracted if advisable. Constructive comments and suggestions in writing from County Society Officers and committes to the Executive Officer have been frequently requested; but to date these contributions have been limited in number. Such comments and suggestions can be very helpful to your officers and committees in the formulation of plans and procedure which will better meet the Society's needs as these are made known.

TRENDS OF SOCIETY SERVICE

The success of our present and future plans of medical practice will depend in the final analysis on the interest and activity of the *officers,* the *committees,* and the *members in each County Society.* The general trends in this country have, for several decades, been toward *organized service;* and this trend has become more apparent in medicine each year. The last decade has greatly intensified this trend in medicine and speeded up its tempo.

The patient who seeks his doctor on his own initiative is being supplemented by many others who are being brought to the physicians on the initiative of a "third party",—government, industry, insurance, commerce, manufacture, labor unions, and others. This is a fact which the profession cannot ignore; nor can we dictate these trends. We, like others who have service to offer, must adapt our methods to the prevailing trends in ways that are ethical, effective, and economic. We can always insist on a quality of medical service which meets our approval and that of the public, so long as we can provide this quality at the same cost as others legally qualified to provide such service.

It is on record that we want no "third party" to come between patient and physician in our professional capacity; but is it not possible that a proper type of "third party" can, under proper safeguards, aid both physician and patient by bringing together those in need of medical service and those best qualified to provide such service? A proper "third party" can go even further in being helpful to all concerned by providing a plan for *distributing the cost* of such care over an extended time, and to increased numbers of people, on the insurance principle. As yet no general agreement has been reached as to who would be an acceptable "third party".

The wrong type of "third party" could do incalculable harm; but this should not preclude the possibility of providing the right type. Our *Medical Service Plan* appears to be potentially, at least, the right type of "third party", and gives reasonable "free choice" of attending physician,—in fact a much broader choice of physician than many other accepted plans.

HOSPITAL RELATIONSHIPS

In our Hospital Relationships, the essential problem is to mutually establish and approve a proper scope of function for the trustees, the administrative and hospital service staff, and the medical service staff. When this has been achieved, then integration of function is possible with a minimum of friction, duplication, and omissions.

PROFESSIONAL RELATIONS

One of the main functions carried on by the Executive Officer is that of providing a continuing liaison between The Medical Society of New Jersey and other State Agencies, both official and non-official, a list of which has been provided in previous reports. This might be called "Professional Relations", in contrast to the public relations work carried on by the sub-committee of that name in the Welfare Committee. The importance of maintaining this continuing liaison can be best appreciated when one realizes that only in the formative stages can programs be easily changed to provide for suggested improvements, and for safeguarding our legitimate interests and those of other State organizations and agencies. With our broadening programs of coöperative endeavor, jointly developed and planned, the need for these continuing contacts increases each year. The individual physician gets the most out of his professional life through his cooperation with colleagues in his professional society. The professional society provides most benefit for its members from its own coöperation with other professional and lay agencies in the State, who are sincerely and effectively contributing to public health and welfare. Cooperation is gained through legitimate adjustment of differences which permits uniting of aims and activities upon which agreement can be reached.

Through continuous study of reports, inves-

tigation of experiments in actual operation, conferences and correspondence, all of which are, at the proper time, made in the name of The Medical Society of New Jersey and with the approval or direction of your officers and committees, your Executive Staff keeps informed upon the newer developments which go on outside our own Society, in addition to those within our own program. The purpose is to function more intelligently and successfully in carrying on in the interests of our members, primarily as to the distribution of our services as physicians, individually and collectively.

RESEARCH AND STUDY

During the past six years The Medical Society of New Jersey has extensively explored, through special *Advisory Committees,* the fields of professional practice, and the problems involved in the effective and economic distribution of medical service to individuals and groups. Intensive study on selected problems, through the *project method* is now under way. Where these projects involve organized integration of the qualified members of our profession, participating with the staffs of other community agencies actually engaged in community programs, the efforts can be coördinated by common agreement. The ideas, opinions, and judgment of each agency should be respectfully heard and considered by all the other groups. The legislative and legal limitations must be recognized, and the need of public approval of such programs must be very seriously considered in arriving at the final plans and procedure adopted.

This voluntary coöperation involves widespread *personal contacts* which must be established and maintained. Much research reading is necessary to benefit from the experience already gained in similar efforts made elsewhere; and we must definitely establish the conditions and limitations under which we will work, and the scope of function within which each group will make the best contribution.

Each of these projects may properly be termed, at this time, a *pioneer venture in cooperation,* in which common objectives must be kept clearly in view; and an attitude of confidence and collaboration, supported by sustained effort and study, must be made manifest by each individual participant.

In these community projects the final practical working program must, of necessity, grow out of trial and error, and compromise and conference, between men of good will and proven ability, supported by our full membership.

A certain amount of authority must be granted to those few in each group who are best fitted, through special training and experience, and who have the time necessary for such study, conferences, and experimentation as is inherently necessary in the development of the working plans and the practical ways and means available for use. The leaders in the Medical Profession are busy men engrossed in the practice of their profession; and the exacting demands of their patients leave them a wholly inadequate amount of time to study and approve more than the guiding principles to be recognized, and the ultimate objectives to be reached. The paid executives and their staffs must do the research; confer frequently with executives in charge of other participating agencies; apply the recognized criteria; and periodically judge the outcomes and the results obtained. The executives chosen must, here as elsewhere, have the confidence of those they represent; and also have delegated authority to alter the plans and procedure in the interest of all concerned as unexpected outcomes demand, and as unresolvable obstacles arise. The principles and ultimate objectives however remain inviolate until changed by the constitutional methods established by each group.

A NEW ERA BEGINS

Physicians will probably have increasingly impressed upon them the fuller realization of their dual responsibility; (a) as an individual practitioner; and (b) as a delegated representative of organized medical societies, a nonprofit community corporation, or a unit of government. Under any of these administration agencies, rules and regulations are essential for successful achievement; and the necessary records must be kept to insure efficiency and economy, just as they are in the most successful private enterprise.

LOOKING FORWARD

The future of organized medicine entails more than studies and experimentations to improve professional services; and the wider, more efficient and economic distribution of these services to those in need thereof is equally in need of constant study and experiment. Only so far as both of these needs are attacked and successfully met, can both the profession and the public benefit.

The personnel and time of the Executive Staff of The Medical Society of New Jersey is primarily devoted to the distribution of the pooled knowledge and experience of the profession; to their distribution of the services to the public through approved programs, plans, schedules; and to the dispatch of these sched-

ules within the appointed time set for the projects in which the members of the Society engage.

CONFERENCE OF STATE AND COUNTY OFFICERS

The Conference of State and County Officers on plans and procedure used in providing medical service was held this year on November 6, 1939 (Journal, December, page 730). This conference can be made increasingly successful if the men in the County Societies will send to the Executive Offices the subjects which they would like to hear discussed in this democratic fashion, so that we may prepare a program of greater interest and benefit to the profession in New Jersey.

FALL CLINICAL CONFERENCE

The professional practice of our members can be steadily improved by increased attendance at the Fall Clinical Conference, which was held this year on November 9 and 10, 1939, with the Hudson County Medical Society as host. This conference (Jour., Dec., p. 727) is now established on a firm basis and provides, at great effort on the part of the members of the county which acts as our host, opportunities for first-hand contacts and exchange of experience from which all members can greatly benefit at the small cost of personal travel and expense which can be largely determined by each one who attends.

CONGRESS OF OBSTETRICS AND GYNECOLOGY

Your Executive Officer, at the invitation of the chairman, and with the approval of the Board of Trustees, summed up the public health aspects of the Congress of Obstetrics and Gynecology held in September in Cleveland. (Journal, Nov., 1939, p. 681.)

COST OF MEDICAL SERVICE

A fully satisfactory plan for the proper care of the sick who cannot pay for their medical service has not yet been achieved. The difficulty lies in the *financing* of such a plan, rather than in its development or operation. Financial restrictions in current municipal budgets intensify the attitude of looking to charitable contributions from all physicians (M.D.'s) to meet the public needs in all economic levels, but especially for the indigent. This attitude is encouraged by the unfailing response on the part of the profession. These professional service contributions are today accepted as an inalienable "right" of all indigents, to many of whom the word "obligations" seems unknown. "The profession cannot ethically neglect those actually in need of medical service"; and thus we continue a vicious circle in which we seem inextricably engaged. We declare with government that the preservation and restoration of indigents' health is the obligation of government. It should not be impossible that official and non-official agencies together develop a system of care satisfactory to all concerned, without greatly changing the system of individual care for the patient who on his own initiative seeks care from a physician of his own choice.

LeRoy A. Wilkes, M.D.,
Executive Officer.

REPORT OF THE SECRETARY

By Alfred Stahl, M.D., Newark, N. J.

To the House of Delegates:

The Secretary has carried out the duties of his office as provided in the Constitution and By-Laws of the Society.

ACTIVITIES

The Officers, Trustees, and committee members have given unsparingly of their time and energy to a degree that has made this year probably the most active in the history of the Society. The executive and editorial staffs, by their high training and cheerful coöperation, have made possible the carrying toward fulfillment of the objectives of the Society.

The Board of Trustees held numerous regular and special meetings, which the Secretary attended by virtue of his office. As ex-officio member of the Publication Committee, the Secretary attended the regular monthly meetings of that committee. Numerous meetings of the Committee on Auxiliary Medical Services and the meetings of the Welfare Committee were attended by the Secretary.

The Annual Conference of the State Society Secretaries and Editors held in Chicago, November 17 and 18, 1939, was attended by the Secretary as well as by the Editor and Dr. Scott. This Conference is for the discussion of vital problems by the State Secretaries and Editors. The exchange of administrative views and discussion of medical problems by the Secretaries of the several State Societies is productive of a very free and intimate relationship of the State Societies. Many of the State

Secretaries are also delegates to the American Medical Association. This dual authority and responsibility is of inestimable value to their State Societies. The House of Delegates might well consider the desirability of electing their State Secretary as a delegate to the American Medical Association.

The eight principles of the platform of the American Medical Association were released by the Board of Trustees of the American Medical Association to the assembled Conference at its first session. At the last session of the Conference Dr. Fishbein presented the reasons for and the personnel of the National Physicians' Committee for the Extension of Medical Services. Secretaries of a number of the State Societies expressed themselves adversely to the establishment of this committee. Your Secretary, in his report to the Board of Trustees of our State Society at its regular December, 1939, meeting, stated that, in his opinion, we, of New Jersey, should be more thoroughly informed of the details of the inception and the future methods and functions of the National Physicians' Committee.

The Works Projects Administration, under the direction of the State Compensation Officer, has written to every doctor of New Jersey to indicate by return postcard whether he wishes to render services to industrial accident cases under the regulation of the Commission. The State Compensation Administration is doing everything possible to distribute its accident cases to as many doctors as possible.

Some of the scientific sections of the State Society have requested that the services of a stenotypist be supplied for their sessions during the Annual Meeting. The Secretary is of the opinion that this service would entail unwarranted expense.

The Secretary desires to reiterate the recommendation contained in his annual report of last year.

"In view of the political and economic conditions prevailing, it would be advisable that closer and more intimate relationship be systematically established between The Medical Society of New Jersey and the members of the State Board of Medical Examiners, whose appointments are made at the recommendation of the Society. The income of the Board of Medical Examiners is derived from fees paid by licentiates that come before this Board, and from fines collected. This has its obvious disadvantage, and remedial measures should receive consideration by The Medical Society of New Jersey.

MEMBERSHIP

On March 15, 1940, the Official List consisted of 3,655 members, of which 3,513 were active members, and 142 associate members. This is an increase of forty-two over the membership of the previous year.

The following table gives some interesting details regarding the membership:

Deaths of members	48
Transfers from other states	6
Transfers to other states	6
Transfers from one county to another within New Jersey	11
Reinstated members	40
New members	163
Former members not paid up for 1940	248
Non-member physicians, including those residing in New Jersey but not licensed to practice in the State, and are practicing in other states; those retired; former members who have resigned; resident physicians in hospitals, etc.	1628

Respectfully submitted,
ALFRED STAHL, M.D., *Secretary.*

REPORT OF THE BOARD OF TRUSTEES

To the House of Delegates:

MEETINGS

Including the reorganization meeting, the Board of Trustees has met eight times during this administrative year.

Following this report, the Board will have a meeting in April, and one in June. In addition to these there will be one or two special meetings during the Annual Meeting in Atlantic City.

The meetings, being held in the morning, at the Executive Offices, have proceeded more leisurely than formerly, thus affording more time for consideration of problems under consideration.

ADMINISTRATIVE AIMS

President Hawkes announced at the beginning of the year that the chief objectives of his administration would be:

1. Provision of Medical Care for the Indigent to be recognized as a government obligation as to financial support, after the medical profession has made its contribution through lowered fees.

2. Provision for Voluntary Health Insurance to cover medical service costs.

STATE BOARD OF MEDICAL EXAMINERS

Following the recommendation of the Board of Trustees, Governor Moore appointed Harry

Williams, M.D., to fill the vacancy caused by the death of W. L. Wilbur, M.D.

Recommendations for the vacancy caused by the death of J. F. Condon, M.D., have been sent to the Governor, but up to this time the appointment has not been made.

STATE BOARD OF HEALTH

Being interested in the composition of the State Board of Health, the Board of Trustees made recommendations to the Governor for two vacancies in that body. Those selected by the Governor were not included in the list submitted. They were, however, qualified men, and members of The Medical Society of New Jersey.

NEW MEMBERS IN BOARD OF TRUSTEES

George J. Young, M.D., was elected to succeed E. J. Marsh, M.D., as Treasurer of the State Society, and thereby became a member of the Board of Trustees.

To fill the vacancy caused by the resignation of Herbert W. Nafey, M.D., the Board of Trustees elected George W. Fithian, M.D., for the unexpired term.

EDITOR OF THE JOURNAL

At the request of President Hawkes, the Board invited the editor of the Journal to attend the meetings of the Board. The editor has announced that the minutes of the meetings of Board of Trustees from 1933 through 1939 have been indexed and bound, and are available for consultation in the Executive Offices; and that the minutes from the year 1930 will also be indexed and bound as soon as a complete file is available.

COMMITTEE TO STUDY GOVERNMENTAL ACTIVITIES

The Delegates and Alternate Delegates to the A. M. A. were appointed a special committee to study the Federal report and provisions of the Interdepartmental Committee, the Social Security Act, the Wagner Act, and the reports and actions of the A. M. A. relative to these documents, and to report back with recommendations to the Board of Trustees.

ANNUAL CONFERENCE OF COUNTY SOCIETY OFFICERS

Following the recommendation of President Hawkes, a very successful conference was held on November 26, 1939.

SURVEY OF STATE BOARDS AND AGENCIES

The Executive Officer, at the direction of the Board, prepared a list of physicians holding office in State Boards or Agencies.

LEGISLATIVE COMMITTEE

Frederic J. Quigley, M.D., was appointed Executive Secretary to the Legislative Committee for one year, from November 1st, 1939.

PERMANENT HOME

Representatives of the Board looked at some available residences in Trenton as possible permanent home site for The Medical Society of New Jersey. The Board decided not to recommend purchase of Home at this time.

NEW YORK HOSPITAL SERVICE PLAN

The Board approved Dr. Hawkes' appointment of Drs. Schaaf and O'Hanlon to the Board of Governors of the New York Hospital Service Plan.

GOVERNOR'S CONFERENCE COMMITTEE

The Board approved the report of the Governor's Conference Committee as presented to the Governor.

REVISION OF THE PHARMACOPEIA

Three members of The Medical Society of New Jersey were appointed by the Board to represent the Society at the 1940 revision of the Pharmocopeia.

MISCELLANEOUS ITEMS

Other matters such as legislation, membership, post-graduate hospital practice opportunities for Negroes, medical service cost distribution, and W. P. A. medical cost, have been considered by the Board as they arose, and policies to govern the actions of our members have been established.

RALPH K. HOLLINSHED, *Chairman*
ALDRICH C. CROWE, *Secretary.*

REPORT OF THE JUDICIAL COUNCIL

By CHRISTOPHER C. BELING, M.D., Newark, N. J.

To the House of Delegates:

Last year the Judicial Council was called upon to consider an appeal by a member of a County Medical Society for reinstatement as a member of the Society. This matter was taken up and a decision rendered by the Judicial Council.

No other matters of importance came before the Council for consideration.

FIRST COUNCILOR DISTRICT

Essex, Union, Marris, and Warren Counties

By CHRISTOPHER C. BELING, M.D., Newark, N. J.

To the House of Delegates:

During the past year there have been no complaints of an ethical nature presented to the councilor for his attention. The condition of the profession in the district is satisfactory.

SECOND COUNCILOR DISTRICT

Hudson, Bergen, Passaic and Sussex Counties

By VINCENT P. BUTLER, M.D., Jersey City, N. J.

To the House of Delegates:

There have been no problems for the Second Judicial Councilor of this district during the past year. It would appear that the county societies in this district are functioning well, and considerable effort is being put forth by the respective officers to see that such a condition continues to prevail.

THIRD COUNCILOR DISTRICT

Mercer, Middlesex, Somerset and Hunterdon Counties

By BARCLAY S. FUHRMANN, M.D., Councilor, Flemington, N. J.

To the House of Delegates:

Herewith please find the report of the Councilor for the Third District.

The County Societies in the Third Councilor District are in a very good condition. They still maintain the same high standard of former years. The same interest in medicine, both from a scientific as well as an economic viewpoint, is maintained.

One request for an opinion on an ethical matter was brought to the Councilor's attention.

FOURTH COUNCILOR DISTRICT

Monmouth, Ocean, Burlington, and Camden Counties

By S. EMLEN STOKES, M.D., Councilor, Moorestown, N. J.

To the House of Delegates:

During my first year as Councilor for District Four the County Medical Societies in this district have presented no problems to the Judicial Council of The Medical Society of New Jersey.

The Fourth District Societies have been harmoniously carrying on their work to the best of my knowledge. Now that a better understanding of my duties as District Councilor has been reached, it will be my pleasure in the future to visit the County Society meetings in this District more frequently, and to respond promptly to requests made by any of the County Societies for advice or assistance.

FIFTH COUNCILOR DISTRICT

Atlantic, Cape May, Cumberland, Gloucester, and Salem Counties

By CHESTER I. ULMER, M.D. Gibbstown, N. J.

To the House of Delegates:

A meeting of the Fifth Councilor District was held in Salem County on May 17, 1940, at the Salem Country Club. This was the first District Meeting ever held in Salem County.

The Judicial Council had a hearing and made a decision on an action taken by one of the County Societies in the Fifth District .

The Councilor wishes to congratulate the Cape May County Society for its past year of unprecedented activity and accomplishment. Hats off to the officers and members of the smallest Society in the Fifth District!

REPORT OF THE PUBLICATION COMMITTEE

By Henry C. Barkhorn, M.D., Chairman, Newark, N. J.

To the House of Delegates:

The function of the Publication Committee is to record the current aspirations and accomplishments of The Medical Society of New Jersey and its twenty-one component county societies, in a monthly journal of the organization. The committee holds monthly meetings in order to consider the broader questions relating to the preparation and publication of The Journal, and to render decisions regarding disputed articles.

SOCIETY RECORDS

The first number of The Journal of The Medical Society of New Jersey was issued in September, 1904, with Dr. Richard Cole Newton, President of the Essex County Medical Society, Editor, and a Publication Committee of three past and future Presidents of the State Society,—Drs. Henry W. Elmer, David C. English, and William J. Chandler. The high standards set by these outstanding leaders have been maintained and developed in the 429 numbers which have been issued, including the present one of May, 1940. The bound volumes of these monthly journals fill five and a half feet of space in the book-case of the editorial office.

The Journal was preceded by 45 annual volumes of *Transactions,* beginning with the year 1859, which fill three feet of shelving. The minutes of the meetings of the Society from the date of its founding on July 23, 1766, to the end of the year 1858 are contained in a single printed volume two inches in thickness. The printed official records of the Society therefore fill about nine feet of shelving.

While the principles of scientific medicine were developed in the great metropolitan centers of New York and Philadelphia, ninety miles apart, the counties of rural New Jersey, which lay between the great centers, were fertile fields in which those principles were exemplified and developed through the organization of the first State-wide medical society in the American colonies. The Society has maintained its originality and leadership through 174 years, and still retains its record for outstanding progressiveness which its founders have transmitted through a long line of successors.

An editorial project that has been authorized by the Board of Trustees is that of making an index of the official records of the Society, especially those of its first century when the great expansion of the activities of the Society could not have been anticipated. Yet the germs of nearly every modern activity of The Medical Society of New Jersey are contained in the prophetic aspirations and proposals of its founders and their successors. This preliminary work of indexing the available records is the first step in the project of compiling a history of The Medical Society of New Jersey.

CURRENT EVENTS

The *Journal* records the current activities in which The Medical Society of New Jersey is now engaged. With the extension of the field of medical service far beyond the contacts of each individual physician with his individual patients, there has come the development of the new field of *Administrative Medicine,* or the contacts of medical organizations with organized workers in economic, welfare, and social fields. The result of this gradual and almost imperceptible development of popular interest and participation in the distribution of medical services is that the practice of *Administrative Medicine* is rapidly becoming as systematized as the practice of purely *curative* medicine.

FIELDS OF SERVICE

The respective fields of service of the medical profession and of the lay health organizations of New Jersey have now become well recognized.

The fields of service of the medical profession is the *production* of medical services, or the practice of *scientific medicine.*

The field of lay and governmental health organizations is the *distribution* of medical services, or the practice of *administrative medicine,* with the members of the medical society as their advisers.

In New Jersey a high degree of harmony has developed between the practitioners of scientific medicine and the welfare organizations engaged in distributing those services. This is especially noticeable in those services which are recognized as specialties, such as tuberculosis, venereal diseases, child welfare, and crippled children. In these and other branches, lay organizations and departments of health are often providing the means by which general practitioners may acquire the training which fits them for practicing these "Near" specialties.

EDITING THE JOURNAL

The Journal is assigned a budget which is sufficient to enable the Publication Committee to record every essential of the societies' activity. In former years it has been necessary to solicit contributions of articles; but in recent years the problem is how to find room to publish the great number of reports, records, and articles which are offered, and whose publication is often demanded. Executive Officer Wilkes in his annual report refers to the problem of committee reports, and suggests the need of their intelligent editing for the purposes of clarity and economy. If after serious consideration the editor does not fully grasp the point of view of an author or reporter, much less will the average member understand the articles after a cursory reading of the fifty or sixty pages of the average issue of The Journal.

There are two ways in which an article or report may be prepared for publication:

1. It may be published in full, with the editing confined to correcting mistakes in grammar, spelling, and punctuation.
2. It may be abstracted, and all its essentials set forth in simple, concise language.

It is the custom of the editor to supply the author with a corrected or rewritten proof of every important article or report that is received. The only exceptions to this custom are those instances in which the articles are received too late for submission of the proof.

The editing extends to the illustrations and their legends, as well as the text. Making illustrations is a mystery to many authors, and they appreciate editorial suggestions regarding them, particularly when the editing reduces the expense of making the plates to a minimum. Authors are expected to pay the cost of making the plates.

CONTENTS OF THE JOURNAL

Following the custom of recent years, the Publication Committee submits the following table showing the number of pages in each department of The Journal, exclusive of the supplements:

1939	Editorial	Original Articles	State Society Activities	County Societies	Woman's Auxiliary	Total Reading Pages		Pages of Advertising (Including Cover)		Total Pages in Monthly Issues
January	4	29	22	10	3	68		40		108
February	4	26	24	12	0	66		38		104
March	6	18	17	12	5	58		42		100
April	4	37	12	7	2	62		38		100
May	1	..	91	..	..	92		60		152
June	6	29	11	11	3	60		40		100
July	3	38	15	6	4	66		34		100
August	6	38	8	..	..	52		40		92
September	4	29	10	..	1	44		40		84
October	4	37	15	8	..	64		36		100
November	4	27	21	7	3	62		38		100
December	4	26	24	7	3	64		36		100
Totals for 1939	50	334	270	80	24	758	+	482	=	1240
Monthly Average	4.16	28	22.5	6.66	2.0	63.2	+	40	=	103
Totals for 1938	56	323	236	92	31	788	+	468	=	1256
Totals for 1937	66	385	181	108	34	774	+	510	=	1284
Totals for 1936	72	380	173	98	25	746	+	366	=	1112
Totals for 1935	70	425	143	98	20	756	+	370	=	1126

NUMBER OF PAGES IN THE JOURNAL OF 1939, BY DEPARTMENTS

ADVERTISEMENTS

The items which are classified in the table fall into two groups:

1. Advertising.
2. Medical activities.

Included among the advertising pages are those devoted to *Society Organization,* as follows:

The index of the reading pages, which appears on the first cover page of each Journal	12 pages
The list of officers and committees on advertising pages iii-vii	66 pages
Total	78 pages

Subtracting these pages from the 482 which are classed in the table as advertising leaves 404 pages which are filled with paid advertisements. In 1939 these purely advertising pages yielded a net annual income of about $13,000, or $1,100 per month. This covered the cost of printing and mailing The Journal, which was about eleven dollars per page.

MEDICAL READING PAGES

The pages of medical reading may be divided into two groups:

1. Original articles and editorials.
2. Medical Society activities.

A decrease in the proportion of original articles and editorials as compared with those of Society activities is shown in the following table:

	Original Articles and Editorials	Society Activities
1935	66%	34%
1936	60%	40%
1937	51%	49%
1938	51%	49%
1939	50%	50%

The proportion of pages required to report Medical Society activities has increased from two major causes:

1. An increase in the number of committees.
2. An increase in the scope of the activities, and in the amount of space required for their adequate reporting.

The Publication Committee has considered two solutions of the problems arising from the increased amount of space required for reporting the activities of the committees:

1. To increase the number of pages devoted to Society activities, and therefore to increase the budget.
2. To edit the reports so that they shall be more concise and readable.

The Publication Committee believes that the present budget is sufficient to print the reports of all the committees, provided their reports are edited and made concise.

SEASONAL NATURE OF THE CONTENTS OF THE JOURNAL

It is inevitable that the number of pages of the several departments of The Journal shall vary from month to month. Almost the entire space of the May Journal is needed for printing the annual reports and the program of the annual meeting. Advertisers also take fifty per cent more space in the May Journal than in any other issue.

During the summer months few county societies meet; and the activities of the State Society are at their lowest point. Therefore, a greater amount of space may be alloted to scientific articles during the summer.

SUPPLEMENTS

Two supplements to The Journal are issued annually:

1. The official list of members of The Medical Society of New Jersey, and of the twenty-one component county societies.
2. The Transactions of the House of Delegates and the allied groups that hold annual assemblies at the time of the annual meeting of the State Society.

Since the supplements are not bound between the covers of the monthly journals, their cost is not charged to the expenses of the Publication Committee.

The cost of the official lists varies only slightly from year to year, for the number of names of members of the State Society increases only about four or five per cent annually.

The number of pages of the Transactions of the annual meeting,—and therefore their cost,—has varied widely from year to year, as is shown in the following table:

Year	*Pages*	*Year*	*Pages*
1939	46	1933	70
1938	78	1932	76
1937	104	1931	86
1936	76	1930	56
1935	88	1929	51
1934	56	1928	64

FINANCES

RECEIPTS

From June 1, 1939, to April 15, 1940

Turned over to Dr. Young, Treasurer	$10,790.17
On hand	258.66
	$11,048.83
Estimated receipts to May 31, 1940	1,468.00
	$12,516.83

EXPENSES

From June 1, 1939, to April 15, 1940

Journal	$11,432.17
Reprints	140.25
Addressograph	34.65
	$11,607.07
Estimated expenses to May 31, 1940	1,803.05
	$13,410.12

Respectfully submitted,

HENRY C. BARKHORN, *Chairman*
EDWARD J. ILL (1940)
J. LAWRENCE EVANS (1941)
E. ZEH HAWKES, *Ex-Officio*
ALFRED STAHL, *Ex-Officio*
FRANK OVERTON, *Editor*

REPORT OF THE COMMITTEE ON MEDICAL DEFENSE AND INSURANCE

By CHRISTOPHER CHARLES BELING, M.D., Chairman, Newark, N. J.

1. LIABILITY INSURANCE

To the House of Delegates:

During the past year there has been an increase in the number of members insured under the special professional liability contract. The exact number of insured is not known, but we have been informed that it will be over three thousand.

OFFICE SURGERY

The committee has held numerous meetings, and has also coöperated with the Insurance Company in various ways. The matter of surgical procedures carried out in doctors' offices has been under consideration, but at the present time no definite information is forthcoming. The committee met with the officials of the company and discussed questions arising regarding this type of work. It was recognized both by the company and by the committee that there was an added risk in those cases where surgical work was done in doctors' offices, with the maintenance of beds, cots, or other appurtenances for the hospitalization of patients for varying periods of time.

At the present time those doctors who undertake this kind of elective work in their offices are required to pay an additional premium. The company feels that there is a much greater risk attached to this kind of work, and that it will lead to a rise in rates if the experience is unfavorable. Many aspects of this situation cannot be discussed in a report of this kind, but your committee is hopeful that during the coming year some arrangement can be made to take care of this situation, and to insure the adequate protection for the kind of work they are doing.

At the present time all of these risks are carefully investigated, and the equipment of the doctors using beds, cots, or other appurtenances for hospitalizing patients is checked up so that the proper standards will be maintained.

To satisfy the demands of those physicians who desired larger limits of protection, the committee obtained the consent of the company to increase the maximum limits of $100,000, to $300,000, thereby doubling the former limits, at a corresponding increase in premium. The usual tables and statistics are not available at this time, but they will be presented as a supplementary report at the Annual Meeting.

The committee takes this opportunity to thank the various county medical defense committees for the assistance they have given us in studying individual cases; the Insurance Company for its coöperation; and our official broker for his valuable services. It recommends that the State Society renew its contract with the Insurance Company through the official broker, Faulhaber & Heard, Inc., for the ensuing year.

2. ACCIDENT AND HEALTH INSURANCE

The committee reports an increase in the number of policyholders under the Physicians' Special Policy on Accident and Health Protection, issued by the National Casualty Company of Detroit. During the year the company paid thirty-one claims, ranging from $14.28 to $2513.00, all of which were settled to the entire satisfaction of the policyholder. The latter claim, in particular, was a good investment for the doctor, as he paid only $23.00 in premium prior to his illness.

At the request of many policyholders who wanted more protection, by arrangement with the Company it is now possible under the contract, for a doctor to obtain considerably increased benefits up to $300.00 monthly. The company has also put into effect the hospitalization rider for hospital residence expense and nurse's service, which was approved at the last Annual Convention. Heretofore this policy was known as Group Accident Health Insurance Protection, but during the year the company changed the name to the Physicians' Special Policy, and had it registered with the Insurance Department. At the same time changes in contract, as already stated, were made.

The National Casualty Company's Physicians' Special Policy has, as one of its features, an Arbitration Clause, for the handling of any claim disputes. This authority places in the hands of the Medical Defense and Insurance Committee the final voice in disputed claims.

3. RECOMMENDATIONS

The committee recommends:

1. The renewal of the Professional Liability Contract through Faulhaber & Heard, Inc., for the ensuing year.
2. That the State Society request its members to obtain their policies through the official broker, so as to coördinate and strengthen the organization of this work of the Society through the committee.
3. The renewal of the Accident and Health Contract with Messrs. E. & W. Blanksteen.

Respectfully submitted,

Christopher C. Beling, *Chairman*
J. Wallace Hurff, *Vice-Chairman*
George T. Tracy
Charles F. Baker
William C. Wescott
Wells P. Eagleton, *Consultant*

REPORT OF THE COMMITTEE ON POST-GRADUATE EDUCATION

By David F. Bentley, Jr., M.D., Chairman, Camden, N. J.

To the House of Delegates:

During the year of 1939-1940, the *Committee on Post-Graduate Education* has continued its activities along those lines laid down in previous years. Our principal effort has been to continue and further the post-graduate seminars conducted in conjunction with Rutgers University.

This year we will have had 460 men in various counties throughout the State utilizing the facilities offered. In all there have been seven series of lectures on varied medical and surgical subjects, conducted in six centers. The subjects and speakers are selected by the local county post-graduate committees, and it then became the function of the state committee to see to it that these requests were satisfactorily made possible.

We have had excellent coöperation between the committee and Dr. R. H. Light, who has had active charge of this phase of the work at Rutgers since the beginning of these courses a number of years ago.

A course was instituted in Camden last Fall, and in all seventy-five members were registered. These lectures were held once a month, for six months. The general feeling is that for the Camden group this is most satisfactory.

In Trenton, two courses are held over a six weeks' period. The meetings are held twice weekly, and are enjoying remarkable popularity.

Sussex County enjoyed a very active series of lectures last fall, and appreciative reports have been received from both the attending members and the guest speakers.

Morris County held a series of six courses last Fall. The success of this course was in a large measure due to the efforts of Dr. Ruth Earp, and her local committee.

Atlantic and Cape May are holding their seminars now, and approximately sixty men are registered for the series of lectures.

Cumberland and Salem Counties are holding their courses in Bridgeton, as was done last year. They report an enrollment of about forty men.

Bergen County has conducted a course of its own under the auspices of the Society's local committee. An excellent program covering the various phases of *Allergy* was arranged. At this time the exact number of men enrolled is not at hand, but from previous courses there should be from sixty to seventy men availing themselves of these facilities.

Essex County this year has been experimenting with limited classes for rather intensive clinical teaching. This Spring the course, which is under the supervision of the New York University Medical School, was limited to Diseases of the Chest. This Fall the committee hopes to conduct a series of this type, and Dr. Stuart Z. Hawkes states that these will be available to any member of the State Society desiring to participate.

The committee wishes again to express its appreciation to the Rutgers University Extension Division and to the many busy teachers and instructors who have given so freely of their time and efforts to help us in making this program a success.

Respectfully submitted,

D. F. Bentley, Jr., *Chairman*
Stuart Zeh Hawkes, *Vice-Chairman*
Albert W. Pigott
Ernest F. Purcell
Hammell P. Shipps
Sloan G. Stewart
Clarence W. Way
Louis C. Lange
Joseph M. Coppoletta
Thomas K. Lewis, *Consultant*

REPORT OF THE MEDICAL SERVICE PLAN

To the House of Delegates:

At the Annual Meeting of 1939 "The Committee on Voluntary Health Insurance" presented "The Medical Service Plan of New Jersey." The House of Delegates approved the Plan and recommended its incorporation under State Statutes. It empowered the Board of Trustees of The Medical Society of New Jersey to appoint a Board of Governors of The Medical Service Plan, to consist of eight members, five to be members of this Society and three to be laymen.

The work of organization proceeded, by-laws were written, and the medical members of the Board were appointed. The Medical Service Plan was incorporated under the statutes providing for corporations not for pecuniary profit, and a certificate of incorporation was received from the Secretary of State.

The incorporation papers and the by-laws of The Medical Service Plan were then submitted, as is customary, to the proper State agencies. After review by the Commissioner of Banking and Insurance, the Commissioner gave a decision that such a Plan constituted insurance, and as such would require the supervision of the Commissioner of Banking and Insurance.

Since there are no laws on our statutes governing non-profit insurance corporations, the Commissioner ruled that an enabling act to place the supervision of this undertaking under his department would be necessary. This decision was received early in August.

The House of Delegates had not authorized the formation of an insurance corporation to be placed under the supervision of a State agency. It was therefore necessary to reconsider the entire venture to determine whether the Board of Governors was exceeding the powers granted it by the House of Delegates. After due consideration, the entire matter was placed before the Board of Trustees of this Society at its November meeting.

The Board of Governors recommended to the Trustees that the supervision of The Plan be placed under the Commissioner of Banking and Insurance. After due deliberation, the Board of Trustees approved the actions so far taken by the Board of Governors, and recommended that it use its judgment and take the steps thought necessary to complete the early organization and operation of The Medical Service Plan.

To accomplish this, the Board of Governors reorganized The Medical Service Plan as follows:

First: The Board formulated an *enabling bill.* This bill, if enacted, will be an amendment to the present insurance statutes of the State. The bill will allow for the incorporation of non-profit medical service corporations, and grant non-profit medical service corporations permission to operate any type of medical service plan, on a voluntary insurance basis, to be financed by State or Federal tax money. This bill is now in the Legislature and receiving very little organized opposition.

Second: Three lay members of the Board were appointed to include an industrialist, an actuary, and an experienced welfare executive.

Third: To re-incorporate under the proposed statute. The new corporation will be known as "The Medical Service Administration of New Jersey", a non-profit medical service corporation to operate The Medical Service Plan of New Jersey and such other plans as are deemed advisable.

The by-laws of the corporation and the rules and regulations of The Plan have been formulated and approved by the Board of Trustees of this Society.

The subscribers' contract, application form, and physicians' contract have likewise been approved by the Board of Trustees of this Society.

The Plan will be operated at first on an experimental basis in order to determine the actual costs of and the demand for such a plan in New Jersey.

The Plan grants full medical care, with a few exclusions, at a subscription rate, based upon the income of the individual subscribers. The income ceiling of the subscribers is sixteen hundred dollars, plus four hundred dollars for the first dependent and two hundred dollars for each additional dependent.

The Plan pays physicians' fees according to the usual fee received from this economic class of patients for the particular type of service rendered.

The Plan will be ready for operation as soon as the enabling act becomes a law.

Respectfully submitted,

Elton W. Lance, M.D., *Chairman,*
Board of Governors,
The Medical Service Administration

REPORT OF THE SPECIAL COMMITTEE FOR THE STUDY OF EUGENIC STERILIZATION

The committee rendered a majority, and a minority, report, both of which are printed in the form in which they were submitted.—Editor's note.

By Wright MacMillan, M.D., Chairman, Montclair, N. J.

1. THE MAJORITY REPORT

The Committee for the Study of Eugenic Sterilization met September 17th, December 3rd, February 18th, and on April 14th. A majority of the members were present at each meeting.

The committee was saddened by the death during the year of one of its members, Dr. John F. Condon, of Newark.

With data collected by each member of the committee from reliable sources, we are able to give some facts which should awaken a feeling of deep concern and responsibility in the minds of those of our profession who feel that it is a duty to promote the welfare of the human race.

MENTAL DEFECTIVES

Although there are several groups of people with inheritable diseases, such as familial blindness, and familial epilepsy, who would be likely to pass on their defects to their children, the problem demanding sterilization is that of the *feebleminded*. A proven inheritable characteristic, all the children of a feebleminded couple are doomed to be feebleminded.

Whether or not the number of feebleminded is increasing, the number which the State of New Jersey is supporting in special institutions has gone from 503 in 1908, to 3888 in 1938; with 1007 on the waiting list in 1939. It is known that among the inmates of prisons and correctional institutions 27 per cent are mental defectives. Much of the effort expended in educating and training mental defectives is wasted, since it has been shown that of those graduated from training schools only 30 per cent are wage earners after ten years; and most of them have reverted to common labor rather than working at the trade they have learned.

In New York, New Jersey, Illinois, and Massachusetts, at the end of 1938, there were 16,250 feebleminded people living at public expense *in institutions,* in addition to those in jails, almshouses, and on relief rolls.

One of the greatest problems in managing the feebleminded is their progeny. Feebleminded persons can never be good fathers, or mothers, and their children usually automatically become wards of the State as they themselves are.

Twenty-nine states are fighting this menace to the public welfare by laws directing sterilization. In these states 33,035 operations were performed up to January 1st, 1940; and of these, 2,345 were done in 1939.

Operations for sterilization are easily and safely performed. Ligation of the vas in the male is a short procedure with local anesthesia, requiring only two days' bed rest. It has no effect on the sex life of the patient except for the prevention of fertilization.

In the female the excision of the uterine cornua is a simple abdominal operation.

RECOMMENDATION

In many states which have no law concerning sterilization, the operation is done in State institutions with the consent of the patients or their guardians. The committee would recommend this for consideration in selected cases in the institutions for the feebleminded in New Jersey.

Many cases are kept in institutions for the feebleminded solely because their release would probably result in parenthood, tragic for the patient, the child and the public. It is suggested that in selected cases, where it would promote the welfare of the patient or society, a sterilization operation be performed before parole or discharge. This should be done on the recommendation of the superintendent of the institution, a psychiatrist, and another examining physician, and with the consent of the patient's legal guardian.

It is urgently necessary that a committee will be reappointed to continue the study of this subject which is growing in application and interest.

Respectfully submitted,

Wright MacMillan, *Chairman*
S. Emlen Stokes
Walter J. Farr
Theodore R. Robie
William C. Davis
Samuel Alexander, *Consultant*

Dr. John F. Condon, a member of the committee, died on December 8, 1939, before the report was written.

2. THE MINORITY REPORT

The committee appointed for the purpose of study of the question of eugenic sterilization, in the discussion of the result of their survey of the various questions involved, found as have others who were deeply interested in the problem, a wide difference of opinion as to the necessity or value of sterilization.

It had been hoped by us that the final report presented to this Society would recognize that, in this extremely controversial question, there are many reasons why differences of opinion would occur, and that the subject matter finally decided upon would reflect these divergent viewpoints.

The majority, ignoring the broad question which had been delegated to it for study, selected one small part for consideration, namely, *feeblemindedness*. To us it does not seem logical to ignore the other groups of mental defectives; and on the basis of a consideration of feeblemindedness alone,—a field in which the psychiatrists themselves are far from an agreement,—to recommend, as they have done, that the State Society commit itself to support a sterilization law.

FEEBLEMINDEDNESS

The outstanding defect in all discussion on feeblemindedness and its heredity has been the tendency to lump all the feebleminded together, and to discuss feeblemindedness as if it were a unit. A preliminary consideration of the subject matter shows that the case of feeblemindedness may be divided up into several main groups.

1. *Sporadic cretinism.* In this the literature as to heredity is meagre, but none of the work indicates that heredity is an important factor.

2. *Mongolian imbecility.* The nature of mongolism is at present unknown. It is possibly related to some genetic disorder, but usually occurs, as the whole literature attests, in normal families and bears no relationship to mental disease or feeblemindedness.

3. *Organic brain disease.* These can be fairly well traced to brain injury at birth or infectious disease after birth.

4. *Syphilitic feeblemindedness.* There is considerable literature to show that this question could not be said to be settled at the present time.

5. Cases of *microcephalus and hydrocephalus* associated with feeblemindedness. Microcephalus may occur as a sporadic manifestation in normal families without a definite relationship to any deficiencies; and hydrocephalus is most frequently due to some pathological condition in which the communication between the ventricles and the subarachnoid apace becomes closed off.

6. *Amaurotic idiocy.* This is not primarily a mental disease, but probably a symptom of a generalized disturbance of lipoid metabolism.

Certainly, in these six groups, there is very little question of hereditary transmission.

7. Feeblemindedness in those cases where no definite pathology has been established. This is the group into which fall the royal families of the feebleminded, the genealogical studies of whom have filled much of the sensational literature on the subject, and about whom Myerson has said, "These families, if they are feebleminded, are not representative of the mass of feebleminded."

Studies of the families of the feebleminded in Massachusetts have not revealed such type of family; but on the contrary, it has shown that there are always good collateral branches, and that the totality of social damage inflicted on society has not been nearly so considerable as indicated.

Poponoe and Brugger, working in different communities, have shown that feebleminded of this group tend on the whole to come from the normal middle groups of the population.

While we do not deny that there is a possible hereditary factor in certain cases of feeblemindedness, such broad statements as are contained in the majority report do not seem justified after reviewing the careful studies that have been made by medical groups in relation to heredity.

In the majority report no reference is made to the *environmental* influences of life which are considered by many as equally important with heredity in the production of mental deficiencies, and in our opinion, as well as that of many others, more important.

STATISTICAL DATA

The statistics presented of the number of feebleminded, showing a rapid increase in the number of such in the institutions in the State of New Jersey, presents such a distorted picture that its refutation is essential. It is well known that *recognition* of mental disease is on the increase, due to a more alert attitude on the part of the medical profession; and the rise in commitment rate is due to appreciation that in the special hospitals provided for their care, lies the greatest hope on the part of these unfortunates to gain a possible restoration to normal mental status.

A careful review of the incidence of mental

disease and mental defects in which the frequency of these in the general population was investigated, has led to a conclusion on the part of the Committee of the American Neurological Association that there is nothing to indicate that mental disease and mental defects are increasing; and that there is no evidence of biological deterioration of the race; and in most of the mental diseases there is either a stationary rate or a decline. The alarm echoed in all the writings of the eugenists, and the statistics quoted to demonstrate that there is a deterioration in the human race, are usually those of hospital admission and not those of the frequences of mental disease in the general population.

THE LAWS

It is true that sterilization laws have been written into the statutes of twenty-nine states; but when one considers that in twenty-eight of these (California being excluded), an average of about fifty sterilization operations per year have been performed, the indication is that, whether the laws are on a compulsory or voluntary basis, they are not being enforced, because of lack of medical and public support. The number sterilized is so small that it is of no great biological or social significance, and fails to fulfil the ideals of those who were responsible for its enactment.

Furthermore, the American laws almost invariably concern individuals in State hospitals, and very often it becomes a condition of their discharge that they be sterilized. If the eugenic situation is of importance, there should be no limitation to individuals in State hospitals. Many of the laws are discriminatory and it is simple justice to state that, if legislation is necessary (with which we do not agree), it should be applied to individuals in private hospitals; and, wherever possible, to individuals who are not in hospitals at all.

FERTILITY

The myth of the abnormal fertility and increased birth rate among the feebleminded has more than once been amply refuted.

The idea that physical imperfection, a higher death rate, a decreased life expectancy, unattractiveness, and the confinement of some in institutions would permit a birth rate higher than in normal individuals is incredible.

OPERATIONS

The progress in surgery which has removed so much of the danger attached to abdominal operations should not be utilized as an indication for the performance of any sterilizing operation, for even today, with all its remarkable achievements, surgery of the abdomen is not without some risk.

CONCLUSIONS

We believe that further research into the question of heredity in mental disease to supplement our present meagre knowledge, or rather our ignorance, of the problem, is necessary.

Sound judgment, amply supported by recognized and established scientific facts, and not emotionalism, should be the only guiding reason for our State Society to attempt to influence legislation.

Respectfully submitted,

WILLIAM A. DWYER
D. WARD SCANLAN
FRANK J. MCLOUGHLIN
Minority members of the committee.

REPORT OF THE TREASURER

By GEORGE J. YOUNG, M.D.,
Morristown, N. J.

To the House of Delegates:

The fiscal year of the Society does not close until May 31st. A complete financial report will be presented directly to the House of Delegates.

Respectfully submitted,
GEORGE J. YOUNG, *Treasurer.*

REPORT OF THE FINANCE AND BUDGET COMMITTEE

By HARRY R. NORTH, M.D., Chairman,
Trenton, N. J.

To the House of Delegates:

The Committee on Finance and Budget cannot prepare its report until a few days before the close of the fiscal year. It will submit its report directly to the House of Delegates on the first session of the Annual Meeting.

Respectfully submitted,

HARRY R. NORTH, *Chairman*
HERSCHEL PETTIT
WELLS P. EAGLETON
ANDREW F. MCBRIDE
DAVID B. ALLMAN
HENRY B. SPENCE
GEORGE J. YOUNG

REPORT OF THE COMMITTEE ON THE ANNUAL MEETING

By CHARLES B. KAIGHN, M.D., Chairman, Atlantic City, N. J.

To the House of Delegates, and Members of The Medical Society of New Jersey:

The program for the Annual Meeting has been in preparation for the past nine months. The Scientific Sections, under the chairmanship of Dr. Clarence Andrews, will present timely subjects by able speakers. The Scientific Exhibits, under Dr. Yaguda, promise to be more interesting and informative than ever before.

The Commercial Exhibits should be interesting and merit your patronage.

Some changes have been made in the social activities which we believe will provide pleasure and amusement for you. Many matters of business and policy of importance to the Society as a whole, and particularly to you individually, will be discussed and solutions sought.

Your presence and active participation are essential to the successful continuance of the Society. While the Annual Meeting is only a small part of the Society's activities, it does bring to a focus the objectives of the many different committees, and is a review of the year's activities and accomplishments.

By attending it, you become aware of the problems which the officers and committees have worked on, and get a picture of the problems to be solved during the coming year. You have the opportunity of renewing acquaintances, making new friends, and refreshing your scientific knowledge while you are having an enjoyable time.

We will be looking forward to seeing you.

Respectfully submitted,
CHARLES B. KAIGHN, *Chairman*
ASHER YAGUDA
CLARENCE L. ANDREWS
THOMAS McG. BRENNOCK
WILLIAM J. CARRINGTON, *Consultant*

REPORT OF THE SCIENTIFIC PROGRAM COMMITTEE

By CLARENCE L. ANDREWS, M.D., Chairman, Atlantic City, N. J.

Our committee met on December 17, 1939, and January 28, 1940, to discuss the Scientific Program of the Annual Meeting to be held on June 4, 5, and 6, 1940, in Atlantic City.

It was unanimously decided to follow the general program set-up of 1939, because of the uniform satisfaction which was expressed by many members concerning that particular program.

This year's program is as follows:

TUESDAY A. M., JUNE 4

Joint Session: Medicine and Gastroenterology.
Joint Session: Pediatrics and Roentgenology.
Joint Session: Obstetrics and Gynecology and General Surgery.

WEDNESDAY A. M., JUNE 5

Section on Medicine
Section on Roentgenology
Section on Pediatrics
Section on Surgery
Section on Gastroenterology

THURSDAY A. M., JUNE 6

Section on Medicine
Section on Ear, Eye, Nose and Throat
Section on Gastroenterology
Section on Obstetrics and Gynecology

Each section chairman was authorized to invite one out-of-state speaker whose expenses was to be paid by the Society, and who should appear on the combined section programs in order that as many members as possible might be benefited.

Fifteen minutes was to be allowed for each member in which to read his paper, and thirty minutes for invited guests.

If possible, each chairman thought that a stenotype operator or some reliable stenographer, should be present to take down important discussions.

Every effort would be made to have each essayist furnish both an abstract of his paper for advance notice, and a complete typewritten paper for final publication.

Respectfully submitted,
CLARENCE L. ANDREWS, *Chairman*
LOUIS C. LANGE
HARRISON S. MARTLAND
THOMAS B. LEE, *Consultant*

REPORT OF THE SUB-COMMITTEE ON SCIENTIFIC EXHIBITS

By Asher Yaguda, M.D., Chairman, Newark, N. J.

To the Committee on the Annual Meeting:

During the past four years the Scientific Exhibits of The Medical Society of New Jersey have developed both in the number of exhibits which the committee has been able to accept, and the quality of the individual exhibits. Particularly has this been true of those exhibits originating in New Jersey. Each year has seen an increasing number of applications from members of this Society. The committee feels that the stimulus for more numerous and better exhibits in New Jersey is a direct result of the opportunity offered by this Society for exhibiting at the annual meeting, and the interest shown in the Scientific Exhibits by the members of the Society attending the annual meetings. It is noteworthy that the attendance at the annual meetings has been increasing from year to year. The committee feels that the Scientific Exhibits have played an important part in increasing the interest of the members of this Society in the annual meetings.

To date we have received fifty-five applications for space in the Scientific Exhibits for the 1940 Annual Meeting. Although the applications were supposed to have been acted upon by March 15th, it has been impossible for the committee to do so because of the indefiniteness of the space to be available for the Scientific Exhibits this year. Due to the expansion of the Technical Exhibits there has been an encroachment upon the space formerly occupied by the Scientific Exhibits, so that this year we will probably be able to accommodate only about 60 per cent of those accepted in previous years. We shall also have to discontinue the scientific motion picture theatre, and the gross pathology exhibit.

So far as possible, preference will be given to New Jersey exhibitors in accepting applications. However, a certain number of out-of-state exhibits which were invited by the committee before space was curtailed will have to be accommodated, and this may necessitate the turning down of some local exhibits.

The committee recommends that the Society establish a definite policy with regard to the Scientific Exhibits and their place in the annual convention, so that the work of the Sub-Committee on Scientific Exhibits will be expedited.

As soon as possible space assignments will be made, and a supplementary report will be submitted giving the program of the Scientific Exhibits.

Respectfully submitted,

Asher Yaguda, *Chairman*
James G. Boyes
Nicholas M. Alter
William W. Hersohn
Luther A. Markley
Harry R. North, *Consultant*

REPORT OF THE COMMITTEE ON CONSTITUTION AND BY-LAWS

By David A. Kraker, M.D., Chairman, Newark, N. J.

To the House of Delegates:

The following suggestions have been made for changes in the Constitution and By-Laws:

AD-INTERIM MEETINGS

The first one is by the President-Elect, Dr. Watson B. Morris, relative to an ad-interim meeting. This is not approved. Section 2 of Chapter II covers this question by giving authority to the Board of Trustees, or to any twenty or more members petitioning the President and the Board of Trustees, for the calling of a special meeting. This would cover any ad-interim meeting which might be desired of the House of Delegates.

SIZE OF COMMITTEES

There seems to be no objection to a further request by Dr. Morris for changes in Chapter VIII, Sections 6, 10, 11, and 12, by adding the words "at least" before the words "Five members" in specifying the number of members on the Committees on the Annual Meeting, Graduate Education, and Medical Defense and Insurance, and on each Reference Committee. But the suggestion of Dr. Morris is apparently already covered by Section 16 which permits the increase in any committee upon request of its members.

SEMI-ANNUAL PAYMENT OF DUES

Several requests were made, particularly from Essex County, concerning the semi-

annual payment of dues; but it would seem that this matter can be covered quite definitely by the individual component societies permitting payment so that it will be completed by or before March 15th of the succeeding year.

MEMBERSHIP OF OSTEOPATHS

Several requests have been made relative to the establishment of a class of membership for those osteopaths who have been given a full license to practice medicine by the State Board of Medical Examiners of New Jersey.

The fact that The Medical Society of New Jersey is a component Society of the American Medical Association makes it necessary for our Constitution and By-Laws to conform to those of the American Medical Association. It is therefore recommended that this question of the eligibility of osteopaths who have received a full license to practice medicine be referred to the House of Delegates of the American Medical Association.

Respectfully submitted,

David A. Kraker, *Chairman*
George N. J. Sommer
David H. B. Ulmer
James F. Norton, *Consultant*

REPORT OF THE SPECIAL COMMITTEE ON WAYS AND MEANS

By Frederic J. Quigley, M.D., Chairman, Union City, N. J.

Among the matters that have been referred to the Committee on Ways and Means there are two that deserve special mention:

1. The medical care of injured W. P. A. workers which was referred by the Board of Trustees for investigation and report.

2. To effectuate a plan, in conformity with the present law, for improved care of the medically indigent.

INJURED W. P. A. WORKERS

With respect to the medical care of injured W. P. A. workers, it should be noted that at the 1939 Annual Meeting the report of the Reference Committee (Dr. Hershel Murphy, Chairman) to which this subject was referred, approved the recommendations of the committee that the present W. P. A. practice of referring an injured worker to the nearest physician, be continued. (Transactions, pages 23 and 30.) The only moot point was the disposition of hernia cases.

In a conference at Newark, February 8, 1940, with Mr. Samuel Turk, State Compensation Officer of the W. P. A., information and facts were elicited which, it is believed, will be of interest to the members. These were contained in the appended memo which was made immediately after the conference with Mr. Turk, Compensation Officer. Should the House of Delegates deem it advisable to reconsider this subject at the 1940 Annual Meeting with the thought of endeavoring to improve the procedure for the medical care of W. P. A. workers, it is the committee's opinion that it will be necessary to first amend the text of the U. S. Compensation Act.

THE MEDICALLY INDIGENT

Second question referred: To put into operation, if possible, as far as the present "relief" laws would permit, an improved plan for the care of the medically indigent was considered by the committee; and it was suggested that a conference be requested with Governor Moore, Chairman of the Finance Assistance Commission to enlist, if possible, his support of an approved plan. Presumably this matter will be referred to in the report of the Committee on the Medical Care of the Indigent, and by the President in his report. However, it should be noted that a conference was held with Governor Moore, January 19, 1940, which was attended by the President, Dr. Hawkes; the Chairman of the Legislative Committee, Dr. Pollak; and two members of this committee, Dr. Snedecor, and the chairman.

The Governor was in accord with the medical point of view of this problem, and asked that the Society promptly submit a plan which he would endeavor to have put into effect.

With the coöperation of the Chairman of the Committee on Medical Care of the Indigent, Dr. Fithian, a plan, embracing in the main, the medical care along the lines of the old E. R. A., was prepared and personally submitted during the following week to the Governor by the President, Dr. Hawkes.

It is our understanding that this plan is now being studied by the Director of the Finance Assistance Commission, Mr. Mudd, with the thought of presently putting it into effect.

Respectfully submitted,

Frederic J. Quigley, *Chairman*
Spencer T. Snedecor
Charles H. Schlichter
Watson B. Morris
Wells P. Eagleton

ADDENDUM

NOTES ON A CONFERENCE WITH MR. SAMUEL TURK, COMPENSATION OFFICER, THE W. P. A., N. J., FEBRUARY 8, 1940

Injured employees of W. P. A. are entitled to benefits of the Federal Compensation Act, as amended, 1936, to cover W. P. A. workers.

Project workers, in order to obtain benefits and payments of medical bills for treatment, must have sustained traumatic injury. The Compensation Act (p. 18) defines "traumatic injury" as follows:

> Traumatic injury shall mean only injury by accident causing damage or harm to the physical structure of the body, and shall not include a disease in any form except as it shall naturally result from the injury.

Back injuries are not compensable—i. e., sprains, or strains caused, perhaps, by lifting. If a worker falls on his back and thereby sustains an injury to his back, this is compensable, and the fees for the medical care will be paid. The Compensation Commission disallows 99 per cent of medical bills where the injury sustained is a back injury. On the other hand, 99 per cent of hernias are paid.

Pecuniary Benefits.—Project workers receive two-thirds of their monthly salary during temporary disability, with a maximum of $50. per month. *Administrative* workers received two-thirds of their salaries, with a maximum of $116.66 and a minimum of $58.33. There are 400 to 500 Administrative workers. It is required that Administrative workers be sent to designated physicians supplied by U. S. E. C. C., or to a government hospital such as U. S. Marine Hospital, or to a U. S. Public Health Officer.

At the present time there are approximately 75,000 *project* workers. The Act states that, where available and practicable, federal hospitals shall be utilized for their treatment. The Act further states:

> The compensation officer shall make arrangements for medical care by reputable physicians. They will inform physicians that the Commission will pay medical fees at rates not in excess of the minimum charge prevailing in the community for similar services.

The Compensation Officer or his local representative, should contact the local medical societies.

Since the inception of the W. P. A. in the State—about four and a half years—there have been 35,000 cases treated.

There are two Marine Hospitals in this area, —one at 67 Hudson Street, New York City, which is for the care of out-patients only. The other is in Staten Island.

Since July 1, 1939, the Compensation Commission has been paying the Marine Hospitals $1.50 per day for each out-patient, and $3.75 per day for hospital care. (Note marked sections of the Compensation Act and extracts from Rules and Regulations number one, Compensation and Medical Expenses for employees of the United States receiving security payment.)

After a request of State Compensation Officer, Mr. Turk, to the State Society for a panel of physicians particularly qualified to treat traumatic injuries, had been refused, the Compensation Officer, by direction of the Compensation Commission, requested such lists from the County Medical Societies. According to Mr. Turk's statement, fifteen or sixteen responses were received from county societies. One asked for a copy of the rules and regulations so that they could be studied; another submitted their entire roster of their county society as qualified; another (Essex) submitted a list of fifty or sixty as qualified.

The Compensation Officer has compiled a list of qualified physicians which includes apparently every member of the State Society. He does not know what to do with it. He cannot use it as we would like to have him, i. e., supply every timekeeper on a project with the names and addresses of all the physicians in the county, and direct, after the injured worker has received emergency treatment, that he be asked to select a physician of his own choosing from the list. This is not in accordance with the Compensation Act, and with directions received from the Commission.

REPORT OF THE COMMITTEE ON HONORARY MEMBERSHIP

By EDWARD J. ILL, M.D., Chairman, Newark, N. J.

To the House of Delegates:

The name of a candidate for honorary membership in The Medical Society of New Jersey will be announced by the committee directly to the House of Delegates.

The committee has had its attention called to errors in the names and dates in the list of the sixty honorary members which has been published from year to year. It solicits information regarding the lives of the honorary members in order that a list similar to that of the Fellows may be published in the annual official list of members.

Respectfully submitted,

EDWARD J. ILL, *Chairman*
FREDERIC J. QUIGLEY
LANCELOT ELY

THE A. M. A. DELEGATES

The last meeting of the American Medical Association was held in St. Louis, May 15-19, 1939; and reports of it were given by the President, Dr. Carrington, and by the Delegates, Drs. McBride, Eagleton, Snedecor, Read, and Donohue, to the House of Delegates of The Medical Society of New Jersey on June 6 and 8. (Transactions, pages 11 and 12; and pages 31 and 32.—Editor's note.)

REPORT OF THE ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY

By HAMMELL P. SHIPPS, M.D., Chairman, Delanco, N. J.

To the House of Delegates:

The Advisory Committee to the Woman's Auxiliary has tried to function as an available adviser to the Auxiliary. To do this intelligently it has been necessary to familiarize ourselves with the purpose, plans, and projects of the Auxiliary; and also to keep posted regarding the actions and desires of the State Medical Society, especially in those matters pertaining to legislation and public relations.

When the chairman of this committee was appointed in the Fall of 1939, he communicated with the Executive Office at Trenton, requesting that the committee be kept informed of any developments pertaining to legislation and public relations. Coöperation was gladly given by Dr. Wilkes. Thereby we have attempted to keep intelligently informed.

The President of the Auxiliary, Mrs. E. G. McDonnel, has been most desirous of coöperating in every particular, and we believe has been very careful to keep the activities of the Auxiliary in line with the wishes of the State Medical Society.

In these days of change and revolution in many quarters, the Medical Society's contacts with the public through the Women's Auxiliary are very important, and wise diplomacy is imperative.

Along with its other activities the Auxiliary is finding an important function as a group and as individuals in helping to spread information regarding the ideals and accomplishments of American Medicine.

The Advisory Committee has attempted to lend some inspiration and advice in these matters. And we have appreciated the spirit of coöperation evidenced by this fine group of women.

Respectfully submitted,

HAMMELL P. SHIPPS, *Chairman*
GUSTAV A. BRAUN, *Vice-Chairman*
GERALD E. MCDONNEL
HARROLD A. MURRAY
WILLIAM K. CAMPBELL
RICHARD J. MCDONALD
ALDRICH C. CROWE, *Consultant*

REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS OF NEW JERSEY

By E. S. HALLINGER, M.D., Secretary

During the period of March 24th, 1939, to March 24th, 1940, the Board examined 337 applicants for a license to practice medicine and surgery. Fifty-five of these applicants were licensed osteopaths who qualified for the examination by submitting evidence of having completed an acceptable post-graduate course of two years in an approved college, or an acceptable internship of two years in an approved hospital, in accordance with the provisions of Section 45:9-14.1 of the Revised Statutes of New Jersey.

The Board also examined sixty-one applicants for a license to practice osteopathy; two applicants for a license to practice chiropractic; and eight applicants for a license to practice chiropody.

TABLE II.—*Showing Licentiates by Endorsement Classified as Graduates of Colleges in the United States and Foreign Countries, and According to Citizenship*

Countries	Total	Citizens	*Non-citizens
United States	141	140	1
Great Britain	5	5	
Germany	9		9
Italy	2	2	
Austria	5	1	4
Greece	1	1	
Switzerland	2	1	1
Poland	1		1
Hungary	1		1
	167	150	17

*Each of those who were not citizens submitted a Declaration of Intention to become a citizen, and was granted a license valid for six years from the date of the declaration.

TABLE I.—*Showing Number of Candidates for the 1939 Examinations, Classified as Graduates of Medical Colleges in the United States and Foreign Countries, and According to Citizenship.*

	Citizens	*Non-citizens	Total	Passed	Failed
MEDICAL					
United States					
Graduates of Medical Schools	152		152	130	22
Licensed Osteopaths Who Qualified for a Full License to Practice Medicine and Surgery	55		55	46	9
Canada	3		3	3	
Italy	27	2	29	7	22
Switzerland	9		9	7	2
Austria	3	40	43	11	32
Germany	5	40	45	18	27
Hungary	1		12	3	9
Great Britain	10		10	7	3
Rumania		1	1	1	
Belgium	1		1	1	
OSTEOPATHIC					
United States	61		61	59	2
CHIROPRACTIC					
United States	2		2	2	
CHIROPODY					
United States	8		8	8	
	337	83	431	303	128

*Each of those who were not citizens submitted a Declaration of Intention to become a citizen and was granted a license valid for six years from the date of the declaration.

One hundred and sixty-seven licenses were issued to applicants for endorsement of a license from another state who presented credentials to prove they could meet the requirements for examinations that were in force in New Jersey at the time they were examined.

All credentials covering medical and hospital work submitted to the Board were verified by questionnaires sent to the colleges and hospitals before a license was issued; also licenses issued to applicants in foreign countries that were submitted by candidates for the exam-

ination who were graduates of foreign medical schools, and licenses issued in the United States submitted by applicants for endorsement.

The laws governing the practice of medicine and surgery, osteopathy and chiropractic, do not provide for an annual registration. The Board does not, therefore, know whether the number of licentiates practicing in the State is increasing or decreasing.

TABLE III.—*Showing Number of Physicians and Surgeons, and Osteopaths, Endorsed to Other States, the Number of Licentiates of Whose Death the Board Received a Record and the Number of Licenses Revoked*

Physicians—Endorsed to Other States	62
Osteopaths—Endorsed to Other States	31
Medical License Revoked	0
Midwifery License Revoked	0
Deceased Physicians	80
Deceased Osteopaths	1
Deceased Chiropodists	2
	176

This table covers the physicians who died in New York City but does not include those who died in other parts of New York State, nor in other states of the United States; nor does it include the number of physicians who are licensed in other states as well as New Jersey who leave New Jersey to practice in some other state in which they are licensed.

An annual registration would give the Board accurate information in regard to the number of physicians practicing in New Jersey, and would enable the licensed physicians to assist the Board in enforcing the law by reporting unlicensed physicians in their vicinity.

The laws governing the practice of chiropody and midwifery do provide for an annual registration; and our records show an increase of six in the number of chiropodists that registered on November 1st, 1939, and a decrease of twenty midwives for the same period.

ENFORCEMENT

Petition for reinstatement of one license was granted and one refused. Petition for termination of suspension of one license was refused; petition for reconsideration of the Board's action in refusing to grant one license was denied; and one license was declared null and void.

TABLE IV.—*Summary of Board's Activities in Enforcing the Laws They Administer*

Court Cases—Violation of Medical, Etc., Laws	
Convicted, Pleaded Guilty, or Settled	21
Lost, No Appeal	3
Decision Reserved	2
Pending in the Courts	17
	43
Hearings Before Board	
Medical:	
Petition for Reinstatement Granted	1
Petition for Reinstatement Refused	1
Petition for Termination of Suspension Refused	1
Osteopathic:	
License Declared Null and Void	1
Chiropractic:	
Petition for Reconsideration of Board's Action in Refusing to Grant License Denied	1
	5

Type of Cases Investigated

Type of Cases Investigated	No. Investigated	No. Visits
Druggists Practicing Medicine	12	71
Prescribing Herbs, Drugs and Appliances	25	159
Medical Doctors	5	24
Unlicensed Chiropractors	10	65
Chiropractors Exceeding License	3	19
Osteopaths, Licensed and Exceeding License	4	21
Chiropodists, Unlicensed and Exceeding License	16	118
Electro-therapists	7	47
Laying-On-of-Hands	1	5
Masseurs and Massage Treatments	8	53
Naturopaths	2	14
Midwives, Unlicensed, Not Registered and Exceeding License	1	16
Miscellaneous	34	65
	128	677
Average Number of Visits on Each Investigation		5.2

Respectfully submitted,
E. S. Hallinger, *Secretary.*

PART TWO
EXTERNAL RELATIONS

REPORT OF THE WELFARE COMMITTEE

By Hilton S. Read, M.D., Atlantic City, N. J., Chairman

To the House of Delegates:

The Welfare Committee met four times during the administrative year now drawing to a close. The chief function of this committee might be likened unto that of a Kodak whose mechanism brings into focus a well-balanced picture which shows the opinions, aims, and activities of organized medicine in New Jersey. This comprehensive view materially aids the Legislative, Judicial and Executive bodies to decide our approach to problems confronting our Society, and periodically to provide practical programs and plans which chart our course as a profession.

To replace those members, who for various reasons must from time to time retire or be replaced, new and younger men who are interested, active and anxious to work, are continually sought. These men will help carry on the duties assigned to our sub-committees and advisory committees, and will enrich our pooled experience. For these younger men we look to our component societies. The *County Medical Societies* furnish them from among their most interested and active members. We urge those who qualify for special fields of work where they may further grow in experience, to give to the Welfare Committee the criticism and suggestions which represent the thought and experience they have gathered in their own component societies. If the democratic spirit and technic is to be preserved in the art and science of medicine, it can be done in no more effective way than is represented in the work of the Welfare Committee, where a loyal and effective membership demonstrate the value of good teamwork.

All problems are first presented to the *Welfare Committee;* and where these problems require further study, they are referred to the appropriate *sub-committee.* The *advisory committees* to the sub-committees offer opportunity for specialized study and the recommendation of proposals as needed. With the recommendations of these specialized groups, balanced by the wider interests of the sub-committees, and further considered by the larger main committee membership, we finally reach a decision which represents the voice of the profession in New Jersey, speaking on professional problems coming to our attention.

The annual reports of officers and committees are published in our Journal and provide for each interested member a full account of each activity of the Society concerning which it is his duty and privilege to keep informed, and to coöperate as a member of the Medical Society. Progress reports of our committees have been published in the Journal throughout the year.

The meetings begin promptly, and are concluded as soon as the subjects on the agenda have been carefully considered and acted upon. The attendance, attention, and advice given by members have been commendable, and the thanks of your chairman is gratefully expressed to them at this time.

The tempo of change in medical procedure appears to be slowing up, but we must not be deceived thereby. We should carry on in our own efforts in order to forestall the impractical, hurried, and ill-advised programs being offered by certain other groups less qualified by training and experience. We can do so best by providing those needed changes which our experience has shown will benefit the public, and thus preserve to our members their right and privilege to serve the public with high quality medical service which brings convincing results.

There is still room for improvement in the distribution of these services to those actually in need of them, and to this problem we will continue to make our full share of contributions in accordance with the needs of the public and their ability to pay.

The reports of the four sub-committees and their nineteen advisory committees outline the detailed work carried on by the Welfare Committee members; and since these records appear in the printed reports along with this report, it is needless to include these details here.

Respectfully submitted,
Hilton S. Read, Chairman,
and his sixty-five associates
on the Welfare Committee.

1. THE SUB-COMMITTEE ON MEDICAL PRACTICE AND ITS EIGHT ADVISORY COMMITTEES

REPORT OF THE SUB-COMMITTEE ON MEDICAL PRACTICE

By DAVID B. ALLMAN, M.D., Chairman, Atlantic City, N. J.

To the Welfare Committee:

The Advisory Committees to the Sub-Committee on Medical Practice have responded well to the special assignments made by the Sub-Committee for specialized study and suggestions. Their recommendations have been carefully weighed and balanced before being approved by the Medical Practice Sub-Committee; and their advice and suggestions have been used in making its final recommendations to the Welfare Committee. During this present administrative year the following high points have been stressed by the Medical Practice Committee for the especial consideration of the Welfare Committee.

The attention of the members of the Medical Society is called to the comprehensive study and report of the Advisory Committee on Auxiliary Medical Services as detailed in the annual report of that committee. This study gives a sound and concrete set of proposals to each of the four auxiliary medical service groups, by means of which it is believed their difficulties may be better defined and adjusted in the future.—D. B. A.

1. THE REPORT OF THE ADVISORY COMMITTEE ON AUXILIARY MEDICAL SERVICES

By SIGURD W. JOHNSEN, M.D., Chairman, Passaic, N. J.

To the Sub-Committee on Medical Practice:

The annual report of the *Advisory Committee on Auxiliary Medical Services* is submitted in four parts:

A. Pathological Laboratory
B. Anesthesia
C. Physical Therapy
D. Radiology

A. THE ORGANIZATION AND FUNCTION OF THE PATHOLOGY LABORATORIES IN A 200-BED HOSPITAL

It is not generally realized by the medical profession that the pathological laboratories in any hospital are the very foundation of scientific clinical medicine. Teaching medical institutions know this only too well. Therefore, they spare no expense to make personnel, space, and equipment efficient. Also, the very importance of the work in pathology demands that it be delegated to specialists in pathology, and not to either technicians or to physicians inadequately trained in pathology.

Often one reads or hears clinicians say that chief reliance on clinical medicine should be placed on the five senses. No one denies the value of the five senses, but not everyone recognizes that these produce the best results when applied to clinical medicine as well as to laboratory examinations. A true fact is that no laboratory test is worth anything unless backed by clinical medicine. It is clear, therefore, that clinical medicine and laboratory cannot be divorced from each other in the modern practice of medicine.

A plan is herewith described for the organization of laboratories in pathology for a 200-bed hospital. Its aim is to supply adequacy of work on an econmoical basis.

A. *Space.* This should be large enough to permit division in the following manner:
   1. Central laboratory of clinical pathology.
   2. Laboratory for bacteriology and serology.
   3. Laboratory for histology and surgical pathology.
   4. Room for gross specimens and pathological histology museums.

5. Room for interne on pathology.
6. Small space for staff physicians who wish to do blood counts and urines.
7. Room for gross and microscopic photography, including dark room.
8. Office and library.
9. Record room.
10. Lavatories.
11. Room for sterilizers and incubators.
12. Autopsy room.
13. Animal room.

B. *Location of rooms*

1. Not necessary that the laboratories be in the north light.
2. Laboratories should be placed convenient to the medical staff, this to facilitate personal contact with the director of the laboratories.
3. A small space should be available in the operating room pavilion for making and staining quick-frozen sections.
4. The autopsy room should be apart from the laboratory, and preferably placed in the basement. It should be well ventilated and supplied with exhaust fans.

C. *Personnel*

1. Director
   a. The director should be a physician specialist in pathology, member of the medical board, and preferably passed by the American Board of Pathology.
2. Assistant
   a. The assistant should be a physician selected from the dispensary staff and who has aptitude to pathology. He is to be an understudy to the director, and assist him in major problems of pathology.
3. Interne or internes
   a. The pathological training for internes should be a part of their rotating service.
4. Three technicians
   a. The technicians should be preferably female, and residents in the hospital. Residency of the technicians insures 24 hours' service to the hospital. This can be accomplished by being alternates on call after working hours, week-ends and holidays along the custom of anesthetists.
   b. They should be registered by the American Society of Clinical Pathologists.
5. Stenographer
6. Maids
7. Porter

D. *Equipment*

1. This should be of the best, and nothing should be spared to facilitate examinations.
2. Details of the equipment should be left to the director of the laboratories.
3. It is advisable that the hospital grant a separate yearly budget to draw from by the director, so that he is in a position to buy adequate supplies as need arises.

E. *Duties*

1. Director
   a. Consultant in medical and surgical problems at the specific request of the attending physician. This involves diagnostic and specific therapeutic problems as well as suggestions for most useful laboratory procedures required in a particular problem.
   b. Clinical consultation with the interne staff only upon permit and request of the attending staff.
   c. Free access to indigent ward patients. This is best done by rule of the medical board.
   d. To perform autopsies.
   e. To instruct internes in the technic of autopsy and morbid anatomy.
   f. To conduct clinic pathological conferences.
   g. To describe surgical pathology in presence of internes and surgeons.
   h. To do quick frozen sections when requested by the surgeons.
2. The Interne
   a. His laboratory activity is confined to ward and dispensary indigent patients.
   b. Routine blood counts and urines.
   c. Taking blood for Wassermanns, cultures and chemistries.
   d. Assist in post mortems.
   e. Bleeding and clotting time and blood smear examinations in tonsillectomy patients.
   f. Blood typings.
3. Technicians
   a. Duties of one technician
      (1) Paraffin sections and staining.
      (2) To make staining solutions and reagents.
      (3) Prepare and mount museum specimens.
   b. Duties of the second technician
      (1) Take bloods for culture, Wassermann, and other serology.
      (2) Make culture media.
      (3) Make bacteriological stains.

(4) Make and store blood type stock sera.
(5) Animal inoculations.
(6) Make paraffin sections and staining of autopsy specimens; this will make this technician available for quick replacement when the bacteriologist is on sick leave or vacation.
(7) Examine smears, sputa, etc.
(8) Identification of bacteria in cultures.
(9) Widals and other such serological work.
(10) Pneumococcus typing.

c. Duties of the third technician
(1) Blood counts and urine examinations.
(2) All other clinical laboratory examinations other than bacteriology.
(3) Blood chemistry.
(4) Make solutions and reagents.

d. Plans for Technicians
(1) It is desirable that these technicians shift every three months to keep them adequately trained in the various fields of clinical pathology, bacteriology, and histology.
(2) Duties for each technician should not be rigidly adhered to in their daily work. In this way help can be rendered to each other to balance the amount of work given to each.

e. Distribution of laboratory work
(1) The pathology interne does the simple examinations on indigent patients in the hospital and dispensary.
(2) Technicians do all examinations on private patients as well as difficult examinations on all patients.

4. Maids
a. Keep laboratory clean and tidy.
b. Wash bottles, test tubes, pipettes and other implements.

5. Stenographer
a. Type all records.
b. Take autopsy dictation and type protocola.
c. Take surgical pathology dictation and type reports.
d. Send a copy of surgical pathology report to the surgeon's office on all his private patients.
e. Chart all reports.
f. Assist director in his official correspondence.
g. Send letters of appreciation to persons granting permits for autopsy.
h. Other miscellaneous stenographic duties.

6. Porter
a. Place autopsy instruments in readiness for autopsy, and clean them afterwards and keep them sharp.
b. Place bodies on autopsy table, wash bodies after autopsy and replace in ice box.
c. Sew bodies after autopsy.
d. Assist morticians.
e. Make Kaiserling's solutions.
f. Keep morgue clean.
g. It is likely that the porter's time will not be entirely occupied by the above duties, and his spare time can be utilized for other duties in the hospital.

7. It is obvious that all the duties above outlined cannot be described in this paper, but they are merely a guide which may be varied or added to at the discretion of the director.

F. *Records*
1. Request slips should be in three colors, as example
a. White for all indigent patients' requests.
b. Blue for all private patients.
c. Red for emergency requests in either patients.
2. Time clock to stamp entry of slips in the laboratory and again upon completion of the work.
3. All reports should be preferably typewritten.
4. All reports should be filed away after charting.
5. Autopsy protocols should be typewritten in duplicate to be attached to the chart.

G. *Laboratory Charges*
1. However charges are made, they should be done in such a manner as to cover expenses of the laboratory and at the same time not burden patients with excessive bills. No set rule can be given for charging laboratory work, as this varies with the status of the hospital, pathologist, and economic set-up of the community.
2. The following are the recommendations made by the New Jersey Society of Clinical Pathologists:
a. The laboratory fees in this State are comparable to the average through-

out the country, and in some respects even below the average.

b. The ethical clinical pathologist, like all physicians, is always willing to adjust his fees to the resources of the patient, and has never hesitated to coöperate with the family physician in reducing fees to the deserving patient of any social class.

c. When laboratory costs seem out of proportion in a particular case, the reason may usually be either due to
   (1) Indiscriminate and unnecessary laboratory examinations requested of the clinical pathologist by the family physician.
   (2) Splitting of fees by the unethical family physician with the unethical laboratory.

Recommendations

a. That the family physician should, whenever possible, refer his patients to qualified laboratories directed by a physician specializing in pathology.

b. That the physician consult the pathologist about contemplated laboratory work required for a given clinical problem.

c. That the physician request of the pathologist a reduction of fee when patient is not able to afford the full amount.

d. That fee splitting should be abolished not only because it lowers medical ethics, but also because it adds unnecessary expense to the patient.

e. That proper and more rigid regulations be made by the State Board of Health or State Society, or both to license only efficient and adequately equipped laboratories.

H. *Routine Examinations*

1. Blood count, urine and Wassermann tests on all patients admitted to hospital.
2. All patients with diarrhea should have complete stool examinations for parasites, ova, and bacteriology.
3. All patients with acidosis and alkalosis should have the following:
   a. CO_2 combining power in blood.
   b. Blood chlorides.
   c. Blood non protein nitrogen or urea nitrogen.
   d. Blood sugar.
   e. Urine examination.
   f. Acetone bodies in urine and blood plasma.
4. Kidney Cases.—In these patients albumin, casts in urine, blood pressure and edema should be the guiding factors for the following:
   a. Concentration and dilution tests and phenolsulphanthalein excretion tests first. If function is deficient, continue with the following:
      (1) Non protein nitrogen or urea nitrogen and creatinine is sufficient to test blood retention.
      (2) Plasma proteins, blood cholesteral.
      (3) Blood counts and urine.
      (4) Basal metabolism test.
      (5) Repeat above tests weekly if necessary.
5. Prostate cases
   a. Same tests as for kidney except perhaps omission of plasma proteins.
6. Bone and joint cases
   a. Calcium, phosphorus, uric acid, and phosphatese.
      (1) The phosphatese should be done only when indicated.
7. Anemias and hemorrhagic cases if not self-evident from simple blood counts and blood smear studies should have in addition the following:
   a. Bleeding time, clotting time, and tourniquet tests.
   b. Platelet count.
   c. Reticulocyte count.
   d. Volume, color saturation and icteric indices.
      (1) When icteric index is high, do Van den Bergh.
   e. Fragility tests.
   f. Free HCL in stomach contents before and after histamine injection.
   g. Bone marrow puncture and marrow examination.
      (1) This should not be routine procedure.
8. Heart cases
   a. Venous pressure, saccharine, and ether time.
9. Obscure fever cases
   a. Repeated blood cultures.
   b. Repeated blood count.
   c. Serology, Widals, etc.
   d. Sedimentation rate.
   e. Blood typing.
10. Gastro-intestinal cases when organic pathology is suspected.
   a. Several occult blood tests after several days on meat-free diet.
      (1) If persistently positive and blood cannot be accounted for by bleeding gums, nose, or hemorrhoids, proceed with x-ray.

b. Complete stool examination.
11. Asthma and allergy
    a. Sputums for tubercle bacilli, crystals, eosinophilia.
    b. Skin tests.
12. Thyroid cases
    a. Basal metabolism tests.
    b. Blood cholesterol and iodine.
13. Liver cases
    a. Bleeding and clotting time.
    b. Fibrinogen estimation.
    c. Bromsulphanthalein test alone or in combination with one of the many tests advocated. (See pathologist.)
    d. Icteric index, and when this is above normal do Van den Bergh test.
    e. Takata-Ara test.
    f. Weltmann serum coagulation reaction.
14. Internal hemorrhage case, example bleeding peptic ulcer
    a. Specific gravity of blood by the falling drop apparatus (Eimer & Amend).
15. Pediatric cases
    a. Nose and throat cultures.
    b. Vaginal smears.
    c. Tuberculin tests.
    d. In the new-born baby make a complete blood count after seven days, clotting time in males.
16. Gynecological cases
    a. Cervical and urethral smears.
    b. Sedimentation rate.

The methods of investigation above are only a few, and not complete. However, they are simple, general guides. Routine and special examinations may vary in accordance with the wishes of the attending staff and the Director of Pathology. In any case, the aim should be such as to give the maximum information with the minimum of expense to prevent irrelevant and useless examinations.

B. SUGGESTED ORGANIZATION OF A DEPARTMENT OF ANESTHESIOLOGY IN A GENERAL HOSPITAL

I. Equipment

Modern anesthesia apparatus should be provided which includes all the gases used, with rebreathing facilities. A resuscitation apparatus of modern type should be available. Gas therapy apparatus such as oxygen therapy machines should also be available.

II. Personnel

A. Director

The director of the department should be a specialist of anesthesiology, preferably one who devotes his entire time to the specialty. He should preferably be a Fellow of the American Society of Anesthetists, or a Diplomate of the American Board of Anesthesiology, or a member of the International Anesthesia Research Society. He should be a member of the active hospital staff.

B. Assistants

There should be available in the department a sufficient number of assistants who are actively interested in anesthesia. They should be selected by the director to whom they are responsible, and for whom he is responsible.

III. Functions

The director shall formulate rules and regulations to insure the carrying out of all procedures to provide the maximum degree of safety to the patients and to prevent accidents of anesthesia, including the following provisions:

A. Pre-anesthetic examination including physical examination, especially of the heart and lungs, mouth, nose and throat, and blood pressure. Examination of the patient's chart with laboratory findings should be noted.

B. Carefully kept records of anesthesia on a prescribed form, such as suggested by the American Society of Anesthetists, shall be filled out during the period of anesthesia. This should contain the report of the preanesthetic examination, preoperative medication, kind and amount of anesthesia used, condition of the patient throughout the operation, blood pressure, pulse, and respiration. A record of post anesthetic medication, and a statement of the patient's post-operative condition completes the record.

C. A follow-up of all cases by the director shall be made to keep in touch with the patient's condition until the effects of the anesthesia have passed. He should note the presence of unfavorable sequelae, and see that the surgeon

is immediately notified. He shall be responsible for all anesthesia records, and shall attend all clinical staff conferences where he can present records of his department, and participate in clincial discussions.

D. The director shall be responsible for the observance of all safeguards recommended by the National Board of Fire Underwriters. He shall constantly supervise the safeguards and establish rules regarding the elimination of hazards in the operating room.

IV. Economic Relations

A mutually satisfactory basis of remuneration must be provided. The fee for anesthesia should be on the same basis as any other consultation service. It should be adjustable to the circumstances of the patient, and mutually acceptable to the surgeon and the anesthetist.

C. A SUGGESTED ORGANIZATION OF A PHYSICAL THERAPY DEPARTMENT IN A GENERAL HOSPITAL

Physical therapy is now a recognized branch of medicine, and forms one branch of the triad of therapy, namely, Medicine, Surgery, and Physical Therapy.

Accredited general hospitals now have, or should have, a well-organized Department of Physical Therapy. The purpose of this outline of organization is to suggest how to organize and maintain a Department of Physical Therapy with the greatest possible service and efficiency.

In order to function effectively, there must be whole-hearted coöperation between the Department of Physical Therapy and all other departments of the hospital. Where conditions do not warrant a full-time Physical Therapy Director, often the head of the Radiological Department may serve as head of the Physical Therapy Department as well.

Physical therapy is a branch of therapeutics, and therefore cases for the department must first have had a thorough examination and a diagnosis made before any therapy is prescribed. No case should be admitted to the department without a diagnosis. The department should not accept cases for treatment without the specific orders of the patients' attending physician.

The Physical Therapy Department should not be a dumping ground for hopeless cases or other departmental undesirables.

Adequate records are a prime essential for an effective department. A special record of physical therapy procedures and directions should be a part of every case record for all in-patients. One copy should be a part of the permanent record filed with the patient's chart, and another copy should be retained in the department.

A. Personnel

1. Director

The director of the department should be a physician specializing in physical therapy. He should be a member of the active staff of the hospital, and should preferably devote his entire time to the work of the department.

2. Assistants

There should be available in the department a sufficient number of physicians who are actively interested in physical therapy, and who devote a certain amount of time in the department under the direction of the director.

3. Chief Technician

A chief physical therapy technician, preferably a resident in the hospital, shall be in charge of the department under the direction of the director. He or she should be a member of the American Registry of Physical Therapy Technicians, and should devote full time to the work of the department.

4. Assistant Technicians

Assistant technicians should be fully qualified, and should be members of the American Registry of Physical Therapy Technicians. They should be on a rotating service basis.

B. Space

The space allotted to the Department of Physical Therapy should be centrally located and not relegated to unused space in the garret or cellar. Patients spend a great deal of time in the department, and adequate facilities must be provided.

C. Equipment

1. Mechano therapy

This department should be equipped in the manner of a gymnasium. Suitable equipment for reëducation exercises, and passive and active exercises, should be provided.

2. Electro therapy

In this department it is advisable to have a cubicle system with sufficient electrical

outlets available in each one to allow equipment to be moved from one cubicle to another. Suitable equipment to supply the following modalities is required:

Ultra short wave
Short wave
Sine wave
Galvanic
Faradic
Static
Diathermy

3. Photo therapy
   Suitable equipment to supply ultra violet radiation, both long and short wave, infra red ray, baking cabinets, cabinet light baths, and cadium ray therapy should be provided.
4. Hydro therapy
   Apparatus for this type of therapy consists of hot and cold water shower baths, needle spray, Scotch douche, carbon-dioxide baths, whirlpool tanks, underwater exercise tank, and facilities for prolonged sedative baths.
5. Massage
   Suitable tables with adjoining couches, in a location adjacent to the hydro therapy department, are advisable. Suitable equipment for vascular exercises such as the suction vasculator should be available.
6. Hyperpyrexia
   Suitable equipment to render hyperpyrexia therapy should be available.
7. Suitable lavatory facilities should be provided.

D. Economic Set-up

Ownership of all equipment is vested in the governing board of the hospital. The finest of equipment without effective utilization is valueless. Therefore, there must be a complete understanding between the hospital governing body and the medical personnel to secure that type of coördination of effort which will result in an effective department of physical therapy. Much misunderstanding in this relationship is the rule at the present time.

There are at present three chief types of economic relationships in common use:

1. A director on a salary basis.
2. The director charges professional fees to private and semi-private patients. Clinic and ward cases are treated free in the department.
3. The hospital makes its own charges to the patients, and employs technicians, with or without a nominal medical director who gets no remuneration.

There are many valid objections to all three forms of practice. On the one hand the hospital is accused of practicing medicine as a corporate body, and using fees collected in the physical therapy department to offset deficits in other departments. On the other hand the physician is accused of using the hospital equipment for his own private gain. Obviously there is some truth in both assertions.

A practical plan which is fair to the hospital, the physician, and the patient is absolutely necessary to obtain the cooperation required in a physical therapy department. To meet this requirement, the following economic set-up is suggested:

a. The department is placed on a budgeted basis. All income is collected by the hospital and credited to the department. Such income is based on the following sources:
   (1) Fees for services and consultation for private and semi-private cases, compensation cases and disability cases.
   (2) A credit of a definite service charge per treatment for all full-pay or part-pay ward cases.
   (3) A definite charge of a nominal fee for all clinic cases, paid by the clinic patient at the time of treatment.

b. The following charges against the department are made:
   (1) Salary of the chief technician and other technicians employed in the department.
   (2) General expenses for supplies, repairs, and direct expenses.
   (3) A monthly rental fee is charged against the department to cover space, heat, light, laundry, general clerical help, current consumption, etc. This should in no case be more than 20 per cent of the above direct expense total.
   (4) A depreciation of ten per cent per annum is charged on the basis of the original cost of all equipment purchased for the department, excluding furniture and permanent fixtures.

c. The operating surplus, which should not be less than one-third of the total income, shall be the remuneration of the director.

D. A STANDARD ORGANIZATION OF THE RADIOLOGICAL DEPARTMENT IN A GENERAL HOSPITAL

The principles expressed by the Council of Medical Education and Hospitals of the American Medical Association, and set forth as a Manual of Desirable Standards for Hospital Radiological Departments by the American College of Radiology, form the basis of the following organization plan.

I. Personnel

A. The Radiological Department shall be under the direction and supervision of a roentgenologist who is a physician, a member of the active hospital staff, and preferably a diplomate of the American Board of Radiology. He should devote his entire time to the work of the department, or have definite hours of attendance at the department where whole-time service is not practicable.

B. Assistants

The director shall select the necessary assistants who are responsible to him, and for whom he is responsible. These will vary with the size of the department and may consist of

1. Medical assistants
2. Technicians
3. Secretaries
4. Nurses
5. Orderlies
6. Physicists.

II. Functions

The purpose of a radiological department is to provide the necessary equipment for a radiologist to render adequate service to the patients in that hospital. These are diagnostic and therapeutic procedures performed at the request of the patient's personal physician, or the attending staff members. Adequate services on the part of the radiologist presume examination of the patient, consultation with the physician, and supervision of the work of the department. It includes coöperation with all other departments of the hospital, and especially coöperation with all physicians practicing in the hospital. It includes therapeutic radiation, radium applications, and often physical therapeutic measures including hyperpyrexia, electro therapy, and electro surgery. He must conduct educational courses in some institutions, instructing nurses and internes in the principles and uses of radiology.

III. Space and Equipment

The location of the department should be carefully selected to provide and facilitate accessibility and convenience to patients, physicians, and other departments of the hospital.

Equipment suitable for the performance of all the procedures required for diagnostic and therapeutic requirements of the department should be provided.

IV. Safety Regulations

Safety regulations and storage facilities must be provided according to well-determined standards now prevailing.

V. Records

Accurate records and reports should be provided for, and a careful index of all cases, and a cross-index file of pathology kept. Roentgenograms should not be permitted to leave the hospita,l but should be kept and stored for a period of ten years.

VI. Economic Set-up

The economic relationship of the Department of Radiology should be based on a mutually acceptable basis. The following plan is suggested:

Salaries of technicians and clerks	$.....
Current supplies and expense	$.....
Total direct expense	$.....
Overhead (20 per cent of total direct expense)	$.....
Depreciation (10 per cent per annum)	$.....
Total Expense	$.....

Total expense is to be deducted from the gross income. The resultant net profit is the remuneration for the roentgenologist.

Twenty per cent overhead expense would include the items of rent, general maintenance, laundry, stationery, incidental expenses, etc.

This plan insures the hospital management against loss from the department and stimulates the roentgenologist to put forth his best efforts.

Respectfully submitted,

SIGURD W. JOHNSEN, *Chairman*
SAMUEL BARBASH, *Vice-Chairman*
ARTURO R. CASILLI
EUGENE G. HERBENER
JEROME H. SAMUEL
WALTER A. TAYLOR
ALFRED STAHL, *Consultant*

The Sub-Committee on Medical Practice considers that the problems of *Contract Practice,* and *Workmen's Compensation* are so definitely a part of the larger problems of *Industrial Health and Hygiene* that it would seem desirable as well as efficient and economical to combine the work of these three committees under the last-named committee, whose membership can be enlarged if desirable to broaden its representation and scope. Discussion with the chairmen of these three committees indicates agreement on this proposal; and a careful reading of the reports of these committees will indicate how closely the work of each committee integrates with the problems of industry as a major consideration.—D. B. A.

Dr. Sharp's committee has reached a definite conclusion, similar to that of the A. M. A., that contract practice per se is not objectionable or unethical, but that any one contract may be of such type; and so the problem can only be resolved by study of individual contracts which may be brought into question.—D. B. A.

2. REPORT OF COMMITTEE ON CONTRACT PRACTICE

By Reuben L. Sharp, M.D., Chairman, Camden, N. J.

To the Sub-Committee on Medical Practice:

As reported in the Journal of August, 1939, page 476, the committee met on July 30, 1939, and felt that because of the possibility of changes in the Workmen's Compensation Committee, it would be impossible to set up any standards other than as previously outlined, which are the principles of ethics as laid down by the American Medical Association. (See the annual report of the committee in The Journal of May, 1938, page 304, quoting the Code of Ethics of the A. M. A., Chapter III, Article VI, Section 2.)

The Sub-Committee on Medical Practice, however, felt that it would be wise to continue the Contract Practice Committee as a reference committee.

There have been no further meetings of the committee.

Respectfully submitted,

Reuben L. Sharp, *Chairman*
John G. Decker
Henry Haywood
Harvey T. Herold
Edward F. Klein
Andrew C. Ruoff
J. Howard Hornberger, *Consultant*

Dr. Comando's committee has outlined workmen's compensation changes, and these have been extensively studied. The recommendations of this committee have been approved by this sub-committee and the Welfare Committee, and have been carried to the Commissioner of Labor where they still await his approval and the necessary legislative action.—D. B. A.

3. REPORT OF THE ADVISORY COMMITTEE ON WORKMEN'S COMPENSATION

By Harry M. Comando, M.D., Chairman

To the Sub-Committee on Medical Practice:

The Advisory Committee on Workmen's Compensation is really a continuation committee from last year, and has not changed in either personnel or objectives.

At the beginning of the year it was decided that no radical change in the present Workmen's Compensation Act would be introduced by The Medical Society of New Jersey. The committee rather concentrated on reconciling some minor differences of the opinion within the membership of the Society itself. Meetings were held with the representatives of the Society of Industrial Surgeons of New Jersey, and at one meeting about seventy doctors who were doing industrial surgery were in attendance.

The conclusions that your committee arrived at are that the four major objectives of any new Workmen's Compensation Act that were recommended last year should still be advocated.

During the present legislative session many amendments to the present Workmen's Compensation Act were introduced in the legislature by other interested parties. Any amendment that would improve the benefits that a workman, subjected to the hazards of industry, would receive, should be indorsed by us.

A study was made of Assembly Bills num-

bers 62, 64, 66, 89, 117, 134, 144, and 284.

Assembly Bills numbers 64, 66, and 117 were introduced with the objective of adding *pneumoconoisis* to the list of compensable industrial diseases. The Workmen's Compensation Committee saw no objection to these bills, but it was felt that the Legislative Committee would be better guided if they referred these bills to the Public Health Committee and the Committee for the Study of Occupational Diseases.

Assembly Bill Number 62 advocated the extension for the filing of claims for compensation for compensable occupational diseases, from one year to two years. We also felt that this was a matter for the Committee on Occupational Diseases to pass on.

Assembly Bill Number 89 refers to so-called "Compromise Agreements". The Medical Society of New Jersey has always been opposed to this type of practice. We feel that an injured workman is entitled to full compensation, or none.

Assembly Bill Number 144 attempts to liberalize the interpretation of what constituted a compensable hernia, and also deletes some of the objectionable features of the present Workmen's Compensation Law as it refers to hernia. This bill is being studied by us at the present time.

March 29, 1940.

Respectfully submitted,

HARRY N. COMANDO, *Chairman*
JOSEPH F. LONDRIGAN, *Vice-Chairman*
WILLIAM K. HARRYMAN
JOHN H. IRWIN
HENRY H. KESSLER
FREDERICK W. SHAFER
DANIEL F. FEATHERSTON
CEDRIC C. CARPENTER
ANDREW F. MCBRIDE, *Consultant*
STEPHEN LORENZ, *Technical Adviser*

Dr. Fort's committee has kept abreast of developments in the A. M. A. Committee on Industrial Health and in the National Manufacturers' Association, as well as the various New Jersey agencies having a part in the industrial health problems. The report of this Advisory Committee of our Society will acquaint our members with the growing significance and scope of the industrial health problem, and the factors considered by the committee, and the recommendations sent to the Sub-Committee on Medical Practice and the Welfare Committee.—D. B. A.

4. REPORT OF THE ADVISORY COMMITTEE ON INDUSTRIAL HEALTH AND HYGIENE

By J. IRVING FORT, M.D., Newark, N. J., Chairman

To the Sub-Committee on Medical Practice:

The activities of our committee during its second year have been a continuation of the studies of last year in the field of Industrial Health and Hygiene in the State of New Jersey. In addition, we have considered the subject as it obtains through the United States, so that by comparison we might gain additional knowledge.

Our information has been obtained from reports of the Council on Industrial Health of the American Medical Association; from the Committee on Healthful Working Conditions of the National Association of Manufacturers; from the Advisory Committee on Industrial Diseases of the New Jersey Health and Welfare Conference; from the Departments of Labor and Health of New Jersey; from the New Jersey Health and Sanitary Association; and from personal observation and research of our committe members. From our studies we have come to realize that each group or committee is directing its efforts to information gathering, and that little concrete recommendation for an ideal industrial set-up has appeared from any group. It is evident, however, that all groups are endeavoring to coöperate in arriving at a definite solution of this great problem.

It is factual that, during the last few years only, has the subject of industrial health and hygiene become a universal study, and that concerted effort of isolated and individual groups has become coördinated. Comprehensive data have been difficult to obtain, controversies have existed, and fears of arbitrary legislation have been expressed, with the result that, while an enormous amount of constructive research has been done, the ultimate solution of the problem is still in the formative stage. Such has been the progress, however, that our committee believes that light is beginning to shine through, and a beneficial working plan is close at hand.

OCCUPATIONAL HAZARDS

Since the Great War, the manufacturing of new products and the discovery and creation of new compounds, have increased to a great degree. The direct result of this activity is a marked increase in the industrial hazards, especially in the *occupational disease* group. These hazards are not confined to the large industrial plants, but in addition are scattered through the smaller factories. The industries employing large numbers have realized and recognized these added hazards, and have taken immediate and adequate steps to meet the emergencies. Through full-time or part-time medical supervisors, through research laboratories, and through individual study of the problem peculiar to the plant, the large industries have advanced considerably in the solution of the care of their employees.

It is in the plants of lesser magnitude, with employees from twenty-five to 100, where adequate protection from these newer hazards has lagged behind. This situation is in no way due to a lack of interest in the welfare of the employee, nor to lack of the employer's earnest desire to supply all the safeguards against accidents or industrial diseases. The great proportion of the smaller plants are financially unable to employ and maintain a medical staff or research laboratory, and must depend on the medical profession at large for service to their employees. There is no question but that the medical profession is completely competent to care for the larger proportion of accidental injuries and diseases arising from industry; but there is some difficulty in keeping pace with these newer so-called industrial diseases which require intensive research. Realizing the new conditions obtaining in industry, our committee instituted this year's work by setting forth a list of objectives as a prospectus for study. This prospectus was printed in the Journal of November, 1939, page 673. On the basis of this presentation of objectives, we submit our findings, and our recommendations.

SCOPE OF MEDICAL SERVICES

From the data obtained we find that the large plants in the State are fairly well covered by professional care of employees. In such plants there is either a full-time Medical Staff, or a part-time supervision by physicians visiting such plants at regular intervals. The smaller plants receive medical service from physicians in general practice chosen either by the employer or his agent, or from a physician selected by the employee. In the larger organizations attention is given not only to compensable accidents and diseases, but also to the health and hygiene of apparently healthy employees as well as employees under par who are referred to their own individual physician for diagnosis and treatment of conditions not arising out of or connected with employment. In the smaller organizations little else is supplied than care for compensable injuries and diseases.

A large number of industrial plants maintain first aid stations with a capable nurse in charge.

In addition there are in this State a few clinics which are controlled and administered by Casualty Insurance Companies. These clinics are manned by both full-time and part-time physicians, and maintain full nursing services.

It is evident from our study that there are well-defined safety regulations in the codes of our Department of Labor. Under the Bureau of Industrial Hygiene of this Department, it has well-administered accident and disease prevention, factory inspection, and investigation of outbreaks of occupational diseases. Our Departments of Health, both State and local, carry out their functions insofar as reportable diseases are concerned, and in health and sanitary conditions where inspections are made according to the provisions of the Health Codes.

In the preëmployment and periodic health examination of the employee, a limited number of industries are equipped to and are carrying on such procedures to the mutual benefit of employer and employees. There are, however, in this field certain difficulties which must be carefully ironed out to make it universal. One of the greatest stumbling blocks is the obtaining of full coöperation of the employee; and another is the expense involved.

COMPENSABLE DISEASES

The question of making compensable additional industrial diseases has been carefully considered. It is evident that there are a certain number of such diseases which have become more prevalent in the last few years. In this category are the so-called "Dust Diseases" which are the subject of legislation at the present time. We feel that further research and study must be instituted, so that an accurate classification can be made, a concrete and definite idea of the incidence and causative factors obtained, and criteria for diagnosis established.

INSTRUCTION IN INDUSTRIAL HEALTH

From the data and statistics available it is evident that instruction in industrial health and hygiene to the medical student is a minute part of his curriculum. Years ago such instruction was given under the general subject of *Health and Hygiene;* but the large addition of diseases from new industrial hazards requires spe-

cial instruction and study. During the years of 1939 and 1940 about fifty-two medical colleges have instituted courses in industrial hygiene. This instruction consists of didactic lectures of from two to ten hours. In addition, some nine medical colleges have elective courses of twenty-four to thirty hours, and provide advanced courses to medical graduates.'

SURVEY OF INDUSTRIAL DISEASES

Without arduous labor and ample time it is impossible to make any extensive survey of the incidence of accidents and diseases in industry. At present we must depend on the available statistics from the Department of Labor which give the number of compensable cases reported, and upon the Department of Health for the statistics on reportable diseases. There are any number of diseases which arise from industry, but are not in the compensable group; and those which have no definite connection with industry, and whose incidence is difficult to tabulate.

RECOMMENDATIONS

From its studies and discussions our committee feels that the following recommendations are in order:

1. The Committee on Industrial Health and Hygiene should continue its studies of the existing problems.

Each component County Society should organize a similar committee to study the conditions obtaining in each respective county, and meet with the State committee at reasonable intervals.

Both the State and county committees should consider the problems in joint meetings with other organizations interested in the subject. Such groups should include representatives from the Department of Labor, the Department of Health, the New Jersey Health and Sanitary Association, the Association of Industrial Physicians, the Association of Manufacturers, and other groups directly or indirectly involved. We feel that this is one satisfactory method by which a reasonable and fair *Bureau of Industrial Health and Hygiene* can be set up.

2. We advocate and endorse the formation of an adequate plan for a complete history and physical examination at the time of employment, and periodic follow-up examinations, the frequency of which is to be determined by the hazardous nature of their employment.

3. We feel that the legislative bills now pending and which attempt to cover and make compensable certain additional industrial diseases, are inadequately and loosely drawn and lack definitive specifications. We are of the opinion that no additional industrial disease should be made compensable except by its specific name; and not before full coöperative study by all concerned who will consider the criteria for diagnosis, case record limitations of liability, and other medico-legal aspects.

4. It is suggested that a more extensive opportunity be given in medical schools for the study of industrial health and hygiene by increasing the hours of instruction.

5. We also advise that the State Society, through its Committee on Post-Graduate Instruction, set up a course or courses of instruction in this subject for its members.

6. Recommendation is made that the County Societies, in coöperation with industry, provide facilities for the instruction of the employee,—not in teaching him medicine, but in teaching him the principles of health and hygiene; of accident prevention and life-saving first-aid measures; and of prophylaxis in disease.

The committee realizes that there is still much to be done in its field; but it believes that the foundation has been laid; and, with close coöperation with other organizations and agencies who are making a study of this same subject, a definite program can be instituted to care for the health and hygiene of industry.

Respectfully submitted,

J. IRVING FORT, *Chairman*
LESLIE E. MYATT
CHARLES LITTWIN
JAMES H. SPENCER, JR.
RALPH D. VREELAND
DONALD O. HAMBLIN
H. IRVING DUNN
WILLIAM F. COSTELLO, *Consultant*

The problems coming directly under Dr. Fithian's Committee on Medical Care of the Indigent and Low-Wage Group have extensive implications in the work of other committees. At the present time the committee is watching pending national and State legislation having to do with the problems of medical service distribution to the indigent and low-wage group. To avoid controversy and conflict this committee has felt it wise to await further developments in the trends of medical practice as these may be shaped by such legislation as the Wagner Bill.

In coöperation with the Ways and Means Committee, tentative proposals have been made to Governor Moore to plan, on the E. R. A. Medical Service basis, for a state-wide service to the low-wage and indigent in need of medical care. This proposal is now in the hands of Mr. Mudd and a conference will be called later to see if it is possible to put such a plan into effect in the near future. Local governments in some counties have put into effect such programs in agreement with the County Medical Societies. Middlesex County is a good example of such an effort.—D. B. A.

5. REPORT OF THE ADVISORY COMMITTEE ON MEDICAL CARE OF THE INDIGENT AND LOW-WAGE GROUP

By George W. Fithian, M.D., Chairman, Perth Amboy, N. J.

To the Sub-Committee on Medical Practice:

The first concern of this committee during the current year has been the formulation of a workable state-wide program, such as the profession as a whole would approve and participate in; and an alternate program which, under existing laws, could be, and would be, installed with full enthusiasm of the medical profession.

The second type of program, however, in view of the experiences reported from various counties during the year, is not being enthusiastically supported by those who, though the standards of professional practice would be raised, are anxious to curtail costs to the minimum, even though the resulting type of professional practice is below a minimum standard that is recognized by the medical profession.

The Ways and Means Committee, together with the Chairman of the Committe for Medical Care of the Indigent and Low-Wage Group, prepared a draft of the proposed plan for medical care of the poor and submitted it to Governor Moore. He in turn submitted it to Mr. Arthur Mudd, State Financial Assistance Commissioner, who has informed President Hawkes that he is taking steps to develop the plan, and will hold a conference in the near future.

The objective of the proposed plan is medical relief for those who are classed as indigent under existing rules and regulations. The Financial Assistance Commission may now reimburse a local municipality for its relief of those who are really indigent, such as those carried on relief rolls. The determination of who is indigent is left with the local officials.

The services to be rendered to the sick are medical, dental, pharmaceutical, nursing, and hospitalization, each according to the standards of its State organization.

It is proposed that an advisory council to manage the plan be made up of representatives of the Departments of Health, Institutions and Agencies, Labor, etc., and that professional groups such as physicians, dentists, nurses, pharmacists, and hospital managers shall be appointed as an advisory committee.

There are, in a few counties of this State, several experimental plans in operation for medical care of the indigent. The one in Middlesex County most closely resembles the procedure carried out under the State-wide E. R. A. Such a type of program under existing laws could probably be carried out in many of the counties where the Freeholders would make the necessary financial provision.

Respectfully submitted,

George W. Fithian, *Chairman*
David W. Green, *Vice-Chairman*
David L. Field
D. Leo Haggerty
Byron G. Sherman
Henry C. Barkhorn
Wilbur Watts
Thomas A. Clay
Watson B. Morris, *Consultant*

The Committee on Pharmaceutical Problems continued its good work during the year in distributing New Jersey Formularies to internes in New Jersey hospitals. The efforts to control abuse of radio advertising of proprietary food and drug products is commendable and must have some restraining effect on this abuse, as is evidenced by letters from some of the companies concerned stating their willingness to correct such abuses. Better understanding and coöperation among physicians and pharmacists is very evident in such projects as the "appendicitis warning".—D. B. A.

6. REPORT OF THE ADVISORY COMMITTEE ON PHARMACEUTICAL PROBLEMS

By CHESTER I. ULMER, M.D., Chairman, Gibbstown, N. J.

To the Sub-Committee on Medical Practice:

Our committee's chief endeavor has been to acquaint physicians with the *New Jersey Formulary* and its ethical formulas. There is no doubt that many physicians prescribe overpriced, brand-controlled, proprietary preparations. Frequent use of the N. J. F. will overcome this tendency. Reports from pharmacists all over the State indicate that more physicians are using the N. J. F. to advantage, and that there is a definite improvement in prescription writing.

During the past year 577 complimentary copies of the New Jersey Formulary were mailed to internes in New Jersey hospitals, and also copies to hospital pharmacies. Numerous requests for copies of the N. J. F. have been received from physicians in other States. A county medical society in Pennsylvania ordered fifty copies for distribution among its members.

RADIO ADVERTISING

The problem of the practice of medicine by radio is in the mind of almost every physician. The committee is making a sincere effort to eliminate the patent medicine bally-hoo over the radio. It is the opinion of the committee that radio broadcasts dealing with health matters should be under the auspices of the medical profession, or Federal, State, and local health departments. Resolutions expressing this thought have been sent to the leading broadcasting companies of the United States. Many replies have been received in acknowledgment, some stating that the company is willing to correct the abuse of medical propaganda. The committe hopes to show definite progress along this line during the year.

RELATIONSHIPS WITH PHARMACISTS

There is a definite betterment of relationship between pharmacists and physicians in the State. This relationship has always been good, but it could be improved. Probably the best way to improve this inter-professional spirit is to have occasional combined meetings of pharmacists and physicians. Quite a few of the counties have had successful joint meetings, a notable one being the meeting in Middlesex County last year.

APPENDICITIS CARDS

The New Jersey Pharmaceutical Association again coöperated with our State Society in sending an appendicitis warning card to each pharmacy in the State. About 1900 of these cards were sent out. Our State Society furnished the cards and the Pharmaceutical Association provided the postage and mailing facilities. This is just another indication of the splendid coöperative attitude that exists between the pharmaceutical and medical professions in our State. May this cordial relationship continue to grow and improve.

Respectfully submitted,

CHESTER I. ULMER, *Chairman*
REEVE L. BALLINGER
MERWIN L. HUMMEL
JACOB J. MANN
CHARLES J. MURN
DANIEL W. TELLER, JR.

The Committee on Nursing and Nursing Education has made a study of the changes in the revised curriculum for nursing education and approves the efforts being made to place the New Jersey nursing schools on the level of educational requirements pertaining to the best nursing training schools in the country. The professional relations between the nursing and medical groups are excellent, and increasing understanding and agreement have been noticeable.—D. B. A.

7. THE REPORT OF THE COMMITTEE ON NURSING AND NURSING EDUCATION

By A. CHARLES ZEHNDER, M.D., Chairman, Newark, N. J.

HOURS OF ORGANIZED INSTRUCTION OF NURSES IN TRAINING SCHOOLS

SUBJECT	1931 Curriculum	New Jersey Present Performance Low	High	Average	Proposed Revision	Curriculum Guide
GROUP I						
(Biological and Physical Science)						
Anatomy and Physiology	72	80	228	122	90	90–105
Microbiology (Bacteriology) Also parts of Drugs and Solutions	24	24	78	45	60	45–60
Chemistry	16	7	90	48	60	80–90
Totals	(112)			(215)	(210)	(215–255)
GROUP II						
(Social Sciences)						
Psychology	8	9	57	22	15	30
Sociology (Elem. of Social Science)	..	12	30	19	15	30
Social Problems in Nursing Service (Med., Soc. and Health Problems—Case Study)	8	2	41	17	15	30
History of Nursing	8	10	34	20	30	30
Professional Adj. I Ethics	8	8	51	20	30	15
Prof. Adj. II, Prof. Prob. and Survey	8	7	34	17	30	30
Totals	(40)			(115)	(135)	(165)
GROUP III						
(Medical Science)						
Introduction to Med. Science, Pathology-Sanitation	16	8	58	29	30	30
Drugs and Solutions	16	14	121	33	..	..
Pharmacology and Ther., Mat. Med.	16	17	109	37	30	30
Totals	(48)			(99)	(60)	(60)
GROUP IV						
Nursing and Allied Arts		90	445	156		
Introduction to Nurs. Arts		17	130	49	150	135
Elem. and Adv. Nurs., Bandaging	128	11	48	18	(180 practice)	(460 practice)
Personal Hygiene, Massage, Hosp., Housekeeping, Parts of D. & S.		15	42	17		
Nutrition, Foods and Cookery	32	30	92	44	45	60
Diet Therapy	16	15	32	19	30	30
Medical and Surgical Nursing		24	66	37		
General	42	12	62	37	*150	240
Specialities	16	8	26	12	90	
Obstetric Nursing	20	16	120	38	45	60–80
Pediatric Nursing	18	12	104	42	45	68–80
Psychiatric Nursing	16	16	147	50	45	60–80
Nurs. and Health in Family (P. H.)	8–16	6	69	22	15	30
Adv. Nurs. and Elec. (Emergency Nurs.)		7	22	12	30	30–40
General Review	32	6	59	27		
Institutional Nursing	8					
Private Duty Nursing	8					
Totals	(358)			(639)	(585)	(705–755)

Note: * Changed from 90 to 150 by Medical Society Committee.

To the Sub-Committee on Medical Practice:

The objectives of the *Committee on Nursing and Nursing Education* for the past year were to improve and carry on the cordial relations that exist between the Nursing Associations and The Medical Society of New Jersey. With this in mind, our committe had for its study the revision of the Curriculum of the New Jersey Nurses' Training Schools, so as to bring this important subject up to the modern requirements of the nursing profession.

The New Jersey League of Nursing Education presented for our consideration the new curriculum which it has arranged for the New Jersey Nurses' Training Schools. This revised curriculum brings the standards up to hours of organized instruction set by the National Curriculum Guide, and thereby places the New Jersey schools on the same high educational level as schools in the remainder of the United States.

The committee studied each of the twenty-four subjects in the curriculum and approved each one, with the exception of the hours for General Medical Nursing. The New Jersey League of Nursing Education set the number of hours for this subject at 90; but our committe was of the opinion that it should be raised to 150 hours, which is the number of hours set by the National Curriculum Guide.

With this exception our committee approved unanimously the proposed revision of the hours of organized instruction by the New Jersey League of Nursing Education.

Attached is a chart of the Hours of Organized Instruction (see chart on page 232).

Respectfully submitted,

A. CHARLES ZEHNDER, *Chairman*
GEORGE M. KNOWLES, *Vice-Chairman*
VICTOR KNAPP
HARRY SUBIN
THOMAS J. WALSH
H. WESLEY JACK
FRANK L. PERRY
WELLS P. EAGLETON, *Consultant*

The Committee on Hospital Relationships is one of our most effective advisory groups, and it has tackled a big and important job.

During the current year the committee continued the study which began with the hospital survey and is now concentrating on two main endeavors.

1. A study of medical staff by-laws to determine the difficulties most common in by-laws, and to formulate general principles governing the contents of staff by-laws in voluntary hospitals.

2. A study of the professional work and administration of out-patient departments with a view to increasing the standards of medical care of out-patient departments and improving the efficiency of their administration.

The steps taken by the committee concerning the first two provisions of the program are found in the following report of this committee.—D. B. A.:

8. REPORT OF THE ADVISORY COMMITTEE ON HOSPITAL RELATIONSHIPS

By SPENCER T. SNEDECOR, M.D., Chairman, Hackensack, N. J.

To the House of Delegates:

The program of the Advisory Committee on Hospital Relationships for 1939-40 was a continuation of the study made during the hospital Survey conducted by the committee, as described in Sections 10, 11 and 12 of the supplementary report submitted to the House of Delegates on June 6, 1939. (Journal, July, 1939, pages 414-423.)

The purpose of the program was to promote a closer association and a clearer understanding of mutual problems by medical staffs and governing boards of voluntary hospitals.

The initial program consisted of two main endeavors:

1. A study of medical staff by-laws to determine the difficulties most common in by-laws, and to formulate general principles governing the contents of staff by-laws in voluntary hospitals.

2. A study of the professional work and administration of out-patient departments with a view to increasing the standards of medical care of out-patient departments and improving the efficiency of their administration.

Steps taken by the committee in studying by-laws were as follows:

1. Each state medical society was requested to inform the committee of the status of such efforts by their respective state societies.

Each state society replied, expressing its interest in our efforts, but stating that no such effort had been undertaken by it.

2. Each state, county and voluntary hospital in New Jersey was asked to coöperate by submitting a copy of its staff by-laws for study.

A representative group of voluntary hospitals in other states was requested to submit copies of such by-laws.

As a result about ninety copies of "By-Laws" were received for study.

3. A representative of the committee spent one day in Chicago consulting with authorities of the American College of Surgeons, and the American Medical Association, on the problem of staff relationship and by-laws. This contact was continued by correspondence.

After a complete study of the entire problem, it was determined that at present it was inadvisable to attempt to formulate a sample set of by-laws which would be adaptable to the needs of all of the voluntary hospitals. The committee therefore concluded to formulate a set of principles governing the construction of by-laws which it feels will be adaptable to all voluntary hospitals.

Relative to the second provision of the program, surveys are being conducted in the outpatient departments of the Cooper Hospital in Camden, and in the Hackensack Hospital in Hackensack. These survey reports are at present incomplete; but they are progressing very satisfactorily and will be continued during 1940-41.

Respectfully submitted,

Spencer T. Snedecor, *Chairman*
Henry B. Decker, *Vice-Chairman*
William H. A. Warner
George O'Hanlon
Charles Hyman
Earl H. Snavely
Thomas K. Lewis, *Consultant*

COMMENT

During the past year the members of the eight Advisory Committees to the Sub-Committee on Medical Practice have been faithful in developing the ways and means for the production and distribution of medical services in an efficient manner, and by methods which are adapted to the customs of the people and to the civic standards of the several municipalities.

The preceding descriptions of the work of the Advisory Committees are progress reports regarding the projects in which the Sub-Committee on Medical Practice is engaged. Since the chairmen of the Advisory Committees constitute the membership of the Sub-Committee, their reports are in fact the report of the Sub-Committee.

Respectfully submitted,

The Sub-Committee on Medical Practice

David B. Allman, *Chairman*
Harry N. Comando
George W. Fithian
Spencer T. Snedecor
Chester I. Ulmer
Reuben L. Sharp
J. Irving Fort
Sigurd W. Johnsen
A. Charles Zehnder
Thomas K. Lewis, *Consultant*

2. THE SUB-COMMITTEE ON PUBLIC HEALTH AND ITS ELEVEN ADVISORY COMMITTEES

REPORT OF THE SUB-COMMITTEE ON PUBLIC HEALTH

By Stanley Nichols, M.D., Asbury Park, N. J.

To the Welfare Committee:

Since the minutes of the Public Health Committee and its eleven Advisory Committees have been regularly reported in the State Journal, it is no longer necessary to do more than outline the highlights of the public health year just past.

While a large part of the civilized world has been getting ready to commit mass murder, the ninth year of service of this committee and its eleven Advisory Committees has been a splendid year of progress on behalf of better health for everyone in New Jersey.

Each Advisory Committee will render its own report, which will speak for itself.

The medical profession generally in this country has been saved temporarily from the engulfment that was threatened by the Wagner Bill, and the possible taking over of much of the practice of medicine by public agencies. We should not, however, like Rip Van Winkle, go to sleep and assume that the threat of public medicine has disappeared, for we must assume every bit of the general health of the citizens of New Jersey in every way we can. However, as our committee enters upon the tenth year of its work, the relationship of our State and county medical societies to the public and health agencies is of the best. When health is mentioned, the whole-hearted coöperation of The Medical Society of New Jersey is taken for granted, and we are looked to as a group who are just as earnestly interested in the preventive and curative care of every citizen of this State as any philanthropic or other agency. This could not have been the case without the whole-hearted work on the part of hundreds of our county and committee members, over long periods of years in the various fields of health.

In addition to a good state of efficiency from the *State* Society standpoint, many of our *County* Societies are doing increasingly better work in the surveying and improving of their county Public Health needs; but much remains to be done to help our *individual members* to develop much more Public Health practice among their own patients, and thus diminish the steady encroachment of clinic services in the various Public Health fields.

Our eleven Advisory Committees have worked diligently throughout the year in cooperation with the public and private agencies. The interests of our profession and the public have been safeguarded by our sub-committee and its elevent Advisory Committees in all the points where these two factors come into contact.

Our committee wishes to offer its thanks to the President of the State Medical Society, the Vice-President and officers, and the Chairman of the Welfare Committee and the Executive Secretary, and his office staff, and the Editor of the Journal, for their aid in promoting the functioning of the several units of the State Society committees.

We wish to offer the thanks of The Medical Society of New Jersey and our committee to all of the physicians and laymen who have aided us in the heavy tasks we have carried on during the past year; and particularly to the members of the committee itself, and to the chairmen and members of the advisory committees: the Committee on Cancer Control, Dr. William G. Herrman, Chairman; the Committee on Maternal Welfare, Dr. Arthur W. Bingham, Chairman; the Committee on Venereal Disease, Dr. C. Byron Blaisdell, Chairman; the Committee on Mental Hygiene, Dr. Joseph E. Raycroft, Chairman; the Committee on Tuberculosis Control, Dr. A. E. Jaffin, Chairman; the Committee on Child Health, Dr. Walter Stewart, Vice-Chairman; the Committee on Crippled Children, Dr. Dilger, Chairman; the Committee on Adult Health Supervision, Dr. Herschel S. Murphy, Chairman; the Committee on Pneumonia Control, Dr. Thomas M. Kain, Chairman; the Committee on Traffic Accidents, Dr. Millard F. Sewall, Chairman; the Committee on Conservation of Vision, Dr. Elbert S. Sherman; the Commissioner of the State Department of Labor, Commissioner J.

J. Toohey, and his representative, Dr. Kessler; the Commissioner of the State Motor Vehicle Department, Hon. Arthur Magee, and his representative, Arnold Vey.

We also appreciate the coöperation of the State Board of Health and its personnel; Director J. Lynn Mahaffey; Assistant Director, Mr. William MacDonald, Chief of the Bureau of Local Health Administration; Dr. Julius P. Levy, Chief of the Bureau of Maternal and Child Health; Dr. Karl M. Scott, Acting Chief of the Bureau of Venereal Disease Control; and many other bureau officials of the State Department of Health; the officers and committees of the New Jersey Parent-Teacher Association; the Health Officers' Association and the committees of that Association working with the health committee of the State Society; the New Jersey Health and Sanitary Association; the Public Health Chairmen and members of the County Public Health Committees of the county medical societies; the advisory members from the State Department of Education, the State Department of Institutions and Agencies, the New Jersey Pharmaceutical Association, the New Jersey State Nurses' Association, the New Jersey State Medical Association and the New Jersey State Dental Society; the State Tuberculosis League; the State Crippled Children's Commission (Mr. J. Buch, President); and the many official and non-official health agencies who have materially assisted our county and State societies in solving these health problems; and the many other physician members and lay persons who have participated in a most helpful way in the efforts of our committee to carry the heavy load placed on us continuously during the past year.

RECOMMENDATIONS

Recommendation Number 1. It is recommended that The Medical Society of New Jersey, through its Medical Practice Committee, in order to diminish the onrushing expansion of clinics as the solution to the medical care of the low-wage group, consider recommending the establishment in the office of each physician a *private clinic hour* at a nominal fee, such as one dollar, where the indigent low-wage group could receive better quality medical service.

(It is suggested that this service be limited to persons earning from ten to twenty dollars per week. Such persons desire *private* medical care, and at the present time are now being directed en masse to clinics, which are multiplying rapidly. The necessary concomitant of this would be small fees for this group for necessary x-ray and laboratory features. The effect would be an improvement in the *quality* of medical service given this sub-marginal income group,—and their numbers are growing in New Jersey. The Public Health of the citizens of New Jersey would be thereby improved.)

Recommendation Number 2. That the county societies annually survey their counties as to their Public Health needs, and show the ways by which they can lead in providing for their needs, in conjunction with the local health departments and official and non-official health and welfare agencies,—this leadership by the county societies to be an important, continuing function in every county society.

Recommendation Number 3. That The Medical Society of New Jersey send resolutions of thanks and appreciation to the State Department of Health of New Jersey, and all of the many other State public and private health and welfare agencies who have coöperated with our Society in our many Public Health projects during the past year.

Recommendation Number 4. That the incoming officers be requested to give consideration to integrating, by whatever means seem wisest, provisions in our Public Health program for the control of cardio-vascular-renal diseases and diabetes.

Finally, we would like to express our pride in the Public Health progress of The Medical Society of New Jersey. This has been made possible by the fact that the medical profession in New Jersey, as elsewhere in the United States, has been able, in spite of unwarranted attacks from many quarters, to continue to see the problems of Public Health and Medical Care in a realistic way, and following the traditions of our profession, have accepted, as a Society, the responsibility for the health of the public in addition to the past responsibilities of the individual physician for the health of his private patients. This has resulted in a *careful* study of these problems, *conference* with other groups interested in health, and joint *attack,* looking toward the solution of the problem in an orderly way, to the end that a *better quality* of Public Health and a *better quality* of Medical Care shall be rendered to New Jersey's citizens by the members of The Medical Society of New Jersey.

The major part of the detailed work of the Sub-Committee on Public Health is done by its eleven *Advisory Committees,* whose chairmen constitute the membership of the sub-committee. Our seventy members serve on the Committees on Public Health; and the records of their activities are contained in the following reports:

The Advisory Committee on Adult Health Supervision has had printed a pamphlet, "The Key to Long Life", and a copy was sent to each member, together with a "Birthday Card". These may be obtained in bulk from the Executive Offices, at cost prices stated in the letter sent with sample copies.—S. N.

1. REPORT OF THE ADVISORY COMMITTEE ON ADULT HEALTH SUPERVISION

By HERSCHEL S. MURPHY, M.D., Chairman, Roselle, N. J.

To the Sub-Committee on Public Health:

The Advisory Committee on Adult Health Supervision submits the following annual report for the year 1939-40:

The organization meeting of the committee was held at the Executive Offices in Trenton on July 30. The program adopted was as follows:

I. To submit to each County Society each month a communication urging the advantages of periodical health examinations and emphasizing the use of the American Medical Association Physical Examination forms.

II. To recommend that each physician send a greeting card to his patients on their birthdays, reminding them of the importance of an annual physical examination.

III. To distribute a pamphlet to each physician containing statements relative to the importance of annual physical examinations, and to provide for the purchase of these pamphlets by individual physicians for distribution in their offices. The above program was accomplished as follows:

1. A pamphlet, "The Key to Long Life", was formulated and submitted to the consultant of this committee and to the Chairman of the Public Health Committee, together with a copy of a birthday card.

2. Copies of "The Key to Long Life", the birthday card, and the physical examination form have been sent to each physician in New Jersey.

Delay in the program, caused by complications beyond the control of the committee, postponed the distribution of the above material until March, 1940. To date, April 15, 1940, 12,350 copies have been purchased by physicians for distribution to their patients.

KEY TO LONG LIFE

The pamphlet entitled "The Key to Long Life" is an appeal to patients to seek an annual physical examination, and reads as follows:

THE KEY TO LONG LIFE

Birthday Physical Examinations

WHY AN ANNUAL PHYSICAL EXAMINATION?

You have reached adult life because you were endowed at birth with a healthy body. Guard this precious heritage that you may enjoy a long, vigorous, successful and happy life.

You have responsibilities to your family, to your business associates, to your friends and to your community. You have objectives, which even by careful planning may take years to reach. You have your ideals. All of these are attainable only insofar as you retain your physical and your mental health.

Look about you and note the effect of poor health upon the happiness and success of some of your neighbors, business associates, and friends. Note that with the decline in health comes the loss of sustained effort, loss of self-confidence and the courage so necessary in these days of economic pressure and keen competition. Note how these losses are reflected in restricted modes of living, in the restricted advantages available to children, and the restricted confidence shown by business associates.

As your BIRTHDAYS come and go, your body grows older, and the load it assumes becomes greater; your body is subjected more and more to the effects of daily wear and tear. These changes may or may not be of sufficient severity to be called illness, but they can be detected by your physician.

Go to your physician on your BIRTHDAY each year. Have a BIRTHDAY physical examination to discover *early* signs of departure from normal. Let your doctor help you keep well and strong. Let him detect early changes and any signs of disease. Follow his advice as your physician and your friend.

A BIRTHDAY examination is a good investment, it is true economy, it is a duty you owe yourself and your family.

AN ANNUAL BIRTHDAY PHYSICAL EXAMINATION IS ONE KEY TO A LONG, SUCCESSFUL, HAPPY LIFE.

This movement for BIRTHDAY PHYSICAL EXAMINATIONS is sponsored by THE MEDICAL SOCIETY OF NEW JERSEY.

BIRTHDAY CARD

The birthday card reads as follows:

Dr. ——— ——— extends his compliments to ——— ——— on ——— birthday and invites ——— attention to the enclosed communication prepared by The Medical Society of New Jersey.

The periodic health examination form which is recommended is that of the American Medical Association. A printed copy of this form has been sent to every member of this Society; and a copy is inserted in the reprints of annual reports that are distributed to the House of Delegates.

APPROVAL OF FORMS

The committee asks the House of Delegates to approve these forms of the annual physical examination. The texts have already been approved this year by the Advisory Committee on Adult Health Supervision, and by the Sub-Committee on Public Health; and have also been submitted to the Welfare Committee and the Board of Trustees.

The pharmacists through Dr. Fischelis have expressed a willingness to coöperate in this effort of stressing early diagnosis through an Annual Health Examination.

We again urge that physicians throughout the State begin to make a note of the birthday of each patient who comes to the office. A card, wishing the patient a "Happy Birthday", and calling his attention to the fact that he is a year older and that it is time for his yearly health examination, should be sent by the doctor on each birthday.

Last year our House of Delegates approved the proposition that our delegates to the American Medical Association propose to that body plans for an evening radio hour for the popularization of the Annual Health Examination. (See Journal, May, 1939, page 297.) We hope that our delegates this year will be able to secure the approval of the plan.

Respectfully submitted,

Herschel Stratton Murphy, *Chairman*
William Henry Varney, *Vice-Chairman*
Edwin Grafing Dewis
Edward Caffron Klein, Jr.
Ralph K. Hollinshed, *Consultant.*

The Cancer Control Committee is still endeavoring to integrate the activities of the several cancer groups in New Jersey into a harmonious State program, and to avoid conflicts in advice and duplication of effort. The various groups are, in addition to the Cancer Control Committee of The Medical Society of New Jersey, the Curie Institute, the State Department of Health, and the American Society for the Control of Cancer. The work of all these committees is described in detail by Dr. Herrman.—S. N.

2. REPORT OF THE ADVISORY COMMITTEE ON CANCER

By William G. Herrman, M.D., Chairman, Asbury Park, N. J

To the Sub-Committee on Public Health:

The committee as at present composed was not able to start functioning until October, owing to the fact that Dr. Orton, who had been appointed chairman of this year's committee, felt it advisable to resign the chairmanship, and the President of the Society, Dr. Hawkes, asked last year's chairman to carry on for this year. The first meeting of the reorganized committee was held on October 15th, 1939; the second meeting on November 26, 1939; the third meeting on January 21st, 1940.

LAY GROUPS

At the meeting on October 15th, a new chairman had not as yet been appointed, and the present chairman conducted the meeting as vice-chairman. This meeting was considered as an organization meeting since there were a number of new members who were not familiar with the work of the committee last year; and therefore, the report of the previous committee and its recommendations were taken up in detail. There was a general discussion of the policies and principles to be followed out for the year. At this meeting the Board of Trustees asked for an expression of opinion from the committee in regard to organization work of lay groups of each county who received the approval of the State Society. The committee expressed its feeling that such lay groups, before commencing work in any particular county, should obtain the approval of the local County Medical Society in addition to the recognition given by the State Society at large, since it is quite possible that certain

County Medical Societies might not feel the time was opportune for such work within their own boundaries. The committee of last year approved two such lay organizations as follows: "(1) The Curie Institute for the purposes already described is encouraging and developing lay organizations in the various communities. (2) The American Society for the Control of Cancer is seeking to enlist lay members in their so-called *Field Army.*" The purpose of the first group was to establish *Tumor Groups,* and to provide the technical means for combating cancer where they did not now exist, or amplify existing facilities. The second group confined its efforts to education of the laity. The committee of last year said, "Your committee feels that the profession should give active support to both groups within their respective fields."

CANCER CONFERENCE

In going over the report, this year's committee found that there was a definite recommendation of last year's committee as follows: "That next time a Fall Clinical Conference of the Medical Society is held there should be a place on the program for a symposium on cancer treatment and diagnosis, and that so far as possible, there be an article each month in the State Journal on the subject of cancer." The chairman of this year's committee immediately got in touch with Dr. Cosgrove, who was in charge of the program for the Fall Clinical Congress held at the Medical Center in Jersey City, and found that it was too late this year to arrange a program in the form of a symposium on cancer; but Dr. Cosgrove pointed out there were a number of items in the program devoted to this subject although they were not grouped together. Our committee feels that the next time there is a Clinical Conference an effort should be made to present a number of papers and hold clinics on cancer in a way that will be of interest to the general practitioner. The committee then adjourned with the understanding that at the next meeting each of the members would present his idea of what should constitute a program for this year. Through the kindness of Dr. Kler, who was chairman last year of the Governor's Sub-Committee on Cancer, a copy of this committee's report was furnished to each member of our committee, and he was asked to make a study of this together with last year's report before making his recommendations.

CANCER STUDY

The next meeting was called on November 26th. At this time an offer was made before the committee from the State Department of Health to coöperate with the State Society in developing a cancer program. The chairman, in the meantime, had held several conferences with Dr. Mahaffey, Director of the Department of Health of the State, and his associate, Mr. MacDonald. A tentative program was at this time suggested as follows: (1) Amplified statistical research with special reference to the increase and causes, so far as could be determined by statistics, of any particular form of cancer. (2) An educational program based somewhat on the bulletins sent out by the Massachusetts Department of Health for the profession. (3) Investigation by the Board of Health as to the advisability of using standardized report blanks and records by the various approved organized cancer groups of the State.

The report of the Governor's Sub-Committee on Cancer was then studied in detail, and was approved with certain exceptions. A report of the Governor's Committee follows, and the corrections of our committee are placed in brackets underneath the original in capital letters:

RECOMMENDATIONS OF THE GOVERNOR'S SUB-COMMITTEE ON CANCER

To be effective, the cancer control program must be so integrated that the practicing physician will be in the front line of defense. The smaller tumor clinic must be the keystone of the structure that will include available tissue diagnostic service and some official State agency to aid in the coördination of the program. Adequate provision for the care of the incurable cases must be developed, and a well-balanced program of professional and lay education is essential for the completeness and for the success of the program.

A. The program in outline is as follows:

I. Smaller Tumor Clinics in connection with general hospitals.

II. Tissue Diagnostic Service.

III. The following activities to be included in the regular duties of the State Department of Health:

1. Aid in the development of approved diagnostic and therapeutic clinics in existing hospitals in each county on the basis of community needs.
2. Aid in the education of the professions and the laity regarding cancer. (Omit the words, "AND THE LAITY".)
3. Statistical Research,—with special reference to occupational cancer.

IV. Central Research Clinic.

V. Municipal and County Aid in the diagnosis and treatment of cancer in the indigent and low-wage group.

VI. Program for the care of the Incurable.

B. Program in detail:

I. Adopt the plan of the so-called smaller clinics in connection with general hospitals,—such a clinic to be a part of the County Medical Society's cancer control program. Because of the proximity of such a clinic, the integration of the practicing physician will be possible, and through regular tumor conferences such integration will become a fact. Such a clinic may be organized as follows:

a. Rules of Organization and Procedure.

1. All indigent patients to be referred to clinic only through the out-patient department of the hospital.
2. Cases to be presented at weekly tumor conference. The patient to be presented, and when he leaves the room, the case to be thoroughly discussed by everyone. Treatment to be agreed upon and outlined by the cancer team.
3. Indigent patients needing surgery to be referred to attending surgeon on duty. However, the attending surgeon may refer the case to the consulting surgeon of the clinic for necessary surgery.
4. All tumor patients on general service should be referred to the cancer clinic for study.
5. Private patients to be accepted only on written request of the family physician, and a fee to be charged for such services.
6. Reports in writing to be sent to family physician in private cases.
7. Private patients needing treatment to be referred to the family physician; and he in turn, or the patient, or both, to choose the surgeon or radiologist.
8. Clinic hour to be once weekly, and modified as future needs demand.
9. Staff conferences to be held once weekly to review patients, and also as a part of an educational program for the physicians.

b. Staff Organization

(Staff to be chosen primarily on volunteer basis. An executive director to be chosen from the staff personnel.)

1. Surgeon and one or two assistant surgeons.
2. Internist and one or two assistant internists.
3. Radiologist.
4. Pathologist.
5. Otolaryngologist.
6. Gynecologist.
7. Urologist.
8. Dermatologist.
9. Neurologist.
10. Ophthalmologist.
11. Consultant (general cancer consultant).

II. A tumor diagnostic service—in coöperation with the plan proposed by the New Jersey Society of Clinical Pathologists. The plan is as follows:

a. Participating pathologists should be certified in pathologic anatomy by the American Board of Pathology, or have equivalent qualifications accepted by the N. J. Society of Clinical Pathologists.

b. The State is to be divided into cancer control districts, with an existing cancer clinic as the hub wherever possible.

c. All qualified pathologists in the district to be listed for diagnosis of tissues originating in that district.

d. The New Jersey Society of Clinical Pathologists to prepare a booklet on the technic of taking, preserving, and forwarding tissues for histologic examination.

e. The State Board of Health to distribute these booklets to the medical profession; to inform physicians of the availability of this service and the name of the pathologist in the district;

(Names of qualified pathologists)

and to provide at convenient locations suitable container with fixative for the preservation and forwarding of the tissue specimens to the designated pathologist for examination. Each specimen to be filled out by the physician giving data useful in fully examining and diagnosing the tissue.

f. The pathologist to submit a report to the physician sending the specimen, and a copy to the State Board of Health.

g. The New Jersey Society of Clinical Pathologists to appoint a committee of their members to act as a tissue diagnosis consultation committee. Pathologists should be urged to send all questionable or unusual tissues and/or slides to this group for consultation.

h. The question of method of compensation to the pathologists for specimens examined by them to be determined by consultation of a committee of the New Jersey Society of Clinical Pathologists and the State Board of Health.

III. Recommended regular duties of the State Department of Health in cancer control.

a. Aid in the development of approved diagnostic and therapeutic clinics in existing hospitals in each county on the basis of community needs.

b. Aid in the education of the professions and the laity regarding cancer by:

1. Coöperating with The Medical Society of New Jersey in developing an effective educational program for physicians.
2. Coöperating with the New Jersey Nurses' Association in developing an effective educational program for nurses.
3. Coöperating with the New Jersey State Dental Society in developing an effective educational program for dentists.
4. Coöperating with the New Jersey State Pharmaceutical Society in developing an effective educational program for pharmacists.
5. Coöperating with the New Jersey Welfare Council, the New Jersey Chapter of the American Association of Social Workers, local councils of social agencies and other social welfare organizations in developing an effective educational program for social workers.
6. Encouraging and assisting in the formation of Cured Cancer Clubs.

c. Statistical Research for the evaluation of the problem with special emphasis on the volume and distribution of occupational cancer.

IV. Encourage the development of a Central Research Clinic primarily for clinical and fundamental research for the diagnosis and treatment of difficult cases. The foundation of a comprehensive State-wide cancer program rests upon the establishment of tumor clinics in general hospitals throughout the State. However, many of the physicians recruited for this work will not have had specialized training in the modern concepts of tumor pathology and treatment. It becomes necessary to provide facilities for training; and for this purpose a *central research clinic* is recommended. This clinic will serve as an arena for the specialized tumor therapists in which to test ideas, exchange opinion, and present difficult problems. The tumor therapist (whether he be surgeon or radiologist) will return to his own clinic, and serve as the focus for the dissemination of knowledge to the general practitioner.

Another reason for the establishment of a central research clinic is that the conduct of research in any group or organization raises it above the stature of routine work, and provides an inspiration and stimulus for improved work in the other tumor clinics.

Finally, a central research clinic should have associated with it a department of physics to aid all the tumor clinics in the State in the selection of radium and x-ray equipment, to advise in the construction of radiotherapy departments, to calibrate and maintain the standard of x-ray dosages used, and to conduct researches in problems of radiation physics.

The central research clinic is not to be a cancer institute where cases will be regularly sent from all over the State, but it would be conducted for the education of tumor therapists throughout the State.

One of the regularly constituted tumor clinics should be designated as the site of the Central Research Clinic on the basis of the experience of the medical personnel, the amount of clinical material ordinarily available, and the available space.

To the basic clinic staff will be added those physicians from other parts of the State who would volunteer for duty in order to acquire additional experience or to carry out a research problem.

A weekly conference (distinct from the clinic's own conference when new cases are seen) would be held. This would be attended by the tumor specialists and others of the tumor clinics throughout the State. Unusual and difficult cases would be presented from any clinic in the State and discussed; microscopic sections would be studied; short talks, or demonstrations, reports on research or statistical investigations by Department of Health would be presented. Thus the entire State-wide cancer program from the medical and scientific angle would be unified. This clinic to function only in an advisory and teaching capacity,—never to dictate any medical policy or technic for any other clinic.

The photographic department to serve the entire State. It would provide duplicate photographs or lantern slides to any clinic, would take microphotographs for any of the component clinics and assist in other ways in the preparation of papers or lectures.

The Cancer Research Clinic also to acquire and prepare complete sets of microscopic sections of all types of tumors. The specimens to be supplied to the various clinics. One set of slides to be furnished to each clinic. This work to be carried out in conjunction with the certified tumor pathologists or laboratories. The department of physics would calibrate x-ray machines of the clinics throughout the State. In addition, it will keep abreast with advances in the field of x-ray and radium dosages, and furnish the tumor clinics at intervals with pertinent dosage charts and other information.

There should be a salaried staff as follows:

1. Part-time medical director.
2. Physicist—full time.
3. Assistant physicist.
4. Photographer.
5. Secretary.

The development of this central research clinic to be under the direction of an association of representatives of all tumor clinics in the State of New Jersey. This association to be empowered to secure and accept funds as necessary in the development of any part of this central research clinic.

The committee recommends that for the present there be a revolving tumor conference which is to be held in different localities of the State, with representatives of other organized groups (organized tumor clinics), as approved by the Cancer Control Committee of The Medical Society of New Jersey.

V. Adopt the principle of Municipal and County Aid in the diagnosis and treatment of the indigent and the low-wage patients, utilizing existing administrative facilities which would tend toward effectiveness and economy. Relief and public assistance programs should be sufficiently broad in their provisions for medical relief to assist in case finding, diagnosis, and effective treatment for curable cancer. County welfare programs should include provisions for appropriate care for terminal cases.

a. General hospitals should be subsidized for the diagnosis and treatment of cancer, because:
   1. Many cancer patients are ambulatory and can come conveniently to such local cancer centers for periodic treatments and for x-ray and radium therapy.
   2. In cases requiring hospitalization, this can be supplied by properly equipped general hospitals at a minimum cost. The payment for services and the services themselves can be standardized. Disbursements for services can be made through County Welfare Boards which are operating now in a similar capacity and making payments to nursing homes for services rendered to their chronically ill patients.
b. Where institutionalization is unnecessary, and in post-operative cases it is recommended that

the public health nursing service be increased and equipped to be utilized for this purpose.

VI. Develop a program for the care of incurables as a part of a general program for the care of all chronically ill; some special cases to be cared for in general hospitals through special subsidy, some to be cared for at home through an extension of public health nursing, and the balance to be cared for in county nursing homes established for the care of the homeless chronically ill.

County Welfare Boards which are now operating in the fields of old age assistance are keenly mindful of the limitations in the facilities for caring of the chronically ill.

EDUCATION

An effective educational program covering the early detection, diagnosis, and treatment of cancer cases may be divided into two parts:

1. Education of physicians and members of the allied professions who treat or contact cancer cases.

2. Education of the public toward a consciousness of cancer danger-signals.

The first part—education of physicians and members of the allied professions—is covered under part III-b of the suggested "Cancer Control Program for New Jersey" discussed earlier in this report. There is pointed out the need for coöperation with The Medical Society of New Jersey, the New Jersey State Nurses' Association, the New Jersey State Dental Society, the New Jersey State Pharmaceutical Society, the New Jersey Welfare Council, the New Jersey Chapter of the American Association of Social Workers, and local councils of social agencies and other social welfare organizations toward the ends of developing effective educational programs for the respective categories of professional persons included in these organizations.

The second part—education of the public—would include the following:

1. Emphasis upon the importance of memorizing the cancer danger signals and of having annual complete physical examinations—examinations that in women cover the sites peculiar to them in which cancer so frequently develops.
2. Though there are no community or environmental factors involved in the control of cancer, i. e., the disease is not contagious nor caused by general living conditions, every member of the public is concerned with the possible threat of cancer. The disease is a public health problem and is recognized as such by nearly every State Board of Health. It is essential to secure the aid of State, County and Local Boards of Health in reaching the public, and have them make available to the public complete information concerning available facilities for the diagnosis and treatment of cancer.
3. Provide and develop, under the direction of medical advisers, literature and exhibit material with special reference to State problems and experience along the following lines:
   a. Educational charts
   b. Statistical charts
   c. Spot maps of activities
   d. Film strips and motion pictures
   e. Models, dioramas, etc.
   f. Pamphlets on various cancer subjects.
4. Place cancer programs and talks on the agenda of local club meetings and all kinds of organizations where such information is possible. Arrange wherever possible to distribute literature.
5. Encourage fuller coöperation between physicians and the public in cancer education by urging the public to ask physicians for examinations and advice, and by securing physicians as lecturers in educational meetings for the public.
6. Encourage educational programs on cancer control in the high schools and colleges of the State.
7. Publicize information regarding existing legal provisions in the State for the diagnosis and treatment of indigent patients.
8. Keep interest in cancer education alive by frequent newspaper articles and radio broadcasts, giving all possible State and local emphasis to these stories.
9. Encourage and assist in the formation of Cured Cancer Clubs as one of the most potent ways of interesting the general public. Seeing is believing.

THIRD MEETING OF COMMITTEE

The third meeting of the committee was held on January 21st, and at this time representatives of cancer committees of various county societies were invited to attend as well as representatives of the State Board of Health. In the interim between the second and third meeting there had been further conferences between the chairman of the committee and the State Board of Health, and the following program had been definitely adopted for presentation to the committee:

1. The State Department of Health, having on hand some funds, agreed to issue a bulletin on some phase of cancer to be sent to all physicians in the State; the bulletin to be prepared jointly by a member of the committee and Dr. Snegeriff of the Department of Health. These bulletins are to be followed a week later by a release to the newspapers on the same subject but prepared for the laymen. These news releases will be issued through the Public Relations Committee of the State Society.

2. The Board of Health offered to canvass the lay organizations of the State and secure invitations from them for speakers to be furnished from each county by the County Medical Society. Each County Society has been written to, and from many of them a list of volunteer speakers has already been sent to the central office of the State Society, to Dr. Kler, Chairman of the Public Relations Committee, and to Dr. Snegeriff of the Board of Health. The Public Relations Committee will furnish ample material to these volunteer speakers to prepare talks for the laity.

3. The State Department of Health plans to do some statistical research work in various industries and in various parts of the State. The State Department of Health will study the surveys made by the Governor's Sub-Committee on Cancer, and will attempt to amplify and fill in any gaps found, such as the non-reply of twenty-one hospitals to the questions sent out in regard to the possession of radium and deep x-ray equipment. They will furthermore make a study of the records used by various groups and clinics and make recommendations as to the adopting of a uniform report so that it may be photostated by the State Department for statistical use.

4. The State Department of Health is to make a survey of the State, interviewing doctors and particularly pathologists, to see if there are any areas where a biopsy can not be obtained for an indigent patient in one way or another. At the present time there are no funds available for dividing the State into districts, and for providing a pathologist in each district as was recommended in the Governor's report; but after study by the State Department they should be able to determine where there is need for such help; and if a real need is discovered, an effort will be made to provide such service in the areas which need it.

Following the presentation and adoption of a program of mutual assistance between the State Department of Health and the Committee of the State Society for Control of Cancer, a general discussion of the local county programs was carried on with representatives of the various county societies present, at which time the following short talks were given:

1. Organization of Cancer Clinics, by Dr. Thomas J. Summey.
2. What Can Be Done in the Small Society Toward Education of the General Practitioner to Become More Cancer Conscious, by Dr. Augustus S. Knight.
3. The Formation of a Cancer Clinic, by Dr. W. C. Wuester.

The talks by these men will be published elsewhere in the Journal.

The time between the reorganization of this year's cancer committee in the last of October and the preparation of this report has been too short to allow for many meetings or much of a program so far. The committee, however, does feel that considerable progress has been made in organizing the cancer program which can be carried out by next year's committee through coöperation with the State Department of Health.

The committee wishes to express its appreciation for the fine spirit of coöperation which the State Board of Health officially, and its members individually, have shown in their desire to work with and through organized medicine. We feel that the program now under way of professional education through monthly bulletins, through addresses to the laymen, and through further study of the need for biopsies and the reporting of cancer cases, will be of considerable added value in determining how much of the Governor's program should be instituted at the present time.

Our committee feels that the work of such a committee as the Cancer Control Committee should be a continuing one, and that recommendations made one year should not be allowed to lapse. Several of the recommendations of last year's committee have been embodied in the program adopted mutually by the State Department of Health and your committee. There are others which have not yet been carried out such as a cancer symposium in the Fall Clinical Conference; establishment of standards for an approved clinic by our own Society; and the providing of biopsies as suggested by the Association of Clinical Pathologists. In the latter case, however, the State Department of Health is to find out probably for next year's committee the actual need.

Last year's committee recommended the establishment of an institution to provide facilities for both clinical and physical research. This recommendation was embodied also in the Governor's Report on Cancer, but this year's committee felt that the establishment of such an institution be, for the present, postponed.

Our committee again recommends that the work of the Curie Institute and the American Society for the Control of Cancer be supported in their respective fields in such counties where these organizations have sought for and received approval of the local County Medical Societies.

Respectfully submitted,

WILLIAM G. HERRMAN, *Chairman*
JOHN B. FAISON
CHARLES B. WOODMAN
AUGUSTUS S. KNIGHT
WILLIAM A. ANTOPOL
JOSEPH H. KLER
OTTO R. HOLTERS
THOMAS J. SUMMEY
FLOYD E. KEIR
ANTHONY J. DELARIO
LEONID S. SNEGIREFF
THOMAS B. LEE, *consultant*

The members of the Advisory Committee on Child Health serve in a dual capacity since they are also Fellows of the American Academy of Pediatrics, and as such are engaged, with members of the Maternal Welfare Committee, in studies on the provisions for the care of premature babies. The provision of consulting visiting pediatricians to aid the attending physicians serving in the State Department of Health Baby Keep-Well Stations is another project of the current year.—S. N.

3. THE ADVISORY COMMITTEE ON CHILD HEALTH

By Stanley Nichols, M.D., Chairman, Asbury Park, N. J.

To the Sub-Committee on Public Health:

The Child Health Committee's program during the past year has been largely two-fold: first, to develop, coöperatively with the obstetricians, standards for new-born and infant service and care in hospitals; and second, to assist the Bureau of Maternal and Child Health of the State Department of Health in studying infant deaths during the first month, and the care of prematures and new-born infants generally in the State.

Several conferences have been held with Dr. Bingham, Chairman of the Advisory Committee on Maternal Welfare, and the obstetricians of the State; and much progress has been made in the matter of standards for new-born and infant service in hospitals as to equipment, nursing, etc. In these same meetings, with the coöperation of Dr. Arthur Heyman, Chairman of the New Jersey Academy of Pediatrics Committee on Premature Care, detailed standards are in the making for better care for prematures, both in hospitals and outside of hospitals throughout the State. These standards will be ready for distribution in the near future.

Dr. Chester Brown, Chairman of the Academy of Pediatrics Committee on Care of the New-born (who has already made a very splendid survey in Essex County of facilities for new-borns in the hospitals of Essex County), and his committee have been very active in development of standards for new-born services in hospitals; and when these are finished, they will be available to all hospitals within the State. All members of the committee, as well as the American Academy of Pediatrics Fellowship, have coöperated in the study of the State Department of Health as to infant deaths during the first month of life; and out of these studies undoubtedly much good may be expected for the new-borns and infants in New Jersey.

A more recent development has been allotment of Federal funds, through the Bureau of Maternal and Child Health, Dr. Julius P. Levy, Director, whereby over half of the Fellows of the New Jersey Chapter of the American Academy of Pediatrics have agreed to serve the State Bureau by visiting Baby-Keep-Well Stations of the State three or four times a year, and endeavoring to improve the service rendered to infants and children in such stations. This is a new development in the Children's Bureau Child Health program, and New Jersey is one of the first states to receive a Federal allotment for such purposes.

In conclusion, the committee wishes it known that all members of the State Medical Society and medical profession who are interested in improving their knowledge of infant or child care are welcome to visit the Baby-Keep-Well Stations of the State Department of Health which are staffed by physician-members (recommended by the County Medical Societies); and it is hoped that this educational feature will be made more use of during the coming year. New Jersey's infant and child health record continues to be one of the best in the United States, and with the close coöperation of the Maternal Welfare Committee, our Child Health Committee, and the Bureau of Maternal and Child Health of the State Department of Health, and other State and local agencies interested in Child Health, we hope to continue that enviable record.

Respectfully submitted,

Stanley Nichols, *Chairman*
Walter B. Stewart, *Vice-Chairman*
Arthur F. Ackerman
Ernest G. Hummel
Irving Okin
L. Charles Rosenberg
Chester R. Brown
Aldrich C. Crowe, *Consultant*

The Advisory Committee on Conservation of Vision is just embarking on a program, professional and lay, of popular education on this important subject, and is working closely with the New Jersey Commission for the Blind. Progress reports will be made in the coming year indicating the steps taken and results achieved. Chairman Sherman describes this work in the following report:—S. N.

4. REPORT OF THE ADVISORY COMMITTEE ON CONSERVATION OF VISION

By ELBERT S. SHERMAN, M.D., Chairman, Newark, N. J.

To the Sub-Committee on Public Health:

This committee was first created just prior to the last annual meeting and was somewhat enlarged by President Hawkes, shortly after that meeting. It was immediately recognized that the activities of the committee, if they were to be at all comprehensive, would cover a very broad field.

OBJECTIVES

At the first meeting, held on October 1, 1939, the following were proposed as some of the objectives thought to be worth striving for during the next two or three years (Jour., Nov., 1939, p. 672):

I. Education of the public, especially in reference to:
   a. Pre-school ophthalmic examination of children;
   b. Establishment of additional sight-saving classes;
   c. Eye physicians and optometrists;
   d. Importance of early recognition of insidious (non-refractive) disease of the visual apparatus by eye physicians, and their relation to general disease.

   These objectives are to be effected largely through coöperation with the Committee on Public Relations.

II. Education of the profession:
   a. Publication of papers in the State Journal;
   b. Talk to the county societies, hospital meetings, etc.;
   c. Work through the county societies by specially appointed or specially charged committees in liaison with this committee.

III. Full coöperation with the State Commission for the Blind in certain purposes for which our help has been asked; and also with the Bureau of Child Hygiene in respect to certain administrative work programs.

As an aid in carrying out the first two sections of this program, we have asked the larger County Societies to appoint committees of like name and purpose to coöperate with our committee. Several County Societies have already taken the requested action. It is hoped that others will follow.

EDUCATION

A beginning has been made with our educational program. Several talks have been given before lay organizations; numerous newspapers throughout the State have printed releases on conservation of vision from the Committee on Public Relations, and one of our committee members (Dr. Harley) wrote an educational paper for physicians which appeared in the Journal for January, page 32. Dr. Harley has also contributed to the radio program in Atlantic County.

In various ways the committee has been cooperating with the New Jersey Commission for the Blind.

CONSERVATION OF VISION

Changes made by the 1939 Legislature placed applications and investigations connected with aid to the needy blind under the County Welfare Boards, subject to the supervision of the Commission for the Blind. Following this action the Commission asked our committee:

> To compile a list of doctors throughout the State who, by reason of their training and skill, might make the type of eye examination which would not only protect the public against unwarranted claims for blind assistance, but would assure to every applicant such analysis of his eye condition as might guarantee the maximum of restorative and preventive treatment.

In this request it was stated:

> It would seem that a minimum requirement for rendering this type of service should be that the physician in question should not only be skilled in diseases of the eye, but should be currently devoting the major part of his time to eye work.

We were also asked to recommend a suitable fee (limited by available funds) for the examinations.

The committee submitted a list of about 100 ophthalmologists, and suggested a fee of five dollars. These recommendations were approved by the Commission for the Blind, and the plan is in operation.

The following is another request from the Commission for the Blind to which our committee has responded:

As a means of further promoting the work of conserving and restoring vision, it would seem most desirable to set up an Advisory Committee to which the Commission might turn in the analysis of certain of its cases with a view to the taking of such action as the most skilled ophthalmological advisement might recommend. Such a committee would consist of perhaps five members, the majority of whom would be immediately accessible to the Newark office for the review of cases and professional consultation. The committee would, in addition to its review of cases, be in a position to advise the Commission with reference to what service it might render in its program of preventing blindness and restoring sight. We should deeply appreciate the coöperation of your committee in suggesting the names of persons, who, by reason of their skill and interest, might be prepared to render this outstanding bit of public service to the blind and to the State by serving upon such an advisory committee.

It is recommended that the objectives of the committee be continued.

Respectfully submitted,

Elbert S. Sherman, *Chairman*
Charles H. Schlichter, *Vice-Chairman*
Joseph H. Kler
Halvor L. Harley
Wallace Pyle
Enoch Blackwell
George J. Holmes
James S. Shipman
Raynold N. Berke
Elias J. Marsh, *Consultant*

The Advisory Committee on Crippled Children continues to coöperate in the work of the official Crippled Children's Commission of the State, which is attempting to provide a high quality of surgical care through the generous contributions of the orthopedists of the State Society, and through nurses and physio-therapists especially trained in the care and supervision of crippled children. These see that the orders of the orthopedist are fairthfully carried out in the hospitals and the patients' homes, and by the convalescent during the necessarily prolonged stay there to insure maximum benefits. This work is described by Chairman Weigel.—S. N.

5. REPORT OF THE ADVISORY COMMITTEE ON CRIPPLED CHILDREN

By Elmer P. Weigel, M.D., Chairman, Plainfield, N. J.

To the Sub-Committee on Public Health:

There has been no regular meeting of the Advisory Committee on Crippled Children during the past fall or winter. The chairman has, however, kept constantly in touch with the activities of the Governor's Crippled Children's Commission. We have coöperated in every way with their efforts, and care of the crippled child has progressed in an orderly fashion.

One other source of help has been made available to us during the past year. The National Foundation for Infantile Paralysis has established chapters throughout the State. One-half of all the monies contributed for the Annual President's Birthday Balls is made available for the care of infantile paralysis sufferers through these Chapters. This has been particularly helpful in those cases who need help after they have become too old to be cared for by the resources of the Crippled Children's Commission, as there is no age limit for those who may be helped from this fund.

Respectfully submitted,

Elmer P. Weigel, *Chairman*
Frederic G. Dilger, *Vice-Chairman*
Leopold Szerlip
Toufick Nicola
Oswald R. Carlander
Seth B. Sprague

The Maternal Welfare Committee continues its fine work of intensifying the study of provisions for care of expectant mothers. A study of the report of this Advisory Committee will indicate the broad scope of its work, and encourage wider participation of our members in its program.—S. N.

6. REPORT OF THE ADVISORY COMMITTEE ON MATERNAL WELFARE

By ARTHUR W. BINGHAM, M.D., Chairman, East Orange, N. J

To the Committee on Public Health:

The Committee on Maternal Welfare is carrying on its twelve-point program. This year special emphasis has been given to more intensive prenatal care for every expectant mother, and for more obstetrical conferences held in hospitals and in the county medical societies.

PRENATAL CARE

The study of death certificates shows that there is much to be done in improving *prenatal* care throughout the State; and until this is done, the mortality rates will not be reduced very rapidly. In 1939, thirty-five per cent of the obstetrical patients who died had little or no prenatal care. Why overlook this important feature? The two methods of handling prenatal care in the low-wage and indigent groups have been described several times. (See Journal of The Medical Society of New Jersey, February, 1940, p. 73.)

The rural districts are urged to adopt the *Community System* of prenatal care. This is carried out so successfully in Cape May County that ever expectant mother now has prenatal care. Several other counties are carrying on the same system.

In some cities prenatal centers are well established. Some of these have nursing organizations working with them, but there is room for improvement in many instances.

The Maternity Center system has been organized in Trenton and is gradually working more smoothly with the coöperation of the three larger hospitals and the visiting and public health nurses.

OBSTETRICAL CONFERENCES

Obstetrical conferences have been carried on in several counties. In Camden County, where conferences have been held monthly this past year, the maternal mortality rate has been reduced markedly. The neighboring counties, Gloucester and Burlington, meet with Camden in these conferences, which are well attended. It is to be hoped that every county will seriously consider holding such conferences. Members of the Committee on Maternal Welfare will be glad to attend any conference on invitation.

The chairman has enjoyed meeting with several county medical societies, and discussing maternal welfare problems.

EXHIBIT

The committee had its usual exhibit at Atlantic City for the annual meeting.

The same exhibit was shown at the American Congress on Obstetrics and Gynecology held at Cleveland in September when your chairman read a paper on "Extension Education on Maternal and Neonatal Care", which described our twelve-point program in New Jersey. Dr. Cosgrove read a paper on "Reduction of Unwarranted Operative Incidence in Obstetrics". This Congress was well attended by physicians and nurses from New Jersey.

OBSTETRICAL RECORD BOOK

The new obstetrical record book has been published and was distributed to the hospitals in the State soon after January first. Most of the hospitals have purchased these books and are using them. A few do not see the need of them, but we hope they will start to use them next year. When properly filled out, it gives a complete record of every obstetrical patient delivered in the hospital, and makes it easier to make out the annual report.

HOSPITALS

A number of hospitals have been inspected, and it is encouraging to find that in most instances plans are being made to give obstetrical cases more isolation, as well as more space.

The routine hospital rules have the addition of two new rules. New copies have been sent to all the hospitals taking obstetrical cases, and favorable replies have already been received. We hope the rules will be adopted by every hospital staff, and posted in the delivery suite and finally enforced. This is important as the urban counties which have the higher percentages of deliveries in hospitals have the higher mortality rates in "Other Accidents of Childbirth". In 1939, eighty-one per cent of the births in New Jersey occurred in hospitals.

DEATH CERTIFICATES

The study of death certificates is an important feature of maternal welfare. More care should be used in filling out the important details, so that the death may be properly classified. There is a new question on the latest form which states, "Other conditions (include pregnancy within three months of death)". Sometimes this is not filled out.

All certificates should be signed by the attending physician or initialed by him when signed by an intern. Frequently there are variations between the hospital reports and the records of the State Department of Health owing to a thoughtless misstatement of facts. The result of this study is that the maternal welfare mortality rate is higher than that of the State Department of Health. It is interesting to note that the figures given out from Washington are still higher as there credit is given for more deaths and fewer births than are accounted for. This difference no one seems able to explain.

Our maternal mortality rate for 1939 is 3.1 per 1,000 live births, which is a new low, but could have been lower if three or four urban counties had not had unfortunate results.

COÖPERATION

The coöperation of the Department of Institutions and Agencies with the committee is much appreciated.

The committee has had two meetings and the members have been consulted by correspondence when necessary. The Maternal Welfare Conference in January was well attended and many took part in the discussion. The paper by Dr. Cosgrove on "Prolonged Labor" was very interesting and instructive. The paper by Dr. Dennen, of New York, on "The Use of Forceps" in the evening was enjoyed by all.

The State Department of Health has been very helpful at all times, and the committee greatly appreciates its coöperation.

In conclusion, we continue to urge:

More preventive prenatal care;
More care with the normal case;
Less interference with labor;
Better accommodations in hospitals;
More isolation in hospitals;
More obstetrical conferences.

Respectfully submitted,

Arthur W. Bingham, *Chairman*
J. Carlisle Brown, *Vice-Chairman*
Samuel A. Cosgrove
George B. German
Carl H. Ill
Julius Levy
Robert A. MacKenzie
Walter B. Mount
J. Harris Underwood
Harrison B. Wilson
Hammell P. Shipps
Thomas B. Lee, *Consultant*

The Advisory Committee on Mental Hygiene under Dr. Raycroft has laid primary emphasis on the emotional and mental factors which, under the stress of illness and injuries, play a very important rôle in the treatment of physical conditions. These mental factors are too often neglected; and the physician, as well as the patient, will be greatly benefited by a careful consideration of the whole individual which is necessary if the art, as well as the science, of medical practice is to be utilized to provide the greatest benefit to the patient. This committee's report should be carefully studied, and the suggestions widely applied by all of our members.—S. N.

7. REPORT OF THE ADVISORY COMMITTEE ON MENTAL HYGIENE

By Joseph E. Raycroft, M.D., Chairman, Princeton, N. J.

To the Sub-Committee on Public Health:

The personnel of the Committee on Mental Hygiene was appointed in November, 1939. It held its first meeting on November 22, and has held additional meetings in January, February, March and April.

The wide ramifications and great importance of mental and emotional conditions,—ranging from simple personality adjustments or frank psychosis on one hand, to emotional disturbances associated with, or simulating, physical illnesses on the other,—were clearly set forth in an earlier report of this committee under the chairmanship of Dr. Plant in 1937. (Journal, April, 1937, page 266.)

Here is a field as wide as human nature, in which work is already in progress in certain sections under the auspices of psychiatrists, the child guidance and community clinics, the maternal and child health service, and certain public school groups. Therefore, this committee elected to concentrate its attention upon the mental hygiene problems met by the general practitioner, and the provision for their recognition and treatment in general hospitals.

The committee's decision to concentrate upon

this phase of the general problem was influenced by the fact that the general practitioner or consultant in his relations with patients whom he sees at home, in his office, or in the hospital, often fails to recognize and deal with emotional states and characteristics that may, and frequently do, modify and complicate the physical illness which leads the patient to seek medical help.

The importance of this factor in medical practice warrants an effort to identify, if possible, the influences that have contributed to the lessened use, among modern practitioners, of the various measures and attitudes that enter into and constitute the art of medicine.

In the first place, a successful practice of medicine implies the recognition of both the nature of the physical disability, and the extent of the emotional reaction of the patient to his illness. The doctor today tends to depend too largely upon the modern scientific laboratory technics of diagnosis and treatment of physical conditions,—that is, the *science of medicine*.

These technics have proved so efficient and satisfying that he has too frequently overlooked the importance of considering the patient as a person who in many cases is suffering from emotional disturbances that are an important factor in his illness, and may have a definite effect upon his chance or rate of recovery.

In a certain proportion of cases varying widely in different diseases the emotional factor is not sufficiently important to affect radically the outcome of the illness. However, if the case is one in which the emotional factor is really important and unrecognized, and the physical condition is relatively unimportant, or—still worse—if the emotional state is predominant, and the physical complaint a mask, then the results of the physical examination and the reports of laboratory studies are of little comfort or help to the doctor who has not acquired the habit of looking beneath the surface in a search for the real cause of the trouble.

The two types of patients last mentioned constitute the greater proportion of persons that drift about from doctor to doctor, scattering uncomplimentary comments along the way; and are finally "cured" by the "nature healer" whose treatment coincides with the disappearance of the underlying cause of the anxiety or complaint that caused the patient's troubles.

These considerations, together with the conviction of the committee that the great majority of general practitioners can be interested in an effort to improve their discrimination along these lines if the subject is properly brought to their attention, have lead the committee to undertake the formulation of measures and procedures for presenting these facts to the general practitioner or consultant in such a way that he will be stimulated and encouraged to develop attitudes and methods for recognizing and evaluating these emotional and neurotic conditions when they exist, and to learn how to deal with them successfully in different types of cases.

The foregoing proposition is much easier to formulate, than to implement and put into operation; and so the committee has spent much time in discussing plans and procedures, and has decided upon the following actions:

1. At the request of the committee, President Hawkes appointed as additional members doctors who represent such specialties as: Internal Medicine, Pediatrics, Gynecology, Cardiology, Obstetrics, and Maternal and Child Health. Thus, the conclusions and recommendations of the committee can be brought directly to the attention of the doctors engaged in these specialties by members of their own group who can interpret the general proposals and adapt them to the situation that is characteristic of each field of medicine.

2. A sub-committee composed of Dr. J. F. Pessel, Chairman, and Dr. H. B. Wilson, and Dr. Hans Wassing, was appointed to deal with the "Every-day Problems of the General Practitioner in the Mental and Emotional Field", and to devise programs and demonstrations, for presentation at County Society meetings or before hospital staffs, that will illustrate practical ways and means that have been found useful in dealing with these problems.

3. A sub-committee composed of Dr. H. A. Davidson, Chairman, and Dr. Julius Levy, and Dr. Stanley Nichols, was appointed to:

a. Survey the provisions existing in the *general hospitals* of the state for the care of the nervous and mental patients.

b. To stimulate clinical staffs and hospital superintendents to establish a *mental hygiene service* in their institutions as a regular part of the regular organization.

4. The committee is planning to arrange for demonstrations of mental hygiene technics of typical situations to be presented in connection with the Annual Meeting of the Medical Society next June.

The foregoing is a very brief digest of the plans and proposals that have been discussed by the committee. We have no accomplishments to report.

Respectfully submitted,

JOSEPH E. RAYCROFT, *Chairman*
MARCUS A. CURRY
ALLEN G. IRELAND
CLARENCE M. TRIPPE
HENRY A. DAVIDSON
HANS WASSING
WILLIAM M. DOODY
BARCLAY S. FUHRMANN
JOHANNES F. PESSEL
H. B. WILSON
HAROLD A. MURRAY
JULIUS LEVY

Traffic Accident studies are under way, and these show that the problem of detecting potential hazards in auto drivers is complex and difficult. The solution will require a long-range program.—S. N.

8. REPORT OF THE ADVISORY COMMITTEE ON TRAFFIC ACCIDENTS

By MILLARD F. SEWALL, M.D., Chairman, Bridgeton, N. J.

To the Sub-Committee on Public Health:

The Committee on Traffic Accidents, in cooperation with the State Commissioner of Motor Vehicles, has endeavored to formulate regulations which would be acceptable to both the Society and the Commissioner of Motor Vehicles.

The chairman of this committee has attended the meetings of the Highway Safety Commission and kept in liaison with Mr. Vey, who has this question specifically in charge for Commissioner Magee.

The form for the examination of drunken drivers has been approved by the Welfare Committee, and accepted by the Trustees of the Society; as was also our resolution recommending the examination, by some competent medical man, of all drivers at the age of sixty-five, again at the age of seventy, and again at the age of seventy-five, and yearly thereafter.

We are now attempting to formulate statistics on which to base some regulations governing the issuing of licenses to applicants known or found to be suffering from such conditions as cardiac disease, epilepsy, insulin shock, advanced renal ear and eye defects, which, from a medical standpoint, might suddenly become hazards on the road.

Naturally some of our efforts have been uphill,—first, because it is pioneer work and demands the earnest coöperation of each member; and secondly because it involves some medico-legal aspects which must be ironed out with the advice of our legal counsel before too hasty action can be taken.

Respectfully submitted,

MILLARD F. SEWALL, *Chairman*
THOMAS S. P. FITCH
CHRISTIAN P. SEGARD
GEORGE J. YOUNG
J. LYNN MAHAFFEY
ARNOLD VEY, *Technical Adviser*
ELIAS J. MARSH, *Consultant*

The Advisory Committee on Tuberculosis is faced with great responsibility if the new school laws are to be of greatest benefit. Quality of service is essential and the committee has stressed this point to the public and to the medical and educational professions.—S. N.

9. REPORT OF THE ADVISORY COMMITTEE ON TUBERCULOSIS

By ABRAHAM E. JAFFIN, M.D., Chairman, Jersey City, N. J.

To the Sub-Committee on Public Health:

Your Committee on Tuberculosis has had a very interesting year. It is becoming more and more manifest that this committee is automatically and logically becoming the "technical council" for the medical profession in the public health aspects of tuberculosis. The activities of the past year may be taken up under the various following headings:

1. HIGH-SCHOOL SURVEYS

It is gratifying to report that high-school surveys previously begun have been followed up quite consistently, and that the movement has now become an established and routine procedure through the enactment of the recent school health laws.

2. CASE-FINDING IN ADULT GROUPS

The incidence of significant tuberculosis in adult groups is from three to eight times as high as that encountered in the teen ages, depending upon the economic status, occupation, race, and other factors.

The availability of certain groups, such as those on relief, and workers in the industries in which a fairly high incidence of tuberculosis may be found, makes this our next most important approach to the tuberculosis problem. While we have no figures at hand as yet from the recent Perth Amboy survey of the relief groups, it is obvious that the incidence of tuberculosis in that group must have been high. The early discovery and prevention of tuberculosis in the relief groups is just as

benevolent a service as the provision of food, shelter, and heat.

The welfare importance of tuberculosis surveys in industry has already been recognized by the unions, who appreciate the physical and economic value of these examinations. This committee has learned with considerable gratification of a recent industrial survey in Passaic, and knows that plans are under way for a similar effort in Hudson. This should be one of our most important movements for the future. We have the knowledge and manpower. The means can be provided; but this must be on a basis that will not be a burden to the individual employee nor employer, and must be undertaken as a joint effort with organized medicine by one or both, on a public health basis, at the lowest rate for rapid x-ray surveys.

Finally, it must be recognized by all that "the x-ray reveals tuberculosis before symptoms appear", and that the objective, as pointed out in the recent Health Bulletin of the New Jersey Tuberculosis League must be "an extension of this valuable diagnostic method to special comunity groups, and *all apparently healthy people not usually reached by clinics or physicians*".

3. THE TUBERCULIN TEST

The economic value of the tuberculin test in selecting the number of students for x-ray surveys needs no emphasis. There are, however, some difficulties connected with the Mantoux test when done in large groups.

a. The mechanical problem of getting good intradermal injections.

b. A natural prejudice or reluctance on the part of many to the needle.

c. The greater amount of time and trouble involved in the preparation and administration of the tests.

All these problems are avoided by the use of the patch test, which is proving to be practical as well as reliable in screening. It must not be lost sight of that the Mantoux test is also not 100 per cent infallible, for there are some individuals who are anergic, and many negative Mantoux reactions are due to improper technic. The cost of the patch test in large numbers is now quite nominal.

4. SCHOOL LAWS

The committee realizes that it is no easy task for the Department of Public Instruction to enforce the new laws aiming at the diagnosis and elimination from the classroom of all cases of tuberculosis in the teachers, employees, and students, particularly in the high schools and colleges of the State.

It is gratifying, however, to report that at a recent conference with Commissioner Elliott, at which the committee was represented by Vice-Chairman Dr. Samuel B. English, a thorough mutual understanding was arrived at.

Your committee is very much indebted to Dr. Allen G. Ireland for his thorough understanding of the problem, and his sincere cooperation as a liaison medical officer serving both his department, and the New Jersey Medical Society in a very sincere and unselfish manner. When one realizes that this involves the coöperation of some thirty thousand employees in some five hundred school districts, to say nothing of the number of high school students, the enormity of the responsibility can be better appreciated. The committee hopes that he will be successful in developing a standard uniform procedure throughout the State.

5. EDUCATIONAL PROGRAM

Last year, the committee made an appeal to the County Medical Societies to devote at least one meeting a year to the subject of tuberculosis. Up to the present time, the response of the twenty-one medical societies has been that eleven have had a tuberculosis program; four have not; and six have not answered the inquiry. Your chairman hopes that the record on this subject for next year will be much better.

6. THE ROLE OF THE GENERAL PRACTITIONER IN TUBERCULOSIS CONTROL

The rôle of the general practitioner, and the family physician in particular, is bound to grow in importance, in the future control of tuberculosis. He must be prepared to meet these responsibilities by becoming more tuberculosis conscious, and familiar with modern methods of case-finding in the apparently well. These consist primarily of the use of the tuberculin test in children, and the routine chest x-ray in adults and all tuberculin-positive children.

Finally, in closing, the chairman wishes to acknowledge his indebtedness to the other members of his committee for their valuable coöperation, seasoned advice, and sincere interest in their special field.

Respectfully submitted,

ABRAHAM E. JAFFIN, *Chairman*
SAMUEL B. ENGLISH, *Vice-Chairman*
NORMAN W. BURRITT
LEO B. DRAKE
CLYDE M. FISH
HENRY H. KESSLER
MARCUS W. NEWCOMB
HAROLD S. HATCH
JOHN E. RUNNELLS
H. BURTON WALKER
JOSEPH R. MORROW
HENRY B. KESSLER, *Technical Adviser*
ROY GRIFFITH, *Technical Adviser*
GEORGE J. YOUNG, *Consultant*

The Committee on Venereal Disease Control is working closely with the State Department of Health, and the results are encouraging in this field. The report reveals some of the problems faced, and the procedure now being followed.—S. N.

10. REPORT OF THE ADVISORY COMMITTEE ON VENEREAL DISEASE CONTROL

By C. Byron Blaisdell, M.D., Long Branch, N. J., Chairman

To the Sub-Committee on Public Health:

Adhering to the outline of the 1938-1939 program for the purposes of easy comparison and extension of progress, the following points are offered for consideration:

1. CLINIC EXTENSION

In 1939 there were thirty-six clinics in operation in New Jersey, whereas the last figures available indicate there are eighty. In them we have 176 doctors in contrast with 145 reported last year. Of these, 101 received remuneration, in contrast with seventy-one reported last year. Approximately $31,000 was received by doctors serving the clinics during the year in 1939.

2. FREE DISTRIBUTION OF DRUGS

The State Department of Venereal Disease Control has generously provided drugs necessary for the adequate care of all venereal disease patients. Considerable latitude has been given to the individual doctor, in not only his choice of drugs, but in satisfying his request without serious questioning. Whereas $6,000 was expended for drugs annually prior to 1936, this had increased to $25,000 in 1938.

3. APPOINTMENTS OF DOCTORS FOR CLINICS

There has been no change in the system whereby the County Medical Society first recommends a qualified member or members for these positions. The next approval comes from the State Venereal Disease Committee, and then from the State Society's office where the member's name is sent to the State Department of Health, for forwarding to the State Board of Health. It is in this latter body that the appointment is made.

There is some challenging of the doctors' right to name the men for clinic positions. Local regional health commissions, local boards of health officers, and others, feel that they should have a part in the selection of the doctors to work in their communities. Under the present system, this right exists, and is further strengthened by the tacit understanding which has both been frequently expressed and published, that the candidate must be mutually agreeable to the interested health agencies involved in a given clinic. We should not yield the point that the best judge of the quality of the medical service to be given by doctors of medicine is, and must continue to be, the doctor himself, if organized in their component County Societies.

4. REPORTING CASES

Reports of cases of venereal disease are made by name or number. No change or discussion of this has been made in the past year.

NEW PROJECTS

Of the three new projects undertaken during the year, the following has occurred:

1. COUNTY V. D. COMMITTEES

Sixteen counties have venereal disease committees, each having its own chairman. In five counties it remains a function of the Public Health Committee,—which is a matter of simplification, particularly in the least thickly populated counties. The county venereal disease committees are young, and their functions are in the process of being born. A letter has been sent from our committee to each county summarizing briefly a few points of interest to those doctors pirmarily active in the venereal disease field.

2. EDUCATION

The State Department of Venereal Disease Control has greatly improved its educational material, and its summarization of the past two years' work. Concise pamphlets have been sent to the members of our Society which, if read, will give a good insight into the problems being attacked and the degree to which they are being solved.

Refresher courses have been attended by 150 doctors and it is to be hoped that this work will not only be continued but extended next year.

3. COÖPERATION WITH OTHER AGENCIES

Coöperation with health and other public agencies has continued througout the year, and has been progressing satisfactorily. The Governor's Health and Welfare Committee work was an instance of joint action. There have been frequent conferences with members of the State Department of Health, the State Department of Venereal Disease Control, the State

Nursing Association, the Public Health Officers Association, the New Jersey Health and Sanitary Association, the New Jersey Social Hygiene Association, and the New Jersey Welfare Council.

RESULTS

From the foregoing it will be seen that many advances were made and that the recommendations of last year were substantially approved and carried out. It is our impression that the factors and principles involved in venereal disease control are generally well understood throughout our State and by our own members.

THE COMING YEAR

There need be no new departures in this work. Rather do we recommend that the coming year be one of perfecting and extending the organization of the work, much of which must come through a closer scrutiny and better analysis of what we have been doing. All doctors owe it to the communities in which they live to evince a positive interest in problems involving venereal disease detection and control. The public is educated to expect it; and each doctor should be not only in the van of the attack, but also a source of strength inspiring his community to do its bit.

The State Department of Health, through its Venereal Disease Department, has shown unmistakable evidence of better organization and a better conception of its function. To it and its agents, either in the State House, or afield, we should give our hearty coöperation and advice, and assist when asked, giving constructive criticism only when indicated.

FUNDS

The matter of public funds for continuing the work seems uncertain despite the provisions of the La Follette-Bullwinkle Act, the promises of State appropriations, and the raising of local funds through Boards of Health or Regional Health Commissions.

We recommend that each County Society do its bit, through its membership, to secure increased appropriations for local support of the work; and that, through our State organization, we aid and urge the State Department of Health to miss no opportunity to secure adequate funds for this work.

Respectfully submitted,

C. BYRON BLAISDELL, *Chairman*
JOSEPH E. HIGI
MARSHALL D. HOGAN
BAXTER A. LIVENGOOD
FRANCIS J. MCCAULEY
HYMAN D. UDINSKY
KARL M. SCOTT
ARTHUR J. CASSELMAN, *Technical Adviser*
WILLIAM F. COSTELLO, *Consultant*

Pneumonia Control has been aided by a free gift of sulphapyridine, distributed through voluntary approved centers for use by physicians in pneumonia cases occurring in patients unable to purchase this drug. The gift was made by Mr. Merck, and the Joint Pneumonia Control Committee of New Jersey is sponsoring its distribution. The cost of the distribution and records was borne by The Medical Society of New Jersey.—S. N.

11. REPORT OF THE ADVISORY COMMITTEE ON PNEUMONIA CONTROL

By THOMAS M. KAIN, M.D., Chairman, Camden, N. J.

To the Sub-Committee on Public Health:

Your chairman is pleased to report that the scientific principles and methods of pneumonia control, and their satisfactory application throughout the State, have been fully described in the annual reports given by Dr. Kilduffe, in 1938 and 1939.

During the past year the committee has been engaged in an advisory and administrative capacity in connection with the distribution of serum in coöperation with the State Department of Health. The work is now established on a firm basis and physicians are coöperating heartily.

The committee will continue to carry on the routine work of the distribution of serum, and the education of the people in all phases of pneumonia control.

Respectfully submitted,

THOMAS M. KAIN, *Chairman*
FRED VOSBURGH
CHARLES F. RATHGEBER
CLAUDIO E. MCNENNEY
THOMAS K. LEWIS, *Consultant*

COMMENT

These reports of the eleven committees that are advisory to the Sub-Committee on Public Health demonstrate the broad fields of public health in which the practicing physicians of New Jersey are actively coöperating with the State Department of Health and other State-wide agencies. This sincere coöperation is to the credit of the medical profession, and to the benefit of every inhabitant of the State of New Jersey.

Respectfully submitted,

The Sub-Committee on Public Health,

STANLEY NICHOLS, *Chairman*
FREDERIC W. LATHROP, *Vice-Chairman*
ABRAHAM E. JAFFIN
ARTHUR W. BINGHAM
WILLIAM G. HERRMAN
FREDERICK G. DILGER
JULIUS LEVY
ELBERT S. SHERMAN
C. BYRON BLAISDELL
ERNEST G. HUMMEL
ALLEN G. IRELAND
HERSCHEL S. MURPHY
MILLARD F. SEWALL
THOMAS M. KAIN
WATSON B. MORRIS, *Consultant*
ROBERT P. FISCHELIS, Phar. D., *Technical Adviser*
MARGARET ASHMUN, R.N., *Technical Adviser*
WALTER G. ALEXANDER, M.D., *Technical Adviser*
J. M. WISAN, D.D.S., *Technical Adviser*

3. THE REPORT OF THE SUB-COMMITTEE ON PUBLIC RELATIONS

By Joseph H. Kler, M.D., Chairman

To the Welfare Committee:

The objective of the Committee on Public Relations during the 1939-1940 administrative year was the same as that of previous years: *To reveal The Medical Society of New Jersey to the people of New Jersey in a manner which would encourage the public to look to organized medicine for leadership in medical matters.* Making an organization well known to the public is a publicity function. The Committee on Public Relations is essentially a *Publicity Committee.*

Although the stated objective embraces the advancement of professional interests, it is sufficiently broad to include consideration of the public interest. The objective is not exclusively one of professional self-interest. The committee has not only publicized the institution of organized medicine, but it has also publicized medical knowledge, i. e., health education. A program of health education conducted in the name of the state and county medical societies is in conformity with the stated objective of encouraging people to look to organized medicine for leadership in medical matters.

Health education is a socially commendable form of medical publicity. If through effective health education the incidence of disease is reduced and death rates are lowered, not only does the public benefit but also the medical profession because the medical profession deservedly receives credit for the improved record. Effective education of this nature also increases the demand for medical services. But there can be no legitimate criticism of the medical profession if, in promoting the public welfare, it is also aiding itself.

The committee has used a dual approach in its publicity; it has publicized the activities of organized medicine; it has also conducted a program of health education in the name of the state and county medical societies. The two types of publicity are closely related and often overlap.

MEETING WITH COUNTY MEDICAL SOCIETY REPRESENTATIVES

In September, 1939, the committee held a meeting with representatives of county medical societies to discuss public relations policies and to coördinate the work of the State Committee with the public relations activities of county medical societies. (Journal, Nov., p. 677.)

PRESS PUBLICITY

A survey by Fortune Magazine conducted in 1939 revealed that 64 per cent of the persons queried depend upon the press for current information. As in previous years, material for publication in the press has constituted a considerable part of the publicity disseminated by the committee.

WEEKLY HEALTH FEATURE

The weekly health feature, *"The M.D. Says:"*, has been continued. This has been sent to the press through the county medical societies except in seven counties in which the county medical societies have asked the State committee to distribute it. Preventive medicine is emphasized in this feature. It is sent to the press of the state each week. Because of its educational nature and the regularity of release and of publication, it is one of the best types of publicity put out by the State Society. In the period of a month from February 17th to March 16th the feature was published by fifty-two newspapers in sixteen counties.

PRESS RELEASES

The regular weekly health feature has been supplemented with frequent news releases. Although feature material is occasionally used in these releases, an effort is made to confine them to information that an editor will consider bona fide news. As a result, releases sent out in the name of the Society now command the respect of editors. These releases have enjoyed widespread acceptability not only from New Jersey newspaper editors, but also from the editors of the metropolitan press in New York and Philadelphia.

Press releases on the following subjects have been sent to the press since the 1939 annual convention:

Findings of the Medical Society's survey of the need and supply of medical care.

Decline in New Jersey's maternal mortality rate with explanation of the rôle of the Society's Maternal Welfare Committee in this work.

Investigation of deaths of automobile drivers by county medical societies and the Committee on Traffic Accidents.

Invitation extended to persons denied medical care because of inability to pay to secure it through the efforts of the State Medical Society and county medical societies.

Second Annual Clinical Conference.

Release on tularemia at opening of the hunting season.

American Medical Association platform.

Release in connection with sending of a booklet, "What It Means to Be a Doctor", to public libraries in New Jersey.

Release on number of state medical societies which have set up medical service plans.

Story of the Bergen County resident who appealed to Mrs. Roosevelt "to obtain medical care" and who had been obtaining it for five years.

Anti-appendicitis program publicized.

Three releases (as of March 25th) on Senate Bill 108 and the Medical Service Plan (all prepared by the Board of Governors and mailed through the Committee on Public Relations).

Three releases of feature material—concise, informative items about medicine, New Jersey health statistics, and The Medical Society of New Jersey, referred to as "Short Fillers".

Magazine articles, printed and mimeographed material, other than periodic news releases and health features.

Six articles were prepared for publication in Contemporary Life, the publication of the Contemporary Club, at the request of the health editor of the magazine.

An article on deafness as it pertains to New Jersey was prepared at the request of the Newark Sunday Call in connection with the observance of *National Week for the Hard of Hearing*. It was published in the Newark Sunday Call October 22, 1939.

An article on the point of view of The Medical Society of New Jersey toward "socialized medicine" was prepared for the New Jersey Labor Herald at the request of the editor, and was published in the November, 1939, issue. Reprints of this article were sent to the press, legislators, and the remainder of the regular mailing list.

An article on socialized medicine was prepared for The Republican Bulletin, the publication of the Women's State Republican Club of New Jersey, at the request of Dr. Snedecor.

A mimeographed summary of the findings of the Medical Society's survey of the need and supply of medical care was prepared and sent to the press and mailing list. This was in addition to a news release on the survey findings.

A printed booklet, "What It Means to Be a Doctor" was sent to every public library in New Jersey.

Copies of Senate Bill No. 108, and a pamphlet explaining the bill and medical service plan, were sent to all daily papers in New Jersey in March, 1940, at the request of the New Jersey Medical Service Administration.

One hundred thousand educational stickers pertaining to appendicitis were distributed among New Jersey school physicians for distribution to school children.

Three hundred pamphlets on medical economics were sent to the New Jersey Federation of Women's Clubs.

MATERIAL PREPARED FOR COUNTY MEDICAL SOCIETIES

Twenty advertisements on medical economics were prepared for the Passaic County Medical Society; and after considerable modification by the Passaic County Society, are now being published in daily newspapers in Passaic County. This series of institutional advertisements is also being used as a basis for advertisements published by the Bergen County Medical Society.

A monthly press release has been prepared for the Passaic County Medical Society in connection with the regular monthly meetings of the Society.

Editorials have been written regularly for the Bulletin of the Cape May County Medical Society at the request of the editor, Dr. C. W. Way.

LOAN MATERIAL

The extensive files of loan material maintained by the committee for the convenience of physicians have been amplified during the year. Five classifications of material are available as follows:

1. Speakers' Bulletins—Twenty prepared talks dealing with health conditions in New Jersey.
2. Radio Talks—About 450 mimeographed radio talks on health topics. Most of those were obtained through the courtesy of the American Medical Association.
3. Hygeia Package Folders—Sixty folders of material from Hygeia magazine.
4. Technical Material—One hundred fifty folders of material culled from Journals of the American Medical Association.
5. Medical Economics—Packages containing several pamphlets on medical economics.

Prepared talks on cancer have been mimeographed at the request of the Advisory Committee on Cancer Control of The Medical Society of New Jersey for the use of physicians speaking on cancer.

Requests for loan material average about two a week. This service is an indirect form of publicity because much of the material supplied to physicians and county medical societies by the committee reaches the public through talks by physicians.

Requests for information on various topics have also been received by persons other than

physicians and this information has been supplied.

RESULTS AND ACCOMPLISHMENTS

The results of any program which aims at building public interest in, and good will toward, an organization are obviously somewhat intangible; these results are not easily measurable. Nevertheless, results have been realized as a result of a three-year public relations program. One aim was to secure recognition of The Medical Society of New Jersey as a reliable source of information on health matters in New Jersey. It may be stated without exaggeration that this aim has been considerably realized. Editors of large and influential newspapers and the press services call the committee with comparative frequency for confirmation or disavowal of rumors and reports about activities of organized medicine in New Jersey, or for further information. This has been true especially of such matters as sponsorship of bill A-210 by the Society, the present Medical Service Plan, and dramatic incidents such as the case of the Bergen County resident who appealed to Mrs. Roosevelt for medical service.

Requests for information about Medical Society activities have been received from various sources as a result of press publicity of these activities. For example, the Bureau of Motor Carriers of the Interstate Commerce Commission has shown interest in the investigation of automobile drivers' deaths undertaken by county medical societies at the request of the Committee on Traffic Accidents. The Commission wrote as the result of a story which appeared in the New York Times and which had been sent out by the committee.

Libraries of the state have written for information at various times. Debating groups have written for material on medical economics. Legislators have written for information and, on occasion, to express support of a publicized policy. Leaders of Y. M. C. A. groups throughout the state have asked the State and county medical societies, through the Committee on Public Relations, to advise them, and to support their activities in health education.

Explanation of the Society's policies and their purposes in press releases appears to have borne results. Recently editorials have appeared which have praised the State Society, while criticizing the American Medical Association, although the State Society is a component part of the American Medical Association. This may be indicative of the fact that misunderstanding often disappears when adequate information about an organization is made available to the public. Some newspapers still manifest distrust of organized medicine editorially; but editorial criticism of the profession and of the Society have declined in volume since the cessation of the controversy over the original advertising provisions of A-210.

Analyzing the results over a three-year period, other results are apparent. The Chairman of the Committee on Legislation and several legislators have stated that information supplied to the public on A-210 contributed to the enactment of that bill. If the medical profession considers that bill worthwhile, and it is assumed that it does, then the publicity program which contributed to its successful passage must also be considered worthwhile. It should be pointed out, however, that promotion of legislation has not constituted any substantial part of the committee's activities.

SUMMARY

The committee has secured recognition of The Medical Society of New Jersey as a source of information on medical matters; as a result of continued and extensive publicity, many groups are beginning to look to organized medicine for guidance in their health programs (notably the Y. M. C. A.); the committee has enabled the Society to secure a hearing on its point of view on medical economics; it has conducted a program of ethical health education approved by the profession which, if continued effectively, should benefit both public and profession; and it has publicized medically sponsored legislation.

The pursuit of these objectives has required a budget which represents less than a dollar a year per member of the State Society. Although the committee has but a one-man staff, —a publicity assistant,—the volume of work turned out has been as great as that of some other societies with a considerably larger personnel for public relations work.

Respectfully submitted,

JOSEPH H. KLER, *Chairman*
J. ALLEN YAGER, *Vice-Chairman*
G. BARTON BARLOW
EDGAR P. CARDWELL
JOSEPH R. MORROW
LAWRENCE H. BLOOM
WATSON B. MORRIS, *Consultant*

4. THE REPORT OF THE SUB-COMMITTEE ON LEGISLATION

By Berthold S. Pollak, Chairman, Jersey City, N. J.

At this writing, unfortunately, as the Legislature is still in session, only a very incomplete picture can be given of the results of our legislative efforts.

LEGISLATIVE BILLS PENDING

The only measure which the Society sponsored this year, Senate Bill No. 108—the enabling act to create the Medical Service Corporation, which will operate the Medical Service Plan for the low-wage group—passed the Senate April 15th by a vote of sixteen to one. The Legislature recessed on that day (April 15th) until April 30th. On the latter date the bill should be received in the Assembly and assigned to a committee. The present plan of the Legislature, as announced, is to adjourn April 30th to May 27th. On the date of reconvening it is hoped this bill will be reported out of committee, and voted on the following Monday, June 3rd.

Despite the passage last year of the Uniform Medical Practice Act, continuing a single board of medical examiners and requiring equivalent educational standards for *all* those who sought the privilege of treating the sick, two bills have been introduced—S. No. 46 (Mr. Stanger) and S. No. 166 (Mr. Stout)—proposing to create a separate board of chiropractic examiners and to prescribe "standards" for the licensure of chiropractors.

Assembly Bill No. 155 (Mr. Muir) proposes the creation of a separate board of naturopathic examiners.

Needless to say, these three bills, contravening the basic purpose of Assembly Bill 210 (1939 session), which are now in the Public Health Committee, are vigorously opposed.

EXEMPTIONS FOR INDIVIDUALS

It may be recalled that a bill was passed at the 1938 session of the Legislature, ostensibly to permit a single individual having sub-standard educational qualifications, to take the examination for licensure to practice medicine. As the result of the passage of this bill, four other applicants possessing the sub-standard qualification prescribed in the bill applied for licensure and took the State Board examinations.

Last year (1939) a similar bill was introduced for another individual, a graduate of a Class "C" medical school, who had served his internship in a New Jersey hospital and who has been a resident physician for the past seven or eight years in a county hospital of this State. The individual in whose behalf this bill was introduced apparently is well-liked in his community and the bill as a consequence attracted considerable sympathy and support, enough, so that it passed the Assembly. It died in the Senate, however, not being reported out of the committee to which it had been assigned.

An almost identical bill—S. No. 83—for the same individual was introduced in the Senate at this session of the Legislature. Notwithstanding the reasoned opposition of this committee to the bill expressed in a Legislative Bulletin sent to all legislators and despite the representations against it by county key men, the bill passed the Senate April 8th by a vote of 12 to 0. It will probably reach the Assembly and be assigned to a committee April 29th. Renewed and more vigorous efforts should be made to prevent its passage by the House.

It is to be deplored that more effective opposition was not registered to the bill of similar purpose passed at the 1938 session. The passage of the bill that year established a dangerous precedent. Bills of similar purpose occasionally had been proposed in previous years but none had ever before become a law. So this represented the first breakdown of the established educational standards of the Medical Practice Act.

In our opinion, unless we are successful in making the legislators understand the baneful effects of the pending bill, the prolonged efforts of the Society culminating last year in the passage of an improved and strengthened Medical Practice Act, will be to a large extent nullified. Unless this measure is defeated, we may expect a succession of similar bills. And if sub-standard qualifications may be legalized for certain individuals, is it not logical to expect legislation to exempt *groups* from meeting the present requirements of the Medical Practice Act?

We have been advised that, if this bill passes, reciprocity privileges with one of our neighboring states will be immediately cancelled, and it is quite likely that other states may take similar action.

FOREIGN GRADUATES

A situation was represented to this committee about two months ago purporting to indicate that the provisions of the revised Medical Practice Act were working an injustice upon American citizens who were graduates of Canadian and European medical schools. It was suggested that an amendment to the Medical Practice Act would be necessary to correct the situation, and an amendment was drawn by one of the Assistant Attorney-Generals and submitted to this committee.

This matter and the suggested amendment were examined at a meeting of the Legislative Committee, March 31st, at which the President of the State Board of Medical Examiners was present. After careful review by the committee it was decided that no situation existed warranting the introduction of the proposed amendment, and a motion to oppose the suggested amendment was unanimously carried.

Curiously enough, an amendment to the Medical Practice Act identical in language to the amendment considered by the Legislative Committee and opposed, was introduced in the Legislature April 1st—Senate Bill, No. 177. Our information is that the bill was introduced in behalf of a graduate of a Canadian school, now serving a residency in a New Jersey hospital. The bill, of course, is opposed.

ANALYSES OF BILLS

All bills introduced having public health or medical features and implications have been examined. Quite a number have been referred to appropriate committees, or to members particularly qualified, for opinion. The most important have been reviewed by the Legislative Committee. By way of illustration, at the last meeting of the committee, eighteen bills were reviewed.

WORKMEN'S COMPENSATION ACT

This year sixteen bills have been introduced in the Legislature as amendments to the Workmen's Compensation Act. The majority have been examined by the Committee on Workmen's Compensation, and some by the Committee on Industrial Health and Hygiene. Most of these bills—and bills of similar nature have been introduced for the past several years—are almost entirely medical in character. Three bills—A, No. 64; A, No. 66; and A, No. 117—propose to make pneumoconiosis compensable. A, No. 144 concerns compensable hernia and permanent disability from loss of both legs. Another—A, No. 66—would make all occupational diseases compensable.

Most of the proposed amendments to the Workmen's Compensation Act have been introduced at the behest of Labor. A number of the bills appear to have merit. For instance, while it is the opinion of the Committee on Industrial Health and Hygiene that the proposed three bills to make pneumoconiosis compensable are too broad in scope, it seems to be the general opinion that some of the conditions caused by occupational dusts—notably silicosis—should be made compensable. We are inclined to believe that a bill of more limited scope could be drawn that would meet the situation, and would be agreeable to Labor and acceptable to Industry.

As we understand it, the function of this sub-committee of the Welfare Committee is to aid in the passage of sound public health legislation and to oppose that which is unsound. Here, in the Workmen's Compensation Act, we have a tremendously important public health measure to which sixteen amendments—all having medical features and the majority entirely medical—have been proposed in a single session of the Legislature. As we have observed, some of the amendments appear desirable, at least to have merit. The large number of amendments offered, however, does not make possible the passing of intelligent medical judgment upon all of them in the time at our disposal.

This committee therefore recommends that, during the coming summer and fall, the Committee on Workmen's Compensation and the Committee on Industrial Health and Hygiene work out with Labor, and, if possible, with Industry, the amendments which Labor feels should be introduced at the 1941 session.

The committee also recommends that this same procedure be followed in the 1941 session if the State Society decides to introduce the amendments which it has had under consideration during the past six years. It is our feeling that the method of approach of proposed amendments to the Workmen's Compensation Act is more likely to be productive of the passage of needed and worthwhile legislation than the present hit-or-miss procedure.

There are a number of other bills of interest to the profession pending in the Legislature. To deal with them all, however briefly, would tend to lengthen this report unduly.

CHIROPODY

Early last Fall the Legislative Committee of the State Chiropodists' Society requested a conference with the Legislative Committee. At this conference they presented certain proposals to raise the standards of the present chiropody Act, frankly stating that it is the feeling

of their society that such legislation could not be enacted unless it received the support of our Society. At this moment it is not necessary to discuss these proposals, but the feeling of the committee was that, before considering any amendments to the present chiropody law, a *definition of chiropody* should first be formulated.

For the past fifteen years, at various intervals, attempts have been made without success, to formulate a definition of chiropody. The only limitations to the practice of chiropody under the present law are as follows: "All persons holding a license to practice chiropody in this State *shall be entitled to practice chiropody in all its branches pertaining to foot ailments, as taught and practiced in the schools or colleges of chiropody* conferring the degree of doctor surgeon chiropodist or of doctor of surgical chiropody, not including, however, the amputation of the foot or toe, or the use of any anesthetic other than local, or the treatment of congenital deformities by the use of the knife, radical operations for talipes or valgus, or tenotomy of the leg or foot." (Italics ours.)

It was explained to the chiropodists' group that the Legislative Committee of the Society, of itself, had no authority to assent to any definition. With this clear understanding it was agreed that an attempt would be made to work out a *tentative* definition, which would subsequently be submitted to the Welfare Committee and the Board of Trustees for consideration and action. Several conferences have been held and the advice of eight recognized orthopedists, headed by Dr. Elmer P. Weigel, was sought, and their advice and suggestion are still being utilized at the moment. Distinct progress can be reported but whether or not a definition can be formulated that will be agreeable to this Society and to the chiropodists is not certain at this time.

ATTITUDE OF LEGISLATORS

As a result, perhaps, of the strenuous efforts made in 1938 and 1939 to secure the passage of the Uniform Medical Practice Act, and, also, of continued propaganda of the groups with inferior educational qualifications who have been seeking to obtain the privilege to practice medicine, there is a feeling in the minds of quite a few of the legislators that the motives of the profession in legislation are not altogether unselfish. As this session of the Legislature has progressed, it is our belief that some of this feeling has been dissipated. The introduction of S. No. 108—the enabling act to create medical service corporations, which at first, in some quarters, was received with mistrust—seems to be having a good psychological effect.

We are of the opinion that contacts with the legislators at a time and under such circumstances as will permit of free and informal discussion of the legislative objectives of the Society are most valuable—we might say almost indispensable. Of various methods for establishing these contacts we believe that the small dinner conference, attended by the officers, key men, and legislators of the county, is the most productive. Several such meetings have been held so far this year, all of which have been attended by the Executive Secretary of this committee. We are convinced that each of these meetings has been of decided mutual benefit. We strongly suggest that all county societies consider the advisability of such meetings prior to the next session of the Legislature, and particularly by counties where there is a change of legislators, or in counties where legislators have been selected for key positions.

ACKNOWLEDGEMENTS

Our especial thanks this year are due to Senator I. Grant Scott of Cape May, the Majority Leader, who introduced and successfully piloted through the Senate the enabling act—S, No. 108—which makes possible the operation of the Medical Service Plan for the low-wage group and other plans for different groups, as may be later determined. The excellent speech Senator Scott made in moving the passage of this bill, April 15th, is deserving of note. He stated in opening his remarks that "the bill was one of the most humane pieces of legislation introduced within his recollection". In concluding his speech he "congratulated the medical profession upon having taken such a forward-looking step".

Senator Thomas D. Taggart, Jr., of Atlantic, has been honored by appointment to the Court of Common Pleas, and presumably will accept this appointment at the conclusion of the present legislative session. Our sincere congratulations to Senator Taggart are tempered with a feeling of regret, for his election to the Bench removes from the legislative halls a strong and sympathetic friend of the profession, one who has consistently supported the Society's point of view regarding public health legislation.

It is always pleasant to express appreciation, when merited, of the efforts of members of the Society who are serving in the Legislature. Dr. Frank S. Hargrave, chairman of the Public Health Committee of the Assembly, and Dr. Adolph Wegrocki, also a member of that committee—both of Essex—because of their understanding of fundamental soundness of

the legislative objectives of the medical profession and because of their membership on the important Public Health Committee, have been able to render particularly valuable service in the cause of public health.

The Society should recognize the fine work of the legislative key men of the county societies, without whose active coöperation this committee could not successfully function. What the legislators wish particularly to know regarding public health measures is what the doctors of their own county think of them. The interpretation to the legislators by the key men of the attitude of the profession as to these measures is the most important single phase of our legislative technic.

Acknowledgement is made of the excellent assistance of the Executive Office. The Executive Officer, Dr. Wilkes, has been consistently helpful. The coöperation of the Executive Assistant, Dr. Scott, is appreciated, particularly in the preparation of the booklet of information to the legislators regarding Senate, No. 108, and the Medical Service Plan. The willing, intelligent and prompt assistance of the office manager, Mrs. Madden, has aided us greatly and the fine attitude of the entire office personnel is to be commended.

Finally, we desire to express our appreciation to Dr. Frederic J. Quigley who by reason of his long experience with medical legislation has been a most valuable adviser to this committee. His contact with legislators in the various counties, together with the hearty coöperation of the key men throughout the State, has created a most pleasant situation. We feel that we have justified our claim that the creation of the office of Executive Secretary to the Legislative Committee has been a most forward-looking step; and by reason of the self-sacrificing efforts made by Dr. Quigley, we have established an entente cordiale which has heretofore not manifested itself. We, therefore, heartily recommend that this office be continued, in order that the high standards of the profession may be translated to the legislators by an experienced and ethical member of our profession.

All of which is most respectfully submitted,

BERTHOLD S. POLLAK, *Chairman*
WENDELL J. BURKETT, *Vice-Chairman*
WILLIAM C. WILENTZ
CHARLES H. MITCHELL
H. ROY VAN NESS
FREDERIC J. QUIGLEY
ROBERT E. WATKINS
THOMAS E. MANLY
JOSEPH M. KUDER
SAMUEL ALEXANDER

PART THREE
REPORTS OF PRESIDENTS OF COUNTY SOCIETIES

REPORT OF THE ATLANTIC COUNTY MEDICAL SOCIETY

By EDWARD F. UZZELL, M.D., President, Atlantic City, N. J.

To the House of Delegates:

I am enclosing seven reports from the chairmen of the most active committees of the Atlantic County Medical Society for the year 1939-1940.

The regular monthly meetings have been well attended and the members have shown a keen interest in both the scientific and business proceedings.

There has been a fine spirit of coöperation and outstanding harmony among the members and their officers.

1. LEGISLATIVE COMMITTEE

By Dr. D. B. Allman, Chairman

Your Legislative Committee wishes to report a highly successful year. Although there has been no outstanding piece of legislation, such as the Uniform Practice Act of last year, or the Lien Law of 1935, nevertheless there have been bills of a minor nature which have kept your committee active, in conjunction with the State Committee.

Because of the splendid, whole-hearted cooperation this committee has received from Senator Taggart and from Assemblymen Farley and Haneman, the burden of our work has been greatly lessened and the pleasure of doing this work greatly increased.

In times such as these, we cannot overstress the importance of having the County Medical Society work in close harmony with the State Medical Society in regards to all pending medical legislation. The fact that the Chairman of your Legislative Committee was also the State Key Man on Legislation made the work much simpler and prevented any lost motion; and I would respectfully suggest that the incoming County President withhold his appointment of the Chairman of the Legislative Committee until such time as the State appoints their legislative key men. The Chairman of the Atlantic County Legislative Committee should, in my opinion, be the local Key Men of the State Society.

The coöperation which this committee has received from the legislators should, in my opinion, be acknowledged by the Society.

2. POST-GRADUATE COMMITTEE

Dr. Sloan G. Stewart, Chairman

The usual course of six lectures in medicine was held weekly from March 12th to April 16th at the Chalfonte Hotel. There were fifty-one registrations. Of these, twenty-six physicians came from outside Atlantic City. This creditable showing was due to the enthusiastic work of the Co-chairman, Dr. Clarence W. Way, of Sea Isle City. We were particularly favored with two lectures on *arthritis* by Dr. Russell Cecil, of New York. The course was well received and was financially self-supporting.

3. ENTERTAINMENT COMMITTEE

Dr. Daniel C. Reyner, Chairman

Your Entertainment Committee has not yet functioned this year, but tentative plans are in progress for an outing for the members of the Society to be held some time during the month of June, following the State Society Meeting.

The plan, as suggested by some of the members, of having a formal dinner-dance with appropriate ceremonies for the installation of the new officers for 1940-1941, was brought to the attention of the society at one of its recent meetings; but it met with no encouragement and was therefore not acted upon.

4. PROGRAM COMMITTEE

Dr. Charles Hyman, Chairman

The Program Committee has served in an advisory capacity to the President. Suggestions from many angles were received and considered. If the comment generally heard during and after the meetings can serve as a criterion, the scientific schedule has been unusually successful.

It is my suggestion that a similar committee be available next year.

It has been a pleasure to coöperate with the President in his efforts to give the Society a good year.

5. WORKMEN'S COMPENSATION COMMITTEE

Dr. V. Earl Johnson, Chairman

This has been a year of practical inactivity on the part of this committee, as there have been no controversial subjects brought to its attention. The only reference from the society to this committee was relative to recommending applicants especially qualified to treat compensation injuries, who were willing to work under the regulations of the W. P. A. As has been previously reported to the society, the committee is opposed to a panel of physicians, as we believe in free choice of physicians in these cases. Therefore, no recommendations were made to the Compensation Commissioner for W. P. A.

Practically all of the complaints in previous years have had to do with "lifting of cases", the reduction of fees, and insurance companies, instead of employers, assuming to direct who should take care of the injured worker. Since the House of Delegates has approved changes in the Compensation Law for the State, which would allow free choice of physician, and set up State-paid physicians who were not allowed to practice medicine; and also since these suggestions have been turned over to the Legislative Committee, this committee has not called a meeting for the discussion of these problems.

6. PUBLIC HEALTH COMMITTEE

By Dr. D. Ward Scanlan, Chairman

Meetings of the committee were held only when the County Society ordered the committee to undertake one or more activities, which were as follows:

1. The investigation of a *traffic accident death.* This request came from the President of the Union County Medical Society. The committee investigated all sources of possible information in the death of the individual named; and did not obtain any more information than the Traffic Engineer of the Department of Motor Vehicles had already in his possession.

2. The State Society has instituted an activity for the *conservation of vision.* This committee was instructed to take care of this matter in Atlantic County; the committee met with Dr. Harley, who is a member of the State Committee for the Conservation of Vision. Dr. Harley reported that he has already written one paper, which was published; has given a radio address for the State Society; and has given one address before a nurses' organization. Dr. Grier, in Pleasantville schools, is making a complete survey of vision.

The State committee is only beginning its work; and we have not taken any initiative as a county committee.

3. The committee at a meeting discussed the *physical examination* of teachers and school children; and the committee was of the opinion that x-ray plates of teachers and school children should be read or interpreted by diplomates of the National Board of Radiology.

7. COMMITTEE ON HOSPITALIZATION INSURANCE

Dr. Harry Subin, Chairman

The summary of the findings of this committee, as reported to the members of the Atlantic County Medical Society, was as follows:

First, that a comparative study of the Pennsylvania and New Jersey State Society plans be made by having individual sample copies of the insurance plan mailed to the members of the Atlantic County Society for their inspection.

Second, that after so doing, a recommendation might be made to the Atlantic City Hospital suggesting that one or the other plan be adopted.

Members of the society have voiced their approval of the New Jersey State Plan, and have left the time of adoption open to the management of the Atlantic City Hospital.

Respectfully submitted,

EDWARD F. UZZELL, President.

REPORT OF THE BERGEN COUNTY MEDICAL SOCIETY

By G. MILTON KNOWLES, M.D., President, Hackensack, N. J.

To the House of Delegates:

The efforts of the *Bergen County Medical Society* this year have been devoted mainly to raising the already high standards of medical care rendered by the physicians of Bergen County.

SCIENTIFIC PROGRAMS

At the first meeting of the year the President asked for a fifteen-minute discussion of office procedure and practice at the beginning of each meeting and then a scientific program which would interest the greatest num-

ber. This procedure has been carried out. The meetings have commenced on time, fifteen to twenty-five minutes being given to a discussion of office procedures, record keeping, and ways and means of improving medical care. This has been followed by a short business session, which in turn has been followed by an excellent scientific program. As a rule, we have had two, three, or four speakers present short papers, and then discuss their subject among themselves and with our members. Pre- and post-operative care, gall-bladder disease, pneumonia, tumors of the intestines, obstetric care and complications, diseases of the endocrine glands, fractures and osteomyelitis, edema, and communicable diseases have been the subjects presented by recognized authorities.

Allergy was the subject chosen for the post-graduate course, which has proven widely popular. The men have spoken highly of it.

ANNUAL BANQUET

The annual banquet in November was a grand get-together of one hundred and sixty-one members and guests. Our State Senator, two Congressmen and the Bergen County Assemblymen enjoyed being with us, particularly since we did not call for speeches.

BUSINESS

The business of the society has been carried on by the executive committee with the approval of the society. Of outstanding importance was the complete revision of the Constitution and By-Laws.

PUBLIC RELATIONS

The Public Relations Committee has been active in several ways, viz.:

1. An advertising program in the Bergen Evening Record, the only daily paper in Bergen County.
2. A separate program in the Bergen Evening Record in which will appear once a week a page devoted to health news and ethical advertisements, all sponsored by the Bergen County Medical Society.
3. A public meeting to be held on the evening of June 7th when Dr. Morris Fishbein and Dr. Joseph H. Kler will appear to talk on the subject of socialized medicine.

In addition, the Public Relations Committee has continued supplying many speakers to lay organizations which have quickly responded to the realization that we are willing to send speakers.

PUBLIC SCHOOL RELATIONS

Problems have arisen in connection with the new laws regarding examination of school children and employees of boards of education and surveys for tuberculosis and syphilis. Recommendations as to these examinations have been made to all the boards of education in Bergen County; and we are working with the various county agencies involved in these matters.

PROGRESS

The year has developed nothing sensational but the attendance at our meetings, our post-graduate course, and our annual banquet has far exceeded those of other years, demonstrating the interest of the physicians of Bergen County in organized medicine.

Respectfully submitted,

G. Milton Knowles.

REPORT OF THE BURLINGTON COUNTY MEDICAL SOCIETY

By Charles A. Munro, M.D., Marlton, N. J., President

To the House of Delegates:

It is a pleasure, as President of the Burlington County Medical Society, to submit the following report.

Generally speaking, we feel that we have had a very successful year. All committees have functioned willingly and well, and coöperation among the members has existed to a high degree.

ATTENDANCE

Except for one or two meetings when the weather was inclement, attendance was above the average. However, we have noted the absence of several members who were formerly active in society work. It is sincerely hoped that these members will grace our meetings with their presence and advice more often.

SCIENTIFIC

The Program Committee, headed by Dr. Hammel P. Shipps, has furnished us with an exceptionally high type, instructive and interesting scientific program for the year. In spite of the high quality of our "outside" speakers, it is generally admitted that our "home talent" meeting proved to be the best of the year. Several members of our society presented papers on interesting cases in their practice, in a highly efficient and enjoyable manner. It is.

our belief that more such programs will stimulate greater interest.

CHILD WELFARE

Baby Keep-Well Stations are still maintained and capably conducted.

CANCER

The Society is pleased to know that a cancer clinic is being established at the Burlington County Hospital, where cancer cases can be efficiently studied, treated, and followed up.

CARE OF INDIGENTS

The members of the society have fully and generously coöperated in the State program for the care of indigents.

COÖPERATION IN COMMUNITY HEALTH PROGRAMS

The society has expressed its willingness to fully coöperate with welfare organizations in health programs such as administration of diphtheria toxoid, Shick tests, tuberculin tests, etc. Many of the individual members have appeared before lay groups, such as P.-T. A. meetings, Boy Scouts, etc., to present health programs in an ethical manner.

LEGISLATIVE SUPPORT

Dr. Quigley, of the State Society, together with our officers, Executive Committee, and the county "Key Man", Dr. Joseph Kuder, met with our newly elected Senator and Assemblyman at a dinner meeting for a pleasant round table discussion of forthcoming legislation. The society's points of view were expressed and questions were invited and answered. The legislators expressed their desire to coöperate with the medical profession in coming legislation.

PNEUMONIA TREATMENT

The society went on record as approving the granting of funds by the State for pneumonia serum for the indigent, when necessary, within reasonable limits.

VENEREAL DISEASE

Venereal clinics are continuing in operation, with capable, approved physicians in charge.

THE FUTURE

The society is looking forward to a bigger and better year for 1940-41. With the new President-Elect, in the person of the well-qualified veteran of the society, Dr. George Tracy, at the helm, we cannot fail.

Respectfully submitted,
CHARLES A. MUNRO.

REPORT OF THE CAMDEN COUNTY MEDICAL SOCIETY

By IRVIN E. DEIBERT, M.D., President, Camden, N. J.

To the House of Delegates:

We believe the Camden County Medical Society has had a most successful year. The various committees have coöperated in a splendid manner. Our monthly meetings have been well attended, with an average of about ninety members present. There are practically no outstanding dues or debts. We mourn the passing of five members during the year, and were fortunate in securing fifteen new ones, which made a net gain of ten.

SCIENTIFIC PROGRAM

This committee is to be congratulated upon the high type of programs provided, which was reflected in the increased attendance at the monthly meetings.

PUBLIC RELATIONS

The Public Relations Committee has been extremely busy due to the stimulated interest in cancer control.

MATERNAL WELFARE

Once again the excellent work of the Maternal Welfare Committee is reflected in both the maternal and infant mortality rate. Our nursing homes have been exceptionally well supervised.

GRADUATE EDUCATION

We have been most fortunate in having a very fine program due to the efforts of Dr. David F. Bentley, Chairman of the Committee on Post-Graduate Education of the State Society.

INSURANCE

Through the efforts of Dr. Robert S. Gamon, Chairman of the Committee on Insurance, we believe the majority of our members will apply for Group Hospitalization Insurance.

PNEUMONIA COMMITTEE

This committee continued to work under the able direction of Dr. Thomas M. Kain. Due to the use of the newer drugs, the committee reports they have not had quite as much experience with the serum treatment as during the year 1938-39.

CANCER CONTROL

Possibly the most outstanding accomplishment has been the work which has been done in Cancer Control. After considerable effort, we have finally succeeded in definitely establishing a Cancer Control Clinic in each of the major hospitals. It must be stated, however, that this would not have been possible without the help of the Women's Field Army for the Control of Cancer, headed by Mrs. A. Haines Lippincott, Commander, and assisted by the various women's organizations, including our own Ladies' Auxiliary to the Camden County Medical Society.

Respectfully submitted,

Irvin E. Deibert.

REPORT OF THE CAPE MAY COUNTY MEDICAL SOCIETY

By Aldrich C. Crowe, M.D., President, Ocean City, N. J.

To the House of Delegates:

The Cape May County Medical Society has had a very successful year, and can point with just pride to a number of progressive innovations, especially the publication of the first Cape May County Bulletin by Dr. Clarence W. Way. The editing of the Bulletin has entailed a great deal of work on Dr. Way's part, and the society should feel justly proud of this accomplishment.

We have tried to hold monthly meetings within the society, and we have been very fortunate in our programs. This is the first time that monthly meetings have been held in Cape May County. Also, this year we changed the election date for the election of officers to correspond with the State Society elections.

Three of the outstanding speakers have been Dr. Edward Burt, Pediatric Department of Jefferson Hospital, who spoke on "Hemorrhage in the New-Born"; Dr. Truman Schnabel, Associate Professor of Medicine at the University of Pennsylvania Medical School, gave an interesting and instructive address on "The Non-Surgical Abdomen"; and Dr. George Wilson, Clinical Professor of Neurology at the University of Pennsylvania Medical School, spoke on "The Interpretation of Pain".

We hope to have three more outstanding meetings during this year.

The first annual meeting of the Cape May County Bar Association and the Cape May County Medical Society was held Thursday, April 11th, at the Ocean City Country Club, Somers Point, N. J., with seventy members present. This is the first meeting of its kind to be held in Cape May County, and, I believe, in the State.

I want to personally thank the members of the Ladies' Auxiliary of the Cape May County Medical Society for their splendid work this year. They have been instrumental in presenting the cancer problem to the women of Cape May County. Their speakers have been leaders in the medical field.

The Cape May County Medical Society also would like to express its appreciation to Senator I. Grant Scott, and Assemblyman John Boswell, for their coöperation.

Respectfully submitted,

Aldrich C. Crowe.

ANNUAL REPORT OF THE CUMBERLAND COUNTY MEDICAL SOCIETY

By J. Franklin Reeves, M.D., President

To the House of Delegates:

The meetings of the Cumberland County Medical Society have been well attended throughout the year; and the proceedings have been carried on harmoniously and efficiently with full coöperation of all members.

The five regular afternoon meetings were supplemented by three special evening meetings,—one at each of the General Hospitals of the county,—where the programs were presented by one of the major committees stressing the work of that committee, or by the Hospital Staff.

CANCER CLINICS

Our chief project was the establishment of one or more cancer clinics in the county. To this end the program of one regular meeting was devoted to cancer control, being addressed by a member of a Wilmington, Del., tumor clinic.

At a special evening meeting the program was arranged by the Cancer Control Committee, who presented a member of Jeanes Hospital Staff. He described the methods of organization and operation of clinics.

Finally at a following meeting the Cancer

Control Committee submitted a detailed report, with rules for organizing and adminstering tumor clinics in Cumberland County, and suggesting the organization of such clinics at each of the three General Hospitals in the county. This was subsequently done.

MATERNAL WELFARE

To help improve the record of the county in the matter of maternal deaths, one special meeting was held under the auspices of the Maternal Welfare Committee which considered a digest of the proceedings of the First American Congress of Obstetrics and Gynecology, sponsored by the American Committee of Maternal Welfare. The practical portions of the proceedings were emphasized and discussed by the members present.

During the year a new *Baby Keep-Well Station* has been opened and is operating successfully.

POST-GRADUATE EDUCATION

The Committee on Post-Graduate Education, together with that of adjoining Salem County, presented a course of six lectures. These were so well attended and so well managed, financially, that a dinner was arranged, following the last lecture, to consume the surplus funds. A period of good fellowship was thus added to those of instruction.

KEY MEN

The key men have kept in touch with the county legislators, keeping them informed of the Society's opinion on pending medical legislation.

MEMBERSHIP

An effort has been made toward 100 per cent membership among those who are eligible to join our Society.

Respectfully submitted,
J. FRANKLIN REEVES.

ACTIVITIES OF THE ESSEX COUNTY MEDICAL SOCIETY

By ROYAL A. SCHAAF, M.D., President, Newark, N. J.

To the House of Delegates:

The past year has been a very active one in the history of the Essex County Medical Society. The program for the year was built around our general meetings, of which eight have been held, with the Annual Meeting on May 9, 1940, still remaining. Our programs were as follows:

OCOBER 12, 1939

Address by Dr. W. B. Morris, President-Elect of The Medical Society of New Jersey.

"Dr. Watson and Mr. Holmes"—an address by Dr. Harrison S. Martland, Medical Examiner of Essex County and Professor of Forensic Medicine, New York University College of Medicine.

"Sudden Death from Natural Causes"—an exhibit and demonstration prepared by Dr. Martland and associates.

NOVEMBER 9, 1939

"American Medicine and the National Government" an address by Dr. Morris Fishbein, Editor of the Journal of the American Medical Association.

DECEMBER 14, 1939

"Ballots, Bullets, and Bacilli"—an address by Dr. Terry M. Townsend, President of the Medical Society of the State of New York.

JANUARY 11, 1940

"Treatment of the Late Toxemias of Pregnancy"—an address by Dr. M. Edward Davis, Associate Professor of Obstetrics, University of Chicago. Illustrated with motion pictures.

JANUARY 30, 1940—SPECIAL MEETING

"The Use of Short Wave Therapy in General Practice"—an address by Dr. William Bierman, Assistant Clinical Professor, New York University College of Medicine.

FEBRUARY 8, 1940

"Treatment of Arteriosclerotic Heart Disease"—an address by Dr. Harold E. B. Pardee, Assistant Professor of Medicine, Cornell University.

"Milk Standards"—an address by Dr. Charles E. North, Consulting Sanitarian, New York University, and Dr. Elmer G. Wherry, Chairman of Milk Committee of Essex County Medical Society.

MARCH 14, 1940

"Surgical Considerations of Intestinal Obstruction" —an address by Dr. W. Wayne Babcock, Professor of Surgery, Temple University School of Medicine, Philadelphia, Pa.

MARCH 19, 1940—SPECIAL MEETING

Sound motion pictures on the following topics:

1. A surgical film from the Mayo Clinic on "Gastro-Enterostomy".

2. A new pneumonia film entitled "So You May Live".
3. A new film by the Federal Housing Authority entitled "Housing in Our Time".

APRIL 11, 1940

Pulmonary Symposium, auspices of our Lung Committee, Dr. R. H. Dieffenbach, Chairman.

"Clinical Aspects of Carcinoma of the Lung"—Dr. George G. Ornstein, Director of Sea View Hospital and Professor of Medicine, Flower Medical College, New York City.

"Clinical Aspects of Bronchiectasis"—Dr. James B. Amberson, Jr., Director of Tuberculosis Service, Bellevue Hospital, and Professor of Medicine, Columbia University, New York City.

"Clinical Aspects of Abscess of the Lung"—Dr. Harry Wessler, Chief of Lung Division of New York Beth Israel Hospital, New York City.

"Surgical Aspects of Pulmonary Diseases"—Dr. William F. Rienhoff, Jr., Associate Professor of Surgery, Johns Hopkins University, Baltimore, Md.

"Surgical Treatment of Pulmonary Suppuration" —Dr. Richard H. Dieffenbach, Chairman Essex County Medical Society Lung Committee.

The attendance at all meetings was most satisfactory, and at two meetings was quite phenomenal. The scientific programs of three of the meetings were under the auspices of certain of our scientific committees, namely, the Physical Therapy Committee, Dr. Charles A. Schneider, Chairman; the Heart Committee, Dr. Frederick A. Alling, Chairman; and the Lung Committee, Dr. R. H. Dieffenbach, Chairman. We have found that a scientific program conducted by one of our committees is a most satisfactory way of arousing interest on the part of the committee members, and increasing our attendance.

PUBLIC RELATIONS

Our Public Relations program was very comprehensive and we believe was most successful in establishing cordial relationship between the Essex County Medical Society and the people of our county. This work was undertaken under four headings:

1. *The Speakers' Bureau,* the members of which made 125 addresses, to audiences of all sizes and all types. The talks were, without exception, well received and aroused favorable comment.

2. *Press and Radio.*—Practically nothing was done with radio broadcasting, except for two brief radio talks which were given in connection with the Medical Exhibit for the Laity during February. It is our opinion that radio broadcasting by County Societies is relatively ineffective and much too expensive. We believe that medical education should be carried on through this medium either by The Medical Society of New Jersey as a whole, or by the American Medical Association.

The Press section was very active, having conducted a column called "The Story of Modern Medicine", which has been published every Saturday in the Newark Evening News since January, 1939, the articles numbering sixty-four so far. This column has presented in attractive form a great many important phases of the history and background of medicine, as well as articles of current interest, such as pneumonia, etc. We believe that this type of newspaper publicity is far superior to paid advertising by County or State Societies.

3. *Medical Social Work.*—This sub-committee of the Public Relations Committee has been most successful in establishing a friendly and cordial relationship between the Essex County Medical Society and the various social workers' groups and social agencies in our county. We have reached a very satisfactory working agreement with these groups to the mutual advantage of ourselves, the social agencies, and the general public. At the present time, the chairman of this committee, Dr. H. A. Davidson, is arranging the Essex County Regional Health and Welfare Forum, to be held May 13, 1940, in Montclair, N. J.

This committee also administers a *bureau of specialists* who volunteer their services to bedridden indigent patients. There has been considerable demand for this service throughout the year, requests coming in from physicians, social agencies, and health officers. Through this bureau are also cleared the letters received by the State Society from Essex County residents asking for medical aid.

4. *Exhibit Committee.* — The success of "Medical Week", the Medical Exhibit for the Laity held February 5-10, 1940, is a matter of history. A full account of this phase of our public relations activity appeared in the March issue of The Journal of The Medical Society of New Jersey, and requires no further comment here.

In addition to the specific sub-divisions enumerated above, there have been some public relations activities of a general character which should be mentioned. We were successful in ironing out to our mutual satisfaction a long-standing disagreement between the Essex County Medical Society and the Board of Education of the City of Newark, regarding the use of diagnostic equipment in the school clinic.

LEGISLATION

We continued our friendly contact with the legislators from Essex County, the Council of our Society having entertained the outgoing

legislators last Summer at an informal dinner, and having met the new group, which was essentially unchanged, on March 7, 1940, when the matter of the Medical Service Plan of New Jersey was discussed. It is fair to say that, while our legislators do not always agree with us, they always give us a sympathetic and friendly hearing and are most cordial to us.

Before the passage of the Uniform Medical Practice Act, the question of the *refugee physician* was very acute in Essex County. A special committee was appointed to study the problem. This committee went over the ground very carefully, and submitted certain recommendations to our Society which were endorsed and adopted as the approved policy of the Essex County Medical Society in regard to refugee physicians. This report was forwarded to the Board of Trustees of The Medical Society of New Jersey, with the recommendation that it be endorsed by them, and that the other component societies be urged to take similar action. Unfortunately, a few of the counties felt that they should make their own decisions regarding such matters, and that the State Society should not adopt a general policy regarding it.

COMMITTEES

A number of our committees have been very active, as they have in previous years, but without spectacularly noteworthy occurrences. Here should be mentioned the Cancer, Child Welfare, Heart, Lung, Maternal Welfare, Milk, Physical Therapy, Poliomyelitis, Public Health and Venereal Disease Committees.

POST-GRADUATE INSTRUCTION

Our most important achievement in the field of Post-Graduate Instruction was the securing of an affiliation of our Society with the College of Medicine of New York University. This work is to be carried on in the form of "refresher" courses which are to be given at the Newark City Hospital by various members of the City Hospital staff. A great deal of time and effort was put on this project, and our work was crowned with success. The Superintendent of the City Hospital, Dr. E. H. Snavely, and the Medical Board, headed by Dr. William Gauch, after thorough study, undertook the work, and have made an excellent beginning thus far. The first course was given by Dr. R. H. Dieffenbach on "Surgical Diseases of the Chest". It was well attended and those doctors who participated, without exception, were enthusiastic over the opportunity which had been brought to them. A number of other courses have been developed and will shortly be carried out in a similar manner.

ECONOMICS

The Economics Committee has undertaken three chief projects, none of which has been quite completed to date. They include a thorough study of the question of "Graduated Fees", the Medical Service Plan of New Jersey, and an effort to secure for the members of our society enrollment in the Hospital Service Plan of New Jersey.

MILK COMMITTEE

The Milk Committee, which has been quite inactive for some years, has been "out in front" during the past six months. There has been great agitation in Essex County for the abandonment of gradation of milk. This has aroused a great deal of discussion, and the attitude of the County Society regarding it has not been formally adopted.

WOMAN'S AUXILIARY

This report would not be complete without mention of the work which has been done by the Woman's Auxiliary during the past year. Aside from the activities which they themselves have carried out, they have participated in three major activities of the society.

The first was the annual Christmas Dinner Dance, which was most successful, and which yielded a profit enabling the Woman's Auxiliary to donate $750.00 to the Relief Fund of the Society.

The second was in the matter of the Exhibit for the Laity during "Medical Week". Members of the Auxiliary staffed the Exhibit during the entire week. The undertaking was enormous in scope, requiring 384 three-hour periods of work by different members of the Auxiliary. During the entire week there was no untoward incident, and no confusion or altercation. It is probable that no larger project has ever been undertaken by any Woman's Auxiliary.

The third was the Doctors' Dinner on March 30, 1940, preliminary to Doctors' Day on March 31, 1940. This was a most enjoyable affair, and was completely successful except that our attendance was not as large as we had hoped for. The appreciation of the Essex County Medical Society of the work of the Woman's Auxiliary was expressed by a formal vote of thanks passed at the regular meeting on February 8, 1940.

Respectfully submitted,

ROYAL A. SCHAAF.

REPORT OF THE GLOUCESTER COUNTY MEDICAL SOCIETY

By HERMAN W. WRIGHT, M.D., President, Pitman, N. J.

To the House of Delegates:

"Coöperation" has been the motto of the Gloucester County Medical Society, both with the State Society, and within our own organization. The spirit of harmony has prevailed and has made the committee machinery function smoothly and efficiently.

PUBLIC HEALTH

W. W. Pedrick, M.D., Chairman of the Public Health Committee, reports that the major part of his work has been devoted to the tuberculosis campaign. Satisfactory results have been obtained by the close coöperation of School Physicians. Few parents have objected to x-ray examinations in positive and doubtful cases.

There was some trouble with the Baby Keep-Well Station in Pitman, but that has been ironed out.

MATERNAL WELFARE

J. H. Underwood, M.D., Chairman of the Maternal Welfare Committee, reports that his committee has been active during the entire year. The Chairman, as member of the State Maternal Welfare Committee, has been thoroughly familiar with the State Society's plan. In his effort to adopt this plan to Gloucester County's individual needs, Dr. Underwood has sent a comprehensive questionnaire to each member of the society. As soon as the returns are all in, he will submit his plan to the society. Several years may be required to put any adequate plan in full operation.

VENEREAL DISEASE

B. A. Livengood, M.D., Chairman of the Venereal Disease Control Committee, reports that his clinic has more than doubled in the past year. This growth has necessitated changes in the clinic schedule, and addition to the medical staff.

PUBLIC RELATIONS

T. K. Collins, M.D., Chairman, reports that the chief activity of the Public Relations Committee has been to supply speakers to various social and fraternal groups. These organizations were permitted to choose their topics when possible. More than 75 per cent of these groups wanted to know more about "School Child Health". Since many groups plan their programs months in advance, Dr. Collins reports more engagements already made for next year than were given this year.

LEGISLATION

W. J. Burkett, M.D., Chairman of the Legislative Committee, reports activity for his committee. As Vice-Chairman of the State Society's Legislative Committee, and as Key Man for Gloucester County for the State Society, Dr. Burkett has been able to keep the Gloucester County Society's members well informed concerning legislative matters. He reports that our legislators have been most cooperative, always open to reasoning, and always anxious to support legislation that is just and to the best public interest.

COUNTY SOCIETY INTEREST

Attendance and interest at the regular meetings has been growing steadily. The last meeting hit a new high for attendance in the history of the Society.

Respectfully submitted,
HERMAN W. WRIGHT.

ANNUAL REPORT OF THE HUDSON COUNTY MEDICAL SOCIETY

By JAMES F. NORTON, M.D., President, Jersey City, N. J.

To the House of Delegates:

The Hudson County Medical Society is happy to report the largest paid-up membership for the current year in the history of the society.

The members have not only increased in number, but also in activities, as was well demonstrated in the widespread program and exhibits of scientific work shown at the time of the Second Annual Fall Clinical Conference of The Medical Society of New Jersey, held in our county, and to which we were glad to act as host.

Among the scientific speakers of note who addressed our meetings during the year were:

Dr. Emil Novak, Associate Gynecologist, Johns Hopkins Medical School, on "Endocrine Aspects of Gynecology".

Dr. Edwin H. Place, Professor of Contagious Diseases, Tufts Medical School, "Experience in Diagnosis and Treatment of Acute Infectious Diseases".

Dr. Arthur M. Fishberg, Physician, Mt. Sinai Hospital, New York City, "Recent Advances in Cardiovascular-Renal Diseases".

Dr. Perrin H. Long, Associate Professor of Medicine, Johns Hopkins Medical School, "Clinical Evaluation of the Therapeutic Effects of Sulfanilamide, Neoprontosil, Sulfapyridine, and the Sulfathiazoles".

There were also two motion pictures shown, "Radium Treatment of Cancer of the Cervix", by Max Cutler, M.D., of Chicago, and "The Prevention and Treatment of Eclampsia", by Joseph B. DeLee, M.D., of Chicago.

Dr. Josephine B. Neal, Associate Director, Bureau of Laboratories, Board of Health, New York City; Clinical Professor of Neurology, Columbia University, "Diagnosis and Treatment of Acute Infectious Diseases of the Central Nervous System in Children".

Dr. Frederic E. Elliott, Chairman, Medical Economics Committee, Medical Society of the State of New York.

Dr. George A. Blakeslee, Professor of Neurology and Psychiatry, New York Post-Graduate Medical School and Hospital, "Common Neurological Entities in General Practice".

Our members on both the county and State Society committees have been active and faithful, and our activities, whenever possible, have been integrated with those of the State Society program. To our many new members we say "Welcome"; and to those who have departed during the year we say "Godspeed".

In our monthly meetings we have tried to balance in our programs the proper proportions of the newer scientific advances in medicine, the economics of practice and distribution of medical services, and a fair amount of good-fellowship which is necessary to insure the knowledge, vitality, mental alertness and confidence which are essential in the successful practice of our profession.

Dr. George Wilkinson was made an Honorary member of the Hudson County Medical Society this year.

Public Relations work has been done by our Publication Committee through addresses to groups by radio broadcasts; and through the Health Observance Week, participation has been noteworthy.

Respectfully submitted,

JAMES F. NORTON.

REPORT OF THE HUNTERDON COUNTY MEDICAL SOCIETY

By JOSEPH J. CARTISSER, M.D., Sergeantsville, N. J.

To the House of Delegates:

As retiring President of the Hunterdon County Medical Society, I wish to make the following report of the year's activities. From the first we have endeavored to coöperate with the State Society in all activities, but especially in the legislative field, communicating to our Governor, Senator, and Assemblyman our emphatic opinions on various pertinent bills.

In an effort to keep Hunterdon County medical men one hundred per cent associated with organized medicine, we have admitted three new members and accepted one transfer from Mercer County.

RECOGNITION OF MERIT

In continuation of our practice of honoring our older members, in October we awarded Dr. Fulper a certificate and key in recognition of fifty years of practice. At the same meeting we received with deep regret the resignation of Dr. E. W. Closson as treasurer of this society, because of ill health. With sympathy and a sense of loss, we accept his retirement from active participation.

We have lost one member through death. Dr. Thomas will not soon be forgotten.

Whe thank Dr. English and his staff at Glen Gardner State Hospital; Dr. Cardwell of the State Public Relations Committee; and Drs. Irving Applebaum and Harry Brodkin, of Newark, for their participation in our meetings and assuring their success.

In our last meeting of the year we hope to initiate the new practice of holding one non-medical meeting during the year.

I wish to thank the members, and especially the various committees, for their splendid cooperation throughout the year, and ask them to extend the same courtesies to my successor.

Respectfully submitted,

JOSEPH J. CARTISSER.

REPORT OF THE MERCER COUNTY MEDICAL SOCIETY

By ELMER J. ELIAS, M.D., President, Trenton, N. J.

To the House of Delegates:

The Mercer County Medical Society has held all of the nine monthly meetings which are scheduled for each year. Its principal programs have been of a practical nature. The November meeting is given over to sociability and the annual dinner.

The society has a Building Committee which is considering ways and means for obtaining a permanent home for the society, with rooms for assemblies, conferences, and a library.

The society is coöperating with the American Society for the Control of Cancer, the Anti-tuberculosis League, and other lay organizations that take part in public health activities.

Respectfully submitted,
ELMER J. ELIAS.

REPORT OF THE MIDDLESEX COUNTY MEDICAL SOCIETY

By B. F. SLOBODIEN, M.D., President, Perth Amboy, N. J.

To the House of Delegates:

The Middlesex County Medical Society has held all its nine regularly scheduled monthly meetings, with a good attendance at each.

The society approved venereal disease clinics for indigents in Middlesex County, wherever necessary, and members of the society cooperated in its operation.

The society has coöperated with the County Tuberculosis Health League in its popular projects.

Members of the County Society have given their hearty coöperation in a campaign of popular medical education, especially in supplying speakers to women's organizations and study clubs.

The society has promoted a fellowship with the druggists by promoting a dinner on November 15, in honor of Dr. E. Z. Hawkes, President of the State Medical Society, and Oscar Singer, President of the New Jersey Pharmaceutical Association.

One-half of each meeting is devoted to the scientific, where capable speakers are procured to address the society; and the other half is taken up by the business part of the society's needs.

Respectfully submitted,
B. F. SLOBODIEN.

REPORT OF THE MONMOUTH COUNTY MEDICAL SOCIETY

By ROBERT A. MACKENZIE, M.D., President, Asbury Park, N. J.

To the House of Delegates:

The September meeting, the first of the Society year under present leadership, was given over to consideration of recent developments in the fight of American Medicine against regimentation. Dr. Stanley Nichols, Chairman of the Public Health Committee of the State Medical Society, traced the changes in medical practice in the past twenty years; reported the findings of the Governor's Conference on Health and Welfare, in which he took an active part; and made interesting predictions for the future. Dr. E. W. Lance, Chairman of the State Society Committee on Voluntary Health Insurance, described the progress of his committee work.

In subsequent Society meetings medical economics has had no part except as brought out in a report of committee activities. Our county committees integrate their efforts carefully with similar groups working in the interest of the State Society as a whole. Believing that the rank and file of our membership should know the great amount of work done in their behalf, a brief report of some phase of State and county activity has been given at each of our meetings. In almost every case the report has been given by one of our Monmouth County appointees to a State Society office. Thus we have learned nitimately of the crippled children's work, and activities in behalf of maternal welfare, cancer, tuberculosis, and venereal disease control.

The major portion of the meeting program has been the presentation of a scientific paper by an invited guest and discussion of the subject presented. The list of distinguished speakers follows:

Dr. Harold Hyman, of New York
Dr. H. Dawson Furniss, of New York
Dr. Arthur Christian DeGraff, of New York
Dr. John Erdmann, of New York
Dr. Richard A. Kern, of Philadelphia, Pa.

The April meeting of the Monmouth County Medical Society will be a dinner meeting, and the wives of members are invited. Annual election of officers will take place at this time. President Robert C. Clothier of Rutgers University will be our guest and speaker.

In May, as is customary, we hold our regular meeting at the State Hospital in Marlboro. The Hospital Staff has always provided for this occasion a program of clinical demonstrations. This year the emphasis will be upon prevention of disease. Our Committee on Mental Hygiene will have charge of the program.

In June an afternoon of sports and an informal dinner will bring an end to the Society year under the present officers.

EXECUTIVE COMMITTEE

The Executive Committee has met once a month sixteen days before the regular Society meeting. In this meeting correspondence is considered, and the business of the Society is largely transacted. As an innovation this year the chairman of one of our committees has attended one of these meetings with members of his committee to discuss their plans and problems. This serves also to acquaint the visitors with the work of the Executive Committee, and arouses their interest in County Society activities. The Executive Committee continues to serve to train men for future leadership in the Society.

MEMBERSHIP AND ATTENDANCE

The addition of eleven new members has strengthened the Society materially. Each of these members has been voted upon by ballot; and after his election, he has been formally introduced to the members in an open meeting. To each one, also, the officers have tried to open the way to better understanding of professional traditions and local conditions. The total membership is now 140, as compared with 131 on April first, 1939.

Attendance at regular meetings has averaged 45 per cent of the total membership. This is not a good record, and is discouraging in view of the excellence of meeting programs and the importance of our business.

COÖPERATION WITH PRIVATE AND PUBLIC HEALTH AND WELFARE AGENCIES

In Monmouth County the "public practice" of medicine is very well developed. More than half of our members receive remuneration for service in clinics or schools. Among the clinics are:

Baby Keep-Well Stations
Venereal Disease Treatment
Tuberculosis Diagnosis
Prenatal
Planned Parenthood.

In addition, a Feld Physician receives a small stipend for his work in coöperation with the State Department of Health in furthering maternal and child welfare.

We are fortunate in the excellent coöperation which we receive from the admirably efficient Monmouth County Organization for Social Service, and from Welfare Board and health officers.

The hospitals continue to render a large dispensary service, and our members give free service in these clinics as in the hospital wards. It is our constant effort, also, to improve the quality of work. Special clinics in allergy, metabolic disorders, and rectal conditions have been developed. There seems no reason to doubt the conscientious effort of the hospital authorities to restrict dispensary service to the medically indigent.

New trends of significance, not without encouragement, are the leadership of our profession in formulating plans for tuberculosis detection under the Public Laws, Chapter 294, and in attempts to clarify and standardize the responsibilities and methods of school physicians. Specifically the *Tuberculosis Sub-Committee* of our Public Health Committee met in January upon invitation with representatives of welfare groups. The committee made plans, later approved by our Society in regular meeting, for efficient and equitable skin test and x-ray examination of school children. These recommendations are now before the several Boards of Education of the county. The *School Physicians' Committee* has also obtained the Society's approval of their plan for compliance with Chapter 295 of the Public Laws, and will continue its efforts in behalf of objectives mentioned above.

As in the fight against tuberculosis, so in the *care of the aged* the Monmouth County Organization for Social Service functions efficiently and well in full understanding of the doctor's problems and consideration for his interest. In February a number of our doctors, including the Chairman of our Committee on the Care of Patients Receiving Old Age Assistance, met at the home of the President of the Monmouth

County Organization for Social Service, with Mr. Dowdell, State Director of Old Age Assistance, and Dr. Carl Rice, Medical Consultant of the Federal Social Security Board. The problem of direct payment to physicians for services to these pensioners was thoroughly discussed.

REVISION OF CONSTITUTION

An important work, contemplated and attempted for some years past, was brought to completion on March 27. The Constitution and By-Laws of the Monmouth County Medical Society have been revised and adopted.

Important changes in the By-Laws include, first, the requirement of one year's residence in the county before application for membership.

The second change has to do with contract practice. We are concerned only with a contract that provides treatment. Submission of such a contract, and approval by the Board of Censors, are necessary for the acceptance of a new member, and the continued good standing by present members. It is a fact that the intent to eliminate the cheap and vicious lodge type of contract practice can be accomplished without unfairness to anyone.

BULLETIN

The monthly bulletin of the Monmouth County Society has been enlarged and improved in form and type. The Bulletin carries the minutes of the Executive Committee meeting and other committee reports. The "President's Page" contains pertinent observations and information. A calendar, list of new members, personal items, and health board statistics complete the content. Advertisements have been accepted on an annual basis for the first time; and partially defray the cost of printing the Bulletin.

COMMITTEE ACTIVITIES

The functioning of committees has been several times referred to in the preceding paragraphs of this report.

In addition to activities noted in earlier paragraphs of this report, the holding of a Maternal Welfare Round-Table every second month has been a successful new venture. On alternate months the hospital obstetrical staffs hold separate meetings—to which visitors are also welcome. Three joint round table conferences have been called by the Maternal Welfare Committee with increasing interest and attendance.

Respectfully submitted,

Robert A. MacKenzie.

REPORT OF THE MORRIS COUNTY MEDICAL SOCIETY

By Ervin McElroy, M.D., President, Rockaway, N. J.

To the House of Delegates:

The Morris County Medical Society has held business meetings every month, and at each meeting one or more guest speakers have given addresses on subjects of interest to the general practitioner.

POST-GRADUATE

The Post-Graduate Educational Committee of the society had six lectures in medicine and surgery, which were very well attended and very instructive.

WELFARE COMMITTEE

Representatives of our County Society have attended the Welfare Committee meetings of the State Society and have promptly reported them to us.

COÖPERATION

The Cancer Control Committee is coöperating with the New Jersey State Cancer Committee; the Maternal Welfare Committee with the State Maternal Welfare Committee.

SURVEY

Our medical survey conducted in the county this year showed the medical needs of the county to be adequately taken care of by the profession.

Respectfully submitted,

Ervin McElroy.

REPORT OF THE OCEAN COUNTY MEDICAL SOCIETY

By J. Edwin Obert, M.D., President, New Egypt, N. J.

To the House of Delegates:

The Ocean County Medical Society year of 1939-1940 has been marked by the completion of several outstanding objectives which will of necessity have a noticeable influence upon the practice of medicine in the county for several years to come. All committees have been extremely diligent and active, and the coöperation throughout the Society has been of the best.

ENTERTAINMENT COMMITTEE

The Entertainment Committee has functioned well during the past year. Dinners were arranged for practically all the meetings.

On April sixth, the Entertainment Committee arranged a dinner-dance which the society gave in honor of the ladies of the Woman's Auxiliary at the Laurel-in-the-Pines in Lakewood. The function was well attended and enjoyed.

SCIENTIFIC

The Scientific Committee has arranged many admirable programs during the year. Among the speakers whom they have obtained were Dr. Elias J. Marsh, Dr. LeRoy A. Wilkes, Dr. Watson B. Morris, Dr. William Herrman, Dr. Walter F. Kinney, Professor of Urology at Jefferson Medical College, and Dr. Benjamin Kramer, Professor of Pediatrics at Long Island Medical College. In addition, at several of the meetings moving pictures were shown of various medical and surgical subjects.

PAYING HOSPITAL DOCTORS

To correct an impression among the general public that physicians caring for indigent hospital cases are paid by the county for such services, the Society obtained the coöperation of the two county hospitals in presenting each indigent patient leaving either hospital with a card stating the exact financial status of his case.

WOMAN'S AUXILIARY

The society has endorsed and sponsored the following notable and ambitious program of the Woman's Auxiliary:

1. The enrolling of the physicians of the County Society in the "Society for the Relief of Widows and Orphans of the Medical Men of New Jersey".
2. The placing of books in the various libraries of the county in memory of deceased physicians.
3. The holding of an essay contest on "Health" in the various high schools of the county, culminating in a general public meeting in Lakewood for the awarding of prizes to the winners of this contest.
4. The establishing of a speakers' bureau from our own county physicians, and the contacting of lay organizations in this connection.
5. The maintenance of the Blood Transfusion Fund (which was inaugurated last year) and the legal incorporation of this fund.

CLINICS

The Ocean County Medical Society has always been instrumental in keeping the county free of clinics, basing this action on the premise that in such a small population group, it is much more economical and efficacious for indigent ambulatory patients to be cared for free of charge in the offices of the doctors of their own choice.

During the year the society withdrew its endorsement of a venereal disease clinic which had been established on a one-year experimental basis in coöperation with the State Department of Health, because of an inadequate amount of work performed, and patients cared for in this clinic.

The County Society has coöperated with the National Youth's Administration by doing Wassermanns and physical examinations upon its charges gratis, and with a free choice of physician.

MEMBERSHIP

During the past year four new members were added to the society's roster. There were no deaths.

TUBERCULOSIS

A committee was formed to study the application of the new law requiring tuberculosis examinations of all high school pupils; and after considerable study of the situation this committee worked out a program whereby the society could offer the various Boards of Education to do this work at a rate of approximately one dollar per high school student. This work will be performed under the supervision of our committee.

CANCER

The County Society has endorsed the Field Army for the Control of Cancer and the county is rapidly being organized for this purpose.

LEGISLATION

Through the Legislative Committee and through direct communications from the society as a whole, the legislators of Ocean County have been contacted on all matters recommended by the State Society.

INDIGENT CASES IN HOSPITALS

In order to remedy a rather pernicious situation whereby various welfare and political groups could have indigent patients admitted to the county hospitals without previous examination by a physician, a committee was formed early in the year to study this situation. As a result of very splendid work on the part of this committee, the coöperation of the Board of Freeholders, the Ocean County Health Department, and the hospitals has been secured. Under the new set-up, no indigent patient may be admitted to a county hospital who does not possess an official form properly executed by a qualified physician.

COÖPERATION

The year 1940-41 holds promise of being even more active and progressive. We pledge coöperation of this society with the State Medical Society, and with the other component societies throughout the State.

Respectfully submitted,
J. Edwin Obert.

REPORT OF THE PASSAIC COUNTY MEDICAL SOCIETY

By Wayne Willard Hall, M.D., President, Paterson, N. J.

To the House of Delegates:

A quarter of the entire membership of the Passaic County Medical Society served on one or more committees during the past year. The results of their works have borne fruit most bountifully. All of our committees have functioned most satisfactorily during the past year.

MENTAL PATIENTS

For many years our indigent patients who are mentally afflicted have been confined in a special cell of a hospital, or jail, until a transfer to the State hospital could be arranged.

Due to the persistent efforts of Dr. Thomas A. Clay, and the Committee on Mental Hygiene, with the sympathetic coöperation of the Passaic County Welfare Board, the Board of Freeholders, and Mr. Donnelly, we shall soon have facilities for their care.

MATERNAL WELFARE

The Maternal Welfare Committee in its plan to improve obstetrical practice, has introduced a series of round table conferences. Interesting cases from our local hospitals have been presented, followed by a general discussion led by various attending local obstetricians.

PROGRAM COMMITTEE

Our Program Committee presented a most interesting and diversified series of lectures by both local and guest speakers for the free postgraduate course.

POPULAR PUBLICITY

Following the recommendation of the State Public Relations Committee, our society has published a most instructive series of articles in three of our local papers for the purpose of bringing about a better understanding between the public and the medical profession.

AUTOPSIES

An agreement on the proper procedure to be followed in the performance of autopsies has been affected with representatives of the Funeral Directors Association by our Committee on Necropsies.

CANCER CONTROL

Our Cancer Committee, in coöperation with the Passaic County Chapter of American Society, has presented a symposium on several subjects at the various hospitals.

A special program for the public consisting of exhibits, lectures on various subjects concerning cancer by local physicians, and motion pictures, is now being prepared by Dr. William Spickers and his committee for the week of April 29 to May 4.

COUNTY PATHOLOGIST

Practically single-handed, the office of County Physician has been changed by Dr. T. A. Clay. We now have a County Physician, who is specially trained in pathology, to perform his own autopsies; an assistant county physician, and a psychiatrist, at no additional cost to the taxpayer.

COUNTY SOCIETY BULLETIN

Under the joint editorship of Drs. Mott and Thron, our bulletin has been very useful in bringing to our members matters of importance, both locally and from the State Society.

Respectfully submitted,
Wayne W. Hall.

REPORT OF THE SALEM COUNTY MEDICAL SOCIETY

By C. Spencer Davison, M.D., President, Salem, N. J.

To the House of Delegates:

The Salem County Medical Society has held the nine monthly meetings which have been regularly scheduled, including a Spring "shad dinner", and anticipates the pleasure of entertaining the annual meeting of the Fifth Councilor District on May 17th.

The County Society is coöperating actively with the County Board of Freeholders in conducting weekly clinics in venereal diseases, held in two centers in the County, at which over 150 patients received regular treatment for syphilis.

The Farm Security Administration on Health is carrying on its health program under the advice and direction of the County Medical Society.

Respectfully submitted,

C. Spencer Davison.

REPORT OF THE SOMERSET COUNTY MEDICAL SOCIETY

By Albert W. Pigott, M.D., President, Skillman, N. J.

To the House of Delegates:

On March 15, 1940, the Somerset County Medical Society had an active membership of fifty-nine. There have been several new members elected during the year, and some transfers from the society.

MEETINGS

Monthly meetings have been held, alternating between scientific and business meetings. Prior to this year meetings were held every other month.

The society has coöperated with the State Society in its various activities.

We have had discussions regarding the trend of medical practice and analysis of legislation affecting the practice of medicine.

COÖPERATION

The society has coöperated with local and county health associations, especially with the Somerset County Tuberculosis and Health Association, in its efforts to control the spread of tuberculosis in the county.

CONSTITUTION

The Committee on the Revision of the Constitution and By-Laws has been active, and this revision will be completed in the near future.

POST-GRADUATE CLINIC

The society is sponsoring a post-graduate clinic to be held some time in the Fall. The details have not been completed.

COMMITTEES

The Committees on Venereal Disease Control, Public Relations and Maternal Welfare have been active.

Respectfully submitted,

Albert W. Pigott.

REPORT OF THE SUSSEX COUNTY MEDICAL SOCIETY

By August H. Groeschel, M.D., President, Sussex, N. J.

To the House of Delegates:

During the current year the Sussex County Medical Society has had two business meetings,—the first on October 11th, 1939; the second on January 15th, 1940. A third business meeting, with election of officers for the coming year, is planned for May 15th. The business meetings were well attended, and several local issues were discussed and decisions effected. Interest was displayed in the problems of the State Society; and correspondence with its officers and committees was discussed.

POST-GRADUATE LECTURES

No scientific speakers appeared before the society at the regular meetings. However, the

series of post-graduate lectures, six in all, was enthusiastically received, and drew an appreciative, interested, and grateful audience.

All committees have functioned as actively as limited material and organization would permit.

There exists a very definite problem whose solution, I am frank to admit, has not been furthered this year during my incumbency. The problem is, how to make a small county society, made up of a relatively few doctors, living in rather widely separated localities, into an active, interested, understanding, and articulate component of the State Society, cognizant of the problems affecting the medical profession as a whole, and more particularly the problems affecting the State Society as the official organization representing the medical profession to the people of this State.

I feel that an official unit of the State Society, taking in all the doctors in several, neighboring, thinly-populated counties (for example, Warren, Sussex, and Morris Counties), would be a more effective, important, and active part of the State Society than any one or all three of the smaller county societies, each functioning independently.

Consolidation of small and necessarily ineffective units into a single large unit has produced results in other fields, such as business and education; and I believe it would do the same in the organization of the State Medical Society.

Further, it does not follow that the logical and practical structure for organization of component parts of the State Medical Society depends upon the geographic boundaries of specific counties. In the more populous areas this may be true; but in the outlying, sparsely populated districts, I believe it is not true.

Obviously, there would be certain disadvantages in consolidation; but I believe that these would be definitely outweighed by the benefits obtained.

The foregoing is my own personal opinion. It very probably does not reflect the opinions of many of the individual members of the Sussex County Medical Society. I offer it in answer to your officers' request for suggestions for improving the coöperation between the State and the County Societies.

Respectfully submitted,

August H. Groeschel.

REPORT OF THE UNION COUNTY MEDICAL SOCIETY

By Rowland P. Blythe, M.D., President, Cranford, N. J.

By the first of March, 1939, the Union County Medical Society established its headquarters at 1137 East Jersey Street, Elizabeth, N. J., in conjunction with its own Medical Service Bureau. An Executive Secretary was secured to supervise both the County Office and the Bureau, with the idea of providing a contact with the County Society members and the various organizations in Union County.

Our Executive Secretary has been able to function as a means of keeping the County Society members alert and cognizant of what the layman is thinking and doing in regard to various health problems. The lay organizations in return have been informed as to the need for medical legislation and the position and beliefs of the medical profession regarding their own and civic problems through the Executive Secretary speaking at their meetings, and providing other physicians to speak on medical and health problems.

Among the contacts thus established this year are included: Parent-Teacher Association groups in Rahway, Linden, Clark Township and Summit; political and college clubs in Plainfield and Rahway; Visiting Nurses Association in Elizabeth; the Union County Youth Welfare Council; and other social agencies.

The reorganization of the Professional Guild of Union County was accomplished in the Fall of 1939. This Guild includes many doctors, dentists, nurses and druggists in the county who are interested in trying to assist each other in regard to any of the problems of these individual groups, especially as in regard to legislative questions.

CENTRAL OFFICE

The establishment of a central office of the Union County Medical Society, a clearing house for all of the Medical Society work, has resulted in more efficient coöperation among the society members and has acted somewhat as a medical information bureau.

MEDICAL SERVICE BUREAU

The Medical Service Bureau can be well described by a quotation from the Elizabeth Journal: "Union County, through an agency set up and controlled by the Union County

Medical Society, is declared to be one of the few places in the United States where the problem of medical bills, equally troublesome to the doctor and the patient, is being solved with considerable success.

"Organized in 1936 as a joint project of the Union County Medical and Union County Dental societies, the Medical Service Bureau of Union County, Inc., functions now at 1137 East Jersey Street under the sole jurisdiction of the physicians' organization. Many members of the dental profession make use of the Bureau's services, however, despite the withdrawal of the dentists' organization as a co-sponsor.

"Although chiefly aimed as solving the physicians' economic problems by handling accounts which have been difficult to collect, the Bureau also was formed to 'promote closer professional, social and business relationships; to establish closer economic relationship between the public and the medical profession; to provide for anticipated family health needs; and to provide allocation of medical and allied professional service to charity cases and to needy persons'."

The main function of the Bureau is to aid persons in budgeting their medical expenses in the same manner as they would use a time-payment plan to purchase furniture, clothing, or an automobile. Budgeted payments for medical services are made to the Bureau, which is supported by the physicians. The Bureau, which functions with an Executive Secretary, also advises persons on how to plan for needed medical attention.

We believe that having an Executive Secretary, a central medical society office, and the Medical Service Bureau have been projects well worth the effort the society members have spent on them.

Respectfully submitted,
ROWLAND P. BLYTHE.

REPORT OF THE WARREN COUNTY MEDICAL SOCIETY

By WALLACE R. BOSTWICK, M.D., President, Blairstown, N. J.

The annals of such a society as ours are necessarily meager. Twenty-seven widely scattered members, most of us practicing in small rural towns, who meet only three times a year, find some difficulty in making history. Harmonious relationships and a surprisingly good attendance at these meetings, however, have made the year a pleasant one for the President.

Our main activity during the year has consisted of internal reorganization. By-laws have been altered to conform with those of the State Society and to provide an Executive Committee; committees have been reorganized; and chaos in the Secretary's office has been reduced to order.

Our program schedule started with a talk by Dr. Hance, of Easton, on "Sterility", which proved so interesting that he was persuaded to talk on "Prostatitis" at the next meeting. Obstetrical movies featured the final meeting. Luncheons followed two of the meetings, with members of the Woman's Auxiliary adding to the festivities.

Other activities have included formation of "coöperating physicians' clinics" under the Venereal Disease Control program; a Well-Baby Clinic; coöperation with the Cancer Control Committee; and aid to the American Legion drive to provide Warren Hospital with respirators and oxygen tents.

It is felt that closer coöperation with the State Society in the future—which depends on more information as to State activities—will result if Warren County can be represented by one member on each of the major State committees. If such members report at our meetings, we will know a great deal more about certain projects, and be better able to coöperate in the activities.

Respectfully submitted,
WALLACE R. BOSTWICK.

REFERENCE COMMITTEES

The several Reference Committees to whom reports and resolutions to the House of Delegates are referred, have greatly facilitated the transaction of the business of the House of Delegates. They have also contributed to the satisfaction of members who wish to express their ideas and feelings without embarrassment to themselves or to the other delegates. There is obviously too little time for debates on the floor of the House; but the Reference Committees, meeting informally, afford the opportunity to any member to express himself freely, without fear of being subjected to criticism. Notices of the time and place of meetings of each Reference Committee will be posted in conspicuous places during the Annual Meeting.

The following is a list of the Reference Committees appointed by President Hawkes in accordance with the By-Laws, Chapter VIII, Sections 12 and 13:

Reference Committee "OFF" on reports of:

The President
The Board of Trustees
The Executive Officer
The Secretary
Addresses of the President and President-Elect

David B. Allman, Chairman ... Atlantic County
Reeve L. Ballinger ... Hudson
Henry B. Orton ... Essex
Adolph Towbin ... Ocean
J. Allen Yager ... Passaic

Reference Committee "PUB" on reports of:

The Publication Committee
The Sub-Committee on Public Relations
County Society Presidents

James F. Norton, Chairman ... Hudson County
Marcus H. Greifinger ... Essex
Baxter A. Livengood ... Gloucester
Arcangelo Liva ... Bergen
Bernard C. McMahon ... Morris

Reference Committee "FIN" on reports of:

The Committee on Finance and Budget
The Treasurer

Edward W. Sprague, Chairman ... Essex County
Henri E. Abel ... Union
Samuel A. Cosgrove ... Hudson
Andrew F. McBride ... Passaic
H. Burton Walker ... Cumberland

Reference Committee "LAW" on reports of:

The Sub-Committee on Legislation
The Judicial Councilors
The State Board of Medical Examiners

Walter J. Farr, Chairman ... Bergen County
William H. Areson ... Essex
Thomas J. Walsh ... Union
George F. Dandois ... Cape May
H. Garrett Miller ... Cumberland

Reference Committee "PROG" on reports of:

The Committee on Annual Meeting
The Sub-Committee on Scientific Program
The Sub-Committee on Scientific Exhibits
The Advisory Committee to the Woman's Auxiliary.

Joseph F. Londrigan, Chm. ... Hudson County
Lawrence H. Bloom ... Warren
William L. Vroom ... Bergen
John V. Smith ... Middlesex
John W. Gray ... Essex

Reference Committee "WEL" on reports of:

The Welfare Committee
The Ways and Means Committee
The Post-Graduate Education Committee

Clarence W. Way, Chairman ... Cape May County
A. Dunbar Hutchinson ... Mercer
Theodore Thompson ... Ocean
E. LeRoy Wood ... Essex
Robert E. Watkins ... Monmouth

Reference Committee "PH" on reports of:

The Sub-Committee on Public Health
The Advisory Committees on:
Cancer Control
Venereal Disease Control
Mental Hygiene
Adult Health Supervision
Tuberculosis
Child Health
Maternal Welfare
Crippled Children
Pneumonia Control
Traffic Accidents
Conservation of Vision
The Special Committee on Study of Eugenic Sterilization

David W. Green, Chairman ... Salem County
Frank W. Ash ... Passaic
Harrold A. Murray ... Essex
William L. Williamson ... Hudson
William C. Wilentz ... Middlesex

Reference Committee "MP" on reports of:

The Sub-Committee on Medical Practice
The Advisory Committees on:
Contract Practice
Hospital Relationships
Medical Care of the Indigent
Nursing and Nursing Education
Workmen's Compensation
Auxiliary Medical Services
Pharmaceutical Problems
Industrial Health and Hygiene

Royal A. Schaaf, Chairman ..... Essex County
Frederic W. Lathrop ..... Union
Daniel F. Featherston ..... Monmouth
Henry Haywood ..... Middlesex
Barclay S. Fuhrmann ..... Hunterdon

Reference Committee "INS" on reports of:
The Committee on Medical Defense and Insurance
The Medical Service Administration of New Jersey

Hilton S. Read, Chairman ..... Atlantic County
Vincent P. Butler ..... Hudson
Harry N. Comando ..... Essex
Donald O. Hamblin ..... Somerset
Sigurd W. Johnsen ..... Passaic

Reference Committee "MISC" to consider:
Miscellaneous Business

J. Lawrence Evans, Chairman .. Hudson County
Frank Bien ..... Essex
D. Ward Scanlan ..... Atlantic
S. Emlen Stokes ..... Burlington
Nathan Swern ..... Mercer

SPECIAL REFERENCE COMMITTEES

I. Credentials

Thomas B. Lee, Chairman .. Camden County
George J. Young, ex-officio ..... Morris
Alfred Stahl, ex-officio ..... Essex

II. Resolutions and Memorials

Max Danzis, Chairman ..... Essex County
Ellis J. Chapman ..... Hudson
Hammell P. Shipps ..... Burlington
Wayne W. Hall ..... Passaic
Ernest G. Hummel ..... Camden

III. Constitution and By-Laws

David A. Kraker, Chairman .. Essex County
Samuel Alexander ..... Bergen
Thomas McG. Brennock ..... Hudson
Lorrimer B. Armstrong ..... Union
George N. J. Sommer ..... Mercer

THE MEDICAL SOCIETY OF NEW JERSEY
MEMBERS DECEASED SINCE THE LAST ANNUAL MEETING
JUNE 6, 1939

NAME AND DATE OF DEATH	RESIDENCE
Paul O. M. Andreae, Nov. 28, 1939	Jersey City
William Brewer, Jan. 28, 1940	Woodbury
Edward L. Burns, Jan. 29, 1940	Newark
Thomas L. Caldroney, Aug. 2, 1939	Ridgefield Park
John C. Clayton, Nov. 25, 1939	Freehold
James L. Cobham, Oct. 9, 1939	Jersey City
John F. Condon, Dec. 8, 1939	Newark
George M. Culver, Oct. 19, 1939	Jersey City
Frank Devlin, Feb. 23, 1940	Newark
Arthur H. Dundon, June 20, 1939	North Plainfield
Louis J. Ferenczi, July 18, 1939	Bayonne
William Freile, July 3, 1939	Jersey City
Osher Gordon, Dec. 5, 1939	Passaic
Frederick W. Hagney, July 23, 1939	Newark
Eugene Z. Hillegass, Oct. 8, 1939	Mantua
George A. Holland, Jan. 4, 1940	Newark
Charles R. Hutcheson, Sept. 22, 1939	Camden
George L. Johnson, Dec. 12, 1939	Morristown
Charles J. Kane, Jan. 16, 1940	Paterson
Sidney C. Keller, July 7, 1939	Newark
Selden T. Kinney, Mar. 31, 1940	South Amboy
Carl R. Keppler, Dec. 27, 1939	Newark
Frederick A. Kinch, Oct. 25, 1939	Westfield
David M. Marks, Sept. 15, 1939	Jersey City
William S. McDannald, July 10, 1939	Tenafly
Levings A. Opdyke, July 6, 1939	Jersey City
M. Myer Pinsky, Oct. 6, 1939	Camden
William Rado, Dec. 30, 1939	Newark
Earle C. Reynolds, Feb. 19, 1940	Passaic
William J. Scruggs, Feb. 19, 1940	Camden
Allton L. Sherman, Jan. 9, 1940	Orange
Barnett H. Sirott, Mar. 24, 1940	Perth Amboy
Floyd A. Thomas, Aug. 9, 1939	Flemington
Herman Trossbach, Oct. 1, 1939	Bogota
C. Fred Webner, Jan. 28, 1940	Newark
William L. Wilbur, June 11, 1939	Hightstown
Arthur C. Wilkes, Feb. 2, 1940	Newark
George Wilkinson, Aug. 17, 1939	Jersey City
Maurice R. Zentner, Oct. 30, 1939	Trenton

THE MEDICAL SOCIETY OF NEW JERSEY

174th ANNUAL MEETING—June 3, 4, 5, and 6, 1940—HADDON HALL, ATLANTIC CITY—ROOM ASSIGNMENTS

MONDAY, JUNE 3

ALL-DAY FEATURES

Scientific Exhibits—Vernon Room
Lounge Floor

Art and Hobby Exhibits—Sun Porch
Lounge Floor

Technical Exhibits—Parlor
Lounge Floor

REGISTRATION—Parlor, Lounge Floor

EXECUTIVE OFFICES AND PRESS ROOM—
Room "A", Lounge Floor

6:30 P. M.

Fellows' Dinner—Bakewell Room
1st Floor

8:00 P. M.

Trustees' Meeting—Mandarin Room
13th Floor

8:30 P. M.

Judicial Council—Green Room
13th Floor

TUESDAY, JUNE 4

9:00 A. M.

Combined Sections:
Medicine and Gastro-Enterology—
Viking Room, 13th Floor
Pediatrics and Radiology—
Rutland Room, 1st Floor

10:00 A. M.

Surgery and Obstetrics and Gynecology—
Garden Room, Lounge Floor

Woman's Auxiliary—
Solarium, Lounge Floor

1:00 P. M.

Auxiliary Luncheon—
Benjamin West Room, 13th Floor

2:30 P. M.

House of Delegates—
Garden Room, Lounge Floor

6:30 P. M.

Trustees' Dinner for State Board of Medical Examiners
Bakewell Room, 1st Floor

8:30 P. M.

Nominating Committee—
Mandarin Room, 13th Floor

General Session—
Viking Room, 13th Floor

WEDNESDAY, JUNE 5

9:00 A. M.

Sections:
Radiology—Garden Room
Lounge Floor
Gastro-Enterology—Viking Room
13th Floor
Medicine—Rutland Room
1st Floor
Pediatrics—Tower Room
13th Floor

9:30 A. M.

Surgery—Benjamin West Room
13th Floor

Woman's Auxiliary—Solarium
Lounge Floor

12:30 P. M.

House of Delegates (election)—
Garden Room, Lounge Floor

1:00 P. M.

Jefferson Alumni Luncheon—
Mandarin Room, 13th Floor

N. J. Fellows of A. A. P. Luncheon—
Bakewell Room, 1st Floor

2:30 P. M.

House of Delegates—Garden Room
Lounge Floor

4:00 P. M.

Art and Hobby Tea—Sun Porch
Lounge Floor

5:00 P. M.

Mennen Cocktail Party—Benjamin
West Room, 13th Floor

7:30 P. M.

President's Banquet—Rutland Room
1st Floor

10:00 P. M.

Dance—Benjamin West Room
13th Floor

THURSDAY, JUNE 6

9:00 A. M.

Sections:
Gastro-Enterology—Viking Room,
13th Floor
Medicine—Rutland Room
1st Floor
Eye, Ear, Nose and Throat—
Mandarin Room, 13th Floor

10:00 A. M.

Obstetrics and Gynecology—
Tower Room, 13th Floor

10:30 A. M.

Woman's Auxiliary—Solarium,
Lounge Floor

1:30 P. M.

House of Delegates—Garden Room,
Lounge Floor

THE 174th ANNUAL MEETING

of

The Medical Society of New Jersey

OFFICIAL EVENTS

HADDON HALL, ATLANTIC CITY, N. J.

Monday, June 3, 1940

REGISTRATION

2:00 p. m.—Registration opens
All officers, delegates, members of component County Societies, guests, and exhibitors are requested to register at the Registration Desk in the Exhibit Hall on the Lounge Floor immediately upon arrival.

5:00 p. m.—Inspection of Exhibits
Scientific—Vernon Room, Lounge Floor
Technical—Parlor, Lounge Floor
Art, Hobby, and Medical History—Sun Porch, Lounge Floor

6:30 p. m.—Fellows' Dinner—Bakewell Room, 1st Floor

8:00 p. m.—Board of Trustees' Meeting—Mandarin Room, 13th Floor

8:30 p. m.—Judicial Councilors' Meeting — Green Room, 13th Floor

Tuesday, June 4, 1940

9:00 a. m.—Combined Sections on Medicine and Gastro-Enterology
Viking Room, 13th Floor

9:00 a. m.—Combined Sections on Pediatrics and Radiology
Rutland Room, 1st Floor

10:00 a. m.—Combined Sections on Surgery and Obstetrics and Gynecology
Garden Room, Lounge Floor

10:00 a. m.—Woman's Auxiliary Business Session
Solarium, Lounge Floor

1:00 p. m.—Woman's Auxiliary Luncheon
Benjamin West Room, 13th Floor

2:30 p. m.—House of Delegates
Garden Room, Lounge Floor

5:00 p. m.—Inspection of Exhibits

6:30 p. m.—Trustees' Dinner to State Board of Medical Examiners
Bakewell Room, 1st Floor

8:30 p. m.—General Public Session
Viking Room, 13th Floor

8:30 p. m.—Nominating Committee Meeting
Mandarin Room, 13th Floor

Wednesday, June 5, 1940

9:00 a. m.—Section on Radiology
Garden Room, Lounge Floor

9:00 a. m.—Section on Gastro-Enterology
Viking Room, 13th Floor

9:00 a. m.—Section on Medicine
Rutland Room, 1st Floor

9:00 a. m.—Section on Pediatrics
Tower Room, 13th Floor

9:30 a. m.—Section on Surgery
Benjamin West Room, 13th Floor

9:30 a. m.—Woman's Auxiliary Business Session
Solarium, Lounge Floor

12:30 p. m.—House of Delegates (election)
Garden Room, Lounge Floor

1:00 p. m.—Jefferson Alumni Luncheon
Mandarin Room, 13th Floor

1:00 p. m.—New Jersey Fellows of the American Academy of Pediatrics Luncheon ($1.50)
Bakewell Room, 1st Floor

2:30 p. m.—House of Delegates
Garden Room, Lounge Floor

4:00 p. m.—Art and Hobby Tea
Sun Porch, Lounge Floor

5:00 p. m.—Inspection of Exhibits

5:00 p. m.—Mennen Cocktail Party
Benjamin West Room, 13th Floor

7:30 p. m.—President's Banquet
Rutland Room, 1st Floor

10:00 p. m.—Dance
Benjamin West Room, 13th Floor

Thursday, June 6, 1940

9:00 a. m.—Section on Gastro-Enterology
Viking Room, 13th Floor

9:00 a. m.—Section on Medicine
Rutland Room, 1st Floor

9:00 a. m.—Section on Eye, Ear, Nose and Throat
Mandarin Room, 13th Floor

10:00 a. m.—Section on Obstetrics and Gynecology
Tower Room, 13th Floor

10:30 a. m.—Woman's Auxiliary Business Session
Solarium, Lounge Floor

1:30 p. m.—House of Delegates
Garden Room, Lounge Floor

WOMAN'S AUXILIARY TO THE MEDICAL SOCIETY OF NEW JERSEY

THIRTEENTH ANNUAL MEETING

Haddon Hall, Atlantic City

TUESDAY, JUNE 4, 1940

9:00 a. m.—Registration—Luncheon Tickets—Dinner Tickets
Exhibit Hall, Lounge Floor

10:00 a. m.—Executive Board Meeting, Mrs. Gerald E. McDonnel, President, presiding
Solarium, Lounge Floor

1:00 p. m.—Auxiliary Luncheon, honoring Mrs. Gerald E. McDonnel, President (fee $1.50)
Benjamin West Room, 13th Floor

Speakers:

Mrs. Rollo K. Packard, President, Woman's Auxiliary to the American Medical Association

E. Zeh Hawkes, M.D., President, The Medical Society of New Jersey
Entertainment:
Dramatic Reading—Mrs. A. Haines Lippincott
Group of Songs—Mrs. Max L. Weimann
Presentation of President's Pin to Mrs. McDonnel by Mrs. Lippincott, First President

4:00 p. m.—Rolling Chair Ride for Ladies (no fee)
8:30 p. m.—General Public Session
Viking Room, 13th Floor

WEDNESDAY, JUNE 5, 1940

9:30 a. m.—Business Session, Mrs. G. E. McDonnel, President, presiding.
Solarium, Lounge Floor
Invocation—Dr. Henry Merle Mellen, First Presbyterian Church, Atlantic City
Address of Welcome—Mrs. James H. Mason, President, Woman's Auxiliary to Atlantic County Medical Society
Response—Mrs. R. J. McDonald, President-Elect
Reports and Business

12:30 p. m.—Memorial Services for Departed Members—Mrs. James R. Hunter, Westville
1:00 p. m.—Adjournment for luncheon
2:30 p. m.—Business Session, continued
Solarium, Lounge Floor
3:00 p. m.—"Needlepoint—Yesterday and Today"—Mrs. Maurice S. Avidan, Art, Hobby and Medical History Exhibit
Sun Porch, Lounge Floor
4:00 p. m.—Art and Hobby Tea
Sun Porch, Lounge Floor
5:00 p. m.—Mennen Cocktail Party
Benjamin West Room, 13th Floor
7:30 p. m.—Banquet in Honor of Dr. E. Zeh Hawkes (fee $2.50)
Rutland Room, First Floor
Hostesses: Auxiliary to The Medical Society of New Jersey
Toastmaster: Dr. Chester I. Ulmer, Gibbstown
Greetings to Guests
Address: Dr. E. Zeh Hawkes, President
Presentation of Fellowship Key by Dr. William J. Carirngton, Junior Past President
10:00 p. m.—Dance
Benjamin West Room, 13th Floor
Orchestra: Alex Bartha
Master of Ceremonies: Mr. Robert Cummins
Solo Dancers: Mr. and Mrs. Robert Cummins (Murray School)

THURSDAY, JUNE 6, 1940

10:30 a. m.—New Executive Board Meeting. Mrs. R. J. McDonald, President, presiding
Solarium, Lounge Floor

GENERAL SESSION

Tuesday Evening, June 4, 1940, 8:30 P. M.

Viking Room, 13th Floor

What Is Needed Now—Arthur Vanderbilt, Esq., Newark, Professor, New York University Law School; Immediate Past President, American Bar Association; President, American Judicature Society.

COMBINED SESSIONS

MEDICINE AND GASTRO-ENTEROLOGY

Tuesday Morning, June 4, 1940

Viking Room, 13th Floor

9:00 A. M.

1. Cardio-Vascular Disturbance in Gastro-Intestinal Diseases
Clarence L. Andrews, M.D., Atlantic City

9:20 A. M.

2. Functional Gastro-Intestinal Disorders
Hobart A. Reimann, M.D., Professor of Medicine, Jefferson Medical College, Philadelphia

9:45 A. M.

3. Cardio-Vascular Symptomatology in Biliary Tract Drainage
Charles C. Wolferth, M.D., Professor of Clinical Medicine, University of Pennsylvania, Philadelphia

10:15 A. M.

4. Neurological Manifestations of Nutritional Deficiencies
Fritz H. Lewy, M.D., Professor of Neurophysiology, University of Pennsylvania, Philadelphia

10:45 A. M.

5. A Clinical Survey of the Vitamin B Complex and Its Components
Martin G. Vorhaus, M.D., Associate Attending Physician and Chief of Medical Clinic, O. P. D., Hospital for Joint Diseases, New York City

11:15 A. M.

6. Factors Involved in Digestion and Absorption in Deficiency Disease
Herbert T. Kelly, M.D., Associate in Medicine, Graduate School of Medicine, University of Pennsylvania, Philadelphia

11:45 A. M.

7. Complications of Peptic Ulcers. Diagnosis and Treatment
   George P. Müller, M.D., Professor of Surgery, Jefferson Medical College; President, American College of Surgeons, Philadelphia

12:15 P. M.

8. The Relation of the Anemias to Gastro-Intestinal Diseases
   Charles L. Brown, M.D., Head, Department of Medicine, Temple University Medical School, Philadelphia

PEDIATRICS AND RADIOLOGY

Tuesday Morning, June 4, 1940

Rutland Room, First Floor

9:00 A. M.

Symposium on Blood Dyscrasias in Infancy and Childhood

A. Diagnosis

1. Margaret Gregory, M.D., Newark
2. Benjamin Copleman, M.D., Perth Amboy
3. William G. Bernhard, M.D., Newark

B. Treatment

4. Walter B. Stewart, M.D., Atlantic City
5. William O. Wuester, M.D., Elizabeth

11:00 A. M.

6. The Actions of Drugs and Other Toxic Substances on Hematological Conditions
   Paul Reznikoff, M.D., Assistant Professor of Clinical Medicine, Cornell University Medical College, New York City

SURGERY AND OBSTETRICS AND GYNECOLOGY

Tuesday Morning, June 4, 1940

Garden Room, Lounge Floor

10:00 A. M.

1. The Manchester Operation with Special Reference to Its Development and the Principles Involved in Its Technique
   Inglis F. Frost, M.D., Morristown

10:30 A. M.

2. Problems Encountered in the Diagnosis and Treatment of Uterine Cancer
   Lewis C. Scheffey, M.D., Clinical Professor of Gynecology, Jefferson Medical College, Philadelphia

11:00 A. M.

3. Urinary Incontinence in the Female
   William T. Kennedy, M.D., Attending Surgeon, Woman's Hospital and William Booth Memorial Hospital, New York City

11:30 A. M.

4. Implantation of Ureters
   Charles C. Higgins, M.D., Cleveland Clinic Staff, Cleveland

SECTION ON RADIOLOGY

PHILIP S. AVERY, M.D., *Chairman*
W. JAMES MARQUIS, M.D., *Secretary*

Wednesday Morning, June 5, 1940

Garden Room, Lounge Floor

9:00 A. M.

1. Trauma Associated with Malignancy
   Louis J. Levinson, M.D., Newark

9:25 A. M.

2. Epituberculosis Illustrated with Slides and Charts
   Mabel S. Haines, M D., Audubon

9:50 A. M.

3. The X-Ray Diagnosis of Hernias
   Carye-Belle Henle, M.D., Newark

10:15 A. M.

4. Twenty Years' Experience in the Treatment of Cancer of the Uterus and Cancer of the Breast with Radium
   Edgar A. Ill, M.D., Newark

10:40 A. M.

5. Some Fundamental Aspects of Radiation, Biophysics and Biochemistry in Irradiation Therapy
   Charles Oderr, M.D., Westfield

11:00 A. M.

6. The Value of Air Myelography in the Diagnosis of Low Back Pain and Sciatic Neuritis
   Michael Scott, M.D., Assistant Professor, Department of Neurology and Neurosurgery, Temple University Medical School, Philadelphia

11:30 A. M.

Election of Officers

SECTION ON GASTRO-ENTEROLOGY

HYMAN I. GOLDSTEIN, M.D., *Chairman*
CARROLL D. SMITH, M.D., *Secretary*

First Session—Wednesday Morning, June 5, 1940
Viking Room, 13th Floor

9:00 A. M.

1. Common Diarrheas. Causes and Treatment
   Manfred Kraemer, M.D., Newark

9:20 A. M.

2. Ano-Rectal Pain. Causes and Treatment
   Julius Gerendasy, M.D., Elizabeth

9:40 A. M.

3. Gastro-Intestinal Allergy
   Erich Urbach, M.D., University of Pennsylvania, Philadelphia

10:10 A. M.

4. Gastro-Intestinal Disturbances in the Hemorrhagic Blood Dyscrasias
   Thomas Fitz-Hugh, Jr., M.D., Assistant Professor of Clinical Medicine, University of Pennsylvania, Philadelphia

10:35 A. M.

5. Gastro-Intestinal Disturbances in Cardio-Vascular Disease
   William D. Stroud, M.D., Professor of Cardiology, University of Pennsylvania Graduate School of Medicine, Philadelphia

Symposium—Cholecystitis and Cholelithiasis With and Without Jaundice

11:00 A. M.

6. Surgical Aspects of Cholecystitis
   Eldridge L. Eliason, M.D., Professor of Surgery, University of Pennsylvania, Philadelphia

11:30 A. M.

7. Surgery of the Biliary Ducts and Their Complications
   Frank H. Lahey, M.D., Director of Lahey Clinic, Boston

12:00 Noon

Election of Officers

Second Session—Thursday Morning, June 6, 1940
Viking Room, 13th Floor

9:00 A. M.

1. Supurative Cholangitis. With Case Reports
   D. Ward Scanlan, M.D., and
   Clarence Whims, M.D., Atlantic City

9:20 A. M.

2. Regional Ileitis. With Case Reports
   Henry Reich, M.D., and
   Max Danzis, M.D., Newark

9:40 A. M.

3. Gastro-Intestinal Disturbances in Endocrinological Disorders
   Rita S. Finkler, M.D., Newark

10:00 A. M.

4. Gastro-Intestinal Disturbances in Neurological Disorders
   Christopher C. Beling, M.D., Newark

10:30 A. M.

5. Gastritis. Diagnosis and Treatment
   Chevalier L. Jackson, M.D., Professor of Clinical Bronchoscopy, Temple University Medical School
   William A. Swalm, M.D., Associate Professor of Medicine, Temple University Medical School, and
   Lester M. Morrison, M.D., Temple University Medical School, Philadelphia

11:00 A. M.

6. Dermatological Manifestations of Gastro-Intestinal Disease and Nutritional Deficiencies
   Marion B. Sulzberger, M.D., Associate and Instructor in Dermatology, Post-Graduate Medical School, and
   Rudolf L. Baer, M.D., New York City

11:30 A. M.

7. Gastroscopic Aid in the Study of Ulcer and Cancer of the Stomach
   Gabriel Tucker, M.D., Professor of Bronchology, Esophagology, and Laryngeal Surgery, Graduate School of Medicine, University of Pennsylvania, Philadelphia, and
   William A. Lell, M.D., Associate, Graduate School of Medicine, University of Pennsylvania, Philadelphia

SECTION ON MEDICINE

THOMAS M. KAIN, M.D., *Chairman*
DEAN W. MARQUIS, M.D., *Secretary*

First Session—Wednesday Morning, June 5, 1940
Rutland Room, 1st Floor

9:00 A. M.

1. The Value of Copper in Secondary Anemia
   C. P. Segard, M.D., Leonia

9:20 A. M.

2. The Management of Infected Tonsils, Teeth and Sinuses in Arthritis
   John W. Gray, M.D., Newark

9:40 A. M.

3. Some Pertinent Thoughts Concerning Sulfapyridine
   Robert A. Kilduffe, M.D., Atlantic City

10:00 A. M.

4. Eight Cases of Acute Lobar Pneumonia Examined and Treated Bronchoscopically
   Norman W. Burritt, M.D., Summit

10:20 A. M.

5. The Effect of Tobacco Smoke and Nicotine upon the Normal Heart and in the Presence of Myocardial Disease Produced by Coronary-Artery Ligation: An Experimental Study in Dogs
   Samuel Bellet, M.D., Maloney Clinic, University of Pennsylvania, Philadelphia

11:00 A. M.

6. Chronic Nephritis and Its Treatment in the Light of Contemporary Renal Physiology
   Sydney R. Miller, M.D., Associate in Medicine, Johns Hopkins Medical School, Baltimore

Second Session, Thursday Morning, June 6, 1940
Rutland Room, 1st Floor

9:00 A. M.

1. Medical Management of Diabetes Mellitus
   Alexander Ellis, M.D., Camden

9:20 A. M.

2. Complications of Diabetes
   Benjamin Saslow, M.D., Newark

9:40 A. M.

3. Résumé of Present-Day Treatment of Arthritis
   Thomas K. Lewis, M.D., Camden

10:00 A. M.

4. Coronary Artery Disease
   Ralph K. Hollinshed, M.D., Westville

10:20 A. M.

5. A Discussion on Leukemia
   Franklin R. Miller, M.D., Assistant Professor of Medicine, Jefferson Medical College and Hospital, Philadelphia

11:00 A. M.

6. Endocrine Aspects of Primary Dysmenorrhoea
   Emil Novak, M.D., Associate in Gynecology, Johns Hopkins Medical School, Baltimore

11:45 A. M.

7. Hyperinsulinism
   Leonard G. Rowntree, M.D., Director, Philadelphia Institute for Medical Research, Philadelphia

12:00 Noon

8. Splenonegaly with Particular Reference to the Question of Banti's Disease
   Paul Klemperer, M.D., Pathologist, Mt. Sinai Hospital, New York City

12:30 P. M.

Election of Officers

SECTION ON PEDIATRICS

E. WARREN RIPLEY, M.D., *Chairman*
VINCENT DEL DUCA, M.D., *Secretary*

Wednesday Morning, June 5, 1940
Tower Room, 13th Floor

9:00 A. M.

1. Newer Development in Quality Milk Production
   J. G. Hardenbergh, V.M.D., Plainsboro

9:20 A. M.

2. Roseola Infantum
   Robert E. Jennings, M.D., East Orange

9:40 A. M.

Symposium on Acute Larngotrachiobronchitis from Essex County Hospital

3. Ellis L. Smith, M.D., Belleville
4. Horace O. Bell, M.D., Belleville
5. Henry B. Orton, M.D., Newark

10:40 A. M.

Discussion

11:00 A. M.

6. Rheumatic Infections in Children
   Edward L. Bauer, M.D., Professor of Pediatrics, Jefferson Medical School, Philadelphia

11:40 A. M.

Discussion

12:00 Noon

Election of Officers

SECTION ON SURGERY

VICTOR SEIDLER, M.D., *Chairman*
C. ABBOTT BELING, M.D., *Secretary*

Wednesday Morning, June 5, 1940
Benjamin West Room, 13th Floor

9:30 A. M.

1. Postoperative Pulmonary Complications
   George N. J. Sommer, Jr., M.D., Trenton

9:55 A. M.

2. The Surgical Treatment of Gastric and Duodenal Ulcer
   Thomas A. Shallow, M.D., Professor of Surgery, Jefferson Medical College, Philadelphia

10:35 A. M.

3. Cancer of the Rectum
   Henry W. Cave, M.D., Attending Surgeon, Roosevelt Hospital, New York City

11:15 A. M.

4. Surgical Problems in Heredity Syndactylism and Polydactylism
   Spencer T. Snedecor, M.D., Hackensack

11:40 A. M.

5. Fractures of the Malar Bone
   V. Earl Johnson, M.D., Atlantic City

12:15 P. M.

Election of Officers

SECTION ON EAR, EYE, NOSE AND THROAT

JAMES S. SHIPMAN, M.D., *Chairman*
WRIGHT MACMILLAN, M.D., *Secretary*

Thursday Morning, June 6, 1940
Mandarin Room, 13th Floor

9:00 A. M.

1. The Ocular Manifestations of Otogenic and Rhinogenic Pathology
   Edmund B. Spaeth, M.D., Associate Professor of Ophthalmology, University of Pennsylvania Graduate School of Medicine, Philadelphia

9:40 A. M.

2. Anisometropia of Moderate Degree
   Arthur E. Sherman, M.D., East Orange

10:05 A. M.

3. Recent Developments in the Management of Intracranial Complications of Otitis Media
   Richard D. Swain, M.D., Newark

10:30 A. M.

4. Inclusion Blenorrhea
   Harold D. Barnshaw, M.D., Camden

10:55 A. M.

5. The Ethmosphenoidal Sinus Operation as an Office Procedure
   Norman W. Burritt, M.D., Summit

11:20 A. M.

6. Atrophic Rhinitis
   C. Coulter Charlton, M.D., Atlantic City

11:45 A. M.

Election of Officers

SECTION ON OBSTETRICS AND GYNECOLOGY

J. CARLISLE BROWN, M.D., *Chairman*
HARRISON B. WILSON, M.D., *Secretary*

Thursday Morning, June 6, 1940
Tower Room, 13th Floor

10:00 A. M.

1. The Effect of Hysterectomy upon Ovarian Function
   Daniel R. Mishell, M.D., Newark

10:30 A. M.

2. Hemorrhagic Conditions of Late Pregnancy, Labor and Puerperium as Emergencies
   James F. Norton, M.D., Jersey City

11:00 A. M.

3. Modern Trends in Cesarian Section
   Edwin F. Smith, M.D., Assistant Attending Obstetrician, City Hospital, New York City

11:30 A. M.

4. Studies in Uterine Motility
   Douglas P. Murphy, M.D., Assistant Professor of Obstetrics, University of Pennsylvania, Philadelphia

12:00 Noon

5. An Opportunity and Obligation
   Samuel A. Cosgrove, M.D., Jersey City

12:30 P. M.

Election of Officers

THE SCIENTIFIC EXHIBITS

ARRANGED BY THE SUB-COMMITTEE TO THE STANDING COMMITTEE ON THE ANNUAL MEETING

Asher Yaguda, M.D., Chairman, Newark, N. J.

(The numbers refer to the booths)

Educational Exhibits,—Parlor, Lounge Floor

1

Maternal Mortality Statistics for 1939
The Committee on Maternal Welfare of The Medical Society of New Jersey

2

New Jersey Formulary Preparations
Joint Committee on Professional Relations of The Medical Society of New Jersey and the New Jersey Pharmaceutical Association

3

Photographs of Hospital Records, 1751-1900
Edmund W. Ill, M.D., Newark, N. J.

4-A

Cancer Situation in New Jersey—Cancer Facilities and Mortality Rates
New Jersey State Cancer Committee, New Brunswick, N. J.

4-B

Medical Publicity Media
Committee on Public Relations of The Medical Society of New Jersey

5

The Mechanism of Contraception
New Jersey Birth Control League, Newark, N. J.

6

Selective Sterilization for Human Betterment
Sterilization League of New Jersey, Princeton, N. J.

7

Coördinated Care of the Crippled Child
New Jersey Orthopedic Hospital and Children's Country Home, Orange and Westfield, N. J.

Scientific Exhibits, Vernon Room, Lounge Floor

8

Vital Capacity and Electrocardiographic Changes in Obesity
S. William Kalb, M.D., New York Post-Graduate Medical School and Hospital, Newark, N. J.

9

Human Sterility and Related Studies in Ovulation
Samuel L. Siegler, M.D., Brooklyn, N. Y.

10

Industrial Health and Hygiene — Preëmployment Examinations
New Jersey Association of Industrial Physicians and Surgeons

11

Extra-mural Metastases Simulating Primary Carcinoma of the Rectum
Harry E. Bacon, M.D., Temple University School of Medicine, Philadelphia, Pa.

12

Carcinoma of the Rectum and Sigmoid
Jerome M. Lynch, M.D., and G. Johnson Hamilton, M.D., New York City

13

Tumor Clinic in a General Hospital
Drs. Howes, Tenopyr, Hala, Corrier and Silverman, Caledonian Hospital, Brooklyn, N. Y.

14

Plastic and Reconstructive Surgery
a. Correction of Scars
b. Correction of Defects and Malformations
Hans May, Lankenau Hospital, Philadelphia, Pa.

15

Photomicrographic Studies of Pollen, Molds and Inhalants
Nathan Schaffer, M.D., and Fred H. Hodgson, East Orange and Montclair, N. J.

16

Plastic Surgery
Lyndon A. Peer, M.D., Newark Eye and Ear Infirmary and Hospital of St. Barnabas and for Women and Children, Newark, N. J.

17

The Standardization of Blood Pressure Readings
Report of the Joint Committee of the American Heart Committee of the Association and the Cardiac Society of Great Britain and Ireland, American Heart Association, New York City

18

Cerebral Complications Following Surgical Operations
Albert Behrend, M.D.; Helena E. Riggs, M.D.; Moses Behrend, M.D.; J. H. Clark, M.D.; Philadelphia General Hospital, Philadelphia, Pa.

19

Carcinoma of the Uterine Cervix
R. W. Teahan, M.D., and H. Wammock, M.D., Jeanes Hospital, Philadelphia, Pa.

20

Biliary Colic: Etiology, Diagnostic Significance and Treatment
J. Russell Twiss, M.D., Gall-bladder Clinic, New York Post-Graduate Hospital, New York City

21

Chronic Gastritis
C. L. Jackson, M.D.; William A. Swalm, M.D., and Lester Morrison, M.D., Temple University Hospital, Philadelphia, Pa.

22

Pathology and Neuropathology Illustrations—Gross and Microscopic
Jean Barton Herrman, Deal, N. J.

23

The Biologic Effects and Therapeutic Application of Testosterone Propionate in the Human Female

S. H. Geist, U. J. Salmon, J. A. Gaines, and R. I Walter, Mount Sinai Hospital, New York City

24

Diagnosis of Prostatic Obstruction—Urethrographic Diagnosis

John K. de Vries, M.D., and Wesley P. Lyon, M.D., Summit Medical Group, Summit, N. J.

25

The Rôle of Body Section Radiography in the Dissociation of Shadows Cast by Tuberculous Lungs

A. H. Perlberg, M.D., and B. P. Potter, M.D., Hudson County Tuberculosis Hospital, Jersey City, N. J.

26

Diagnosis and Treatment of Intestinal Tuberculosis

A. H. Perlberg, M.D., and Alfred Kruger, M.D., Hudson County Tuberculosis Hospital, Jersey City, N. J.

27

The Rôle of Bronchoscopy in Tuberculous and Non-tuberculous Disease of the Lungs

J. J. Pagliughi, M.D.; Anthony Sacco, M.D., and Thomas DeCecio, M.D., Hudson County Tuberculosis Hospital, Jersey City, N. J.

28

Treatment of Fractures of the Shaft of the Femur

S. C. Yachnin, M.D., Lyndhurst, N. J.

29

The Treatment of Carcinoma of the Body of the Uterus

Milton Friedman, M.D., Newark City Hospital, Newark, N. J.

30

Investigation of Sterility in the Female

Daniel R. Mishell, M.D., Newark, N. J.

31

Functional Uterine Bleeding

Rita S. Finkler, M.D., and Associates, Newark Beth Israel Hospital, Newark, N. J.

32

Intracranial Injuries of the Newborn

Norris W. Vaux, M.D.; Edward F. Burt, M.D.; David R. Morgan, M.D., Jefferson Medical College, Maternity Department (Bland Collection), Philadelphia, Pa.

33

Lesions Associated with Parturition and the Newborn

Samuel A. Goldberg, M.D., Presbyterian Hospital, Newark, N. J.

34

Hemorrhagic Conditions of Late Pregnancy, Labor and Puerperium

J. F. Norton, M.D., and N. M. Alter, M.D., Margaret Hague Maternity Hospital, Jersey City, N. J.

35

Plastic Surgery

Julius Newman, M.D., Newark, N. J.

36

The Small Intestine in Nutritional Deficiency

David Adlersberg, M.D., and Michael Weingarten, M.D., Beth Israel Hospital, New York City

37

Deficiency Disease

Herbert T. Kelly, M.D.; Edmund L. Housel, M.D., and William M. Emrey, M.D., Graduate School of Medicine, University of Pennsylvania, Philadelphia, Pa.

38

Renal Pressor and De-pressor Substances—Relationship to Hypertension

Benjamin Jablons, M.D., City and Welfare Hospitals, New York City

39

Lung Changes Caused by Rheumatic Fever—Their Rôle in the Development of Rheumatic Heart Disease

Benjamin A. Gouley, M.D., Philadelphia General and Jewish Hospitals, Philadelphia, Pa.

40

Cancer of the Lung—A Radiologic Study

Raphael Pomeranz, M.D., Newark, N. J.

41

Unusual Manifestations of Peptic Ulcer—Roentgen Demonstration

Louis L. Perkel, M.D., Jersey City Medical Center, Jersey City, N. J.

42

Unusual Radiographs

Philip J. Santora, M.D., Newark City Hospital, Newark, N. J.

43

Osteopetrosis—Marble Bones

Stewart F. Alexander, M.D., and Norman L. Higinbotham, M.D., New York City

To Our Members:

Technical exhibitors need concrete evidence of your personal interest in their exhibits. Please register at their booths in order to demonstrate that it pays to exhibit at the Annual Meeting of The Medical Society of New Jersey. Our income from these exhibits pays a large part of the cost of our Annual Meeting. Aside from this, you yourself will benefit from visiting each of them.

ANNUAL MEETING COMMITTEE.

TECHNICAL EXHIBITS

Booth 2—Picker X-Ray Corporation, New York, N. Y., will show its Century, shockproof, self-contained, diagnostic x-ray apparatus. This compact and powerful unit, delivering 100 MA at 100 PVV, is inetnded for a full range of horizontal and vertical radiography and fluoroscopy.

There will also be displayed a combination Portable-Mobile unit which can be used either for emergency work at the patient's home, or as a mobile office unit.

Booth 3—American Safety Razor Corp., Brooklyn, N. Y., will exhibit its line of *Surgeons' Blades,* keen of edgc, and uniform in quality. Developed after years of intensive research, they meet the surgeon's most exacting standards.

Examine the A. S. R. new improved *Surgeon's Handles* designed for perfect balance, and ease of operation. Rigidly gripping the blade, they insure an accurate, clean incision.

Our representatives will be glad to display these blades, nine styles in all, to suit every need.

Booth 5—The Coca-Cola Company, Atlanta, Georgia—Coca-Cola will be served, complimentary, at Booth 5, to the Delegates and members of The Medical Society of New Jersey, and their guests and friends.

Booth 6—Smith, Kline & French Laboratories, Philadelphia, Pa.—At Booth No. 6, Smith, Kline & French Laboratories, believing that many physicians dislike efforts to make them register, have arranged their booths for self-service.

Up-to-date information about "Benzedrine Inhaler"; "Benzedrine Sulfate"; "Benzedrine Solution"; "Pentnucleotide"; Feosol Tablets and Elixir; Oxo-ate "B"; Eskay's Neuro Phosphates; and "Paredrine Hydrobromide With Boric Acid Ophthalmic" may be obtained in convenient envelopes from literature dispensers. If additional data is desired, the representative will be glad to answer any questions.

Booth 7—Kalak Water Co., New York, N. Y.—At Booth 7 you will find *Kalak,* the crystal clear, sparkling, alkaline mineral water that has been the first choice of the doctor for over a quarter of a century.

Drop around and discover how pleasant tasting and refreshing Kalak is when served properly chilled. Don't get confused—there are no sulfates in Kalak; it is not a laxative. It is acid-neutralizing, and mildly diuretic.

Booths 8 and 9—Mead Johnson & Company, Evansville, Indiana, will exhibit several new products in addition to Dextri-Maltose, Pablum and Oleum Percomorphum. They will also have on display various examples of the slogan *Servamus Fidem,*—We are Keeping the Faith.

Booth 10—C. B. Fleet Company, Inc., Lynchburg, Virginia, will display Phospho-Soda (Fleet), which is a highly concentrated and purified, aqueous solution of sodium phosphates. It is non-toxic, rapid but mild in action, without irritation of the gastric or intestinal mucosa. It is indicated for hepatic dysfunction, and for its thorough eliminating and cleansing action on the upper and lower gut.

Booth 11—The Alkalol Company, Taunton, Mass., will exhibit two nationally known preparations—*Alkalol* and *Irrigol.*

Alkalol is an alkaline, saline solution for the treatment of mucous membranes, or of inflammed or irritated tissues.

Irrigol is an alkaline, saline douche powder, for making a solution suitable for ordinary vaginal douching, rectal enemas, and ordinary colonic irrigations.

Booth 18—Davies, Rose & Company, Ltd., Boston, Mass., hope that you will visit its headquarters at Booth 18. The preparations that this firm is exhibiting have a world-wide reputation. Physiological or chemical tests are made to assure their standardization. Clinical experience vouches for their dependability.

Messrs F. L. Moulton and H. V. Orne will be at the booth to welcome you.

Booth 19—The Wander Company, Chicago, Illinois.—Whenever you feel tired or "on edge", stop at Booth 19 and partake of a generous sample of *Ovaltine.* This is a protective food supplement, containing vitamines and minerals.

Booth 20—The Battle Creek Food Company, Battle Creek, Michigan, manufacturers of special-purpose, dietetic foods since 1888, invites you to

receive a physician's sample of Battle Creek *LD-Lax.* This is a new laxative supplying bulk and lubrication without medication. It is meeting with great approval from physicians who have tried it in stubborn, long-standing cases of constipation.

Booth 21—The Denver Chemical Manufacturing Co., New York City, will exhibit *Antiphlogistine,* used by practitioners everywhere in the treatment of inflammations and congestions. Also *Galatest,* the new micro-reagent for the instantaneous detection of urine sugar. Galatest has made a profound impression wherever it has been introduced.

Booth 22—The Mennen Company, Bloomfield, N. J., will exhibit its two baby products—*Antiseptic Oil,* and *Antiseptic Borated Powder.* The Antiseptic Oil is now being used routinely by more than 90 per cent of the hospitals that are important in maternity work. Be sure to register at the Mennen exhibit and receive your kit containing demonstration sizes of their shaving and after-shave products; also, for the lucky number prize drawing to be held at the close of the Convention for DeLuxe Fitted Leather Toilet Kits.

Booth 24—Radium Emanation Corporation, New York, N. Y., will exhibit a wide variety of instruments and applicators used in modern radium therapy, including permanent and removable composite, leakproof Radon Seeds. The advantages of these seeds will be demonstrated by magnified sections showing their construction in detail.

Booth 26—The Harrower Laboratory, Glendale, California, will exhibit its complete line of high quality endocrine products. In addition to both single gland and pluriglandular products for oral and hypodermic use, the Harrower Laboratory has an extensive list of standardized endocrine products.

The items chiefly featured at this exhibit will be *Heteril,* for nonspecific antigenic therapy; *Plestrin in Oil,* a standardized estrogenic substance; and *Cortinoral,* an active lipid extract from the adrenal cortex.

Booth 27—The C. V. Mosby Company, St. Louis, Missouri.—Doctors attending The Annual Meeting of The Medical Society of New Jersey are cordially invited to visit the Mosby Booth—there to inspect the new publications which will be on display. Outstanding new volumes on surgery, allergy, dermatology, operative orthopedics, nervous and mental diseases, heart diseases, x-ray, gynecology and obstetrics, materia medica, and practice of medicine will be shown. Browse through this new material at the Mosby Booth No. 27.

Booth 28—S. M. A. Corporation, Chicago, Illinois.—Among the technical exhibits at the convention this year is an interesting new display, which represents the selection of infant feeding and vitamin products of the S. M. A. Corporation. Physicians who visit this exhibit at Booth No. 28 may obtain complete information, as well as samples, of S. M. A. Powder, and the special milk preparations—Protein S. M. A. (Acidulated), Alerdex, and Hypo-Allergic Milk.

Booth 29—Liebel-Flarsheim, Cincinnati, Ohio, will exhibit a complete line of the well-known L-F Short Wave Generators; and also the famous *Bovie Electro-Surgical* units, and the *Raysun Therapeutic Lamp.* Visit Booth 29, and inspect this new apparatus and have it demonstrated to you.

Booth 30—Philip Morris & Company, Ltd., New York City, will demonstrate the method by which it was found that Philip Morris Cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than other cigarettes. Its representative will be happy to discuss researches on this subject, and problems on the physiological effects of smoking.

Booth 31—Gerber Foods Company, Fremont, Michigan, will display ten new foods which have just been added to the Gerber Foods.

Copies of both the professional literature and the booklets for mothers are there for your examination, and will be sent to you on request.

Booth 32—J. E. Hanger, Inc., New York City, will display the new-type metal limbs with new patented features such as rubber cushion foot,—no jar or vibration when walking; alpanite knee joint with oilless bearings; flexible hip band on the original and genuine patented hip control leg. Willow legs and various types of artificial arms also will be shown.

Booth 33—John Wyeth & Brother, Inc., Philadelphia, Pa., will exhibit at Booth No. 33, and cordially invite all physicians to visit them. Among the specialties to be presented there are: Amphojel, Wyeth's Alumina Gel; Alulotion, Ammoniated Mercury with Kaolin for the treatment of Impetigo; Bepron, Wyeth's Beef, Liver, and Iron for the treatment of Nutritional Anemia; Kaomagma, Wyeth's Magma of Alumina and Kaolin for the management of diarrhea of colitis; Bewon Elixir, Palatable appetite stimulant and vehicle; Mucara, for intestinal stasis.

Booth 34—Walker-Gordon Laboratory, Co., Inc., Plainsboro, N. J.—As usual, Walker-Gordon Certified, Vitamin D, and Acidophilus milks will be available at the Walker-Gordon exhibit. Representatives of the company will give members of the Medical Society whatever information they may desire regarding new developments in high quality milk production.

Booth 35—E. R. Squibb & Sons, New York, N. Y., invite visiting physicians to visit its booth, number 35. The complete line of Squibb Vitamin, Glandular, Arsenical and Biological Products and Specialties, as well as a number of interesting new items, will be featured.

Well-informed Squibb representatives will be on

hand to welcome you, and to furnish any information desired on the products displayed.

Booth 36—Reed & Carnrick, Jersey City, N. J.—The Estrogenic Hormones, R & C, in oil solution and in the form of tablets, of the highest potency and carefully standardized, are the high spot of the exhibit of Reed & Carnrick, Jersey City.

Others of the long-time products of this old firm are the Peptenzymes, both Elixir and the Digestant Tablets; Protonuclein; Nephritin; Endomin; the Pancrobilins; and other well-known prescription items.

Booth 37—Cameron Surgical Specialty Company, Chicago, Illinois, will exhibit its *Electrical Diagnostic and Operating Instruments.*

See the new Cameron made Schindler Flexible Gastroscope, the Color-Flash Clinical Camera, the Projectoray and the latest Cameron-Lempert Headlite demonstrated in Booth *No. 37* by Cameron Surgical Specialty Company of Chicago (with local Sales and Service Office located at 250 W. 57th Street, New York City, N. Y.

Latest developments in electrically lighted Diagnostic and Operating instruments for all parts of the body will be shown. Of special interest will be the new inexpensive office model Radio Knife, Combination Spark-Gap and Tube Electro-Surgical Unit, and other electro-surgical units for cutting, coagulating, desiccation, and fulguration in all sizes, from the office model, up to the hospital unit with sufficient power for major surgery and transurethral prostatic resections.

Booth 38—H. J. Heinz Company, Pittsburgh, Pa.—Physicians interested in prescribing for the feeding—especially of infants, older children or adults requiring soft diets—will be interested in the new Heinz exhibit where *Strained* and *Junior Foods* are attractively displayed. The Heinz representative in attendance will be happy to supply information on these foods.

Booth 39—Petrolagar Laboratories, Inc., Chicago, Illinois, will offer, in addition to samples of the five types of *petrolagar,* an interesting selection of descriptive literature and anatomical charts. Ask the Petrolagar representative, Mr. D. S. Vervoort, or Mr. L. J. Eyskens, to show you the new *Habit Time* booklet. It is a welcome aid for teaching bowel regularity to your patients.

Booth 40—Eli Lilly and Company, Indianapolis, Indiana, produced the first commercial preparation of *Insulin,* contributed to development of liver therapy, and has been responsible for many other therapeutic advancements. Products of importance in routine practice will be displayed.

Booth 41—National Casualty Company, Jersey City, N. J. The State Medical Society Accident and Health Policy. The name of the group accident and health insurance policy for members of The Medical Society of New Jersey, underwritten by the National Casualty Company of Detroit, has been changed to *Physicians Special Policy.*

In answer to the demand of many physicians for policies of larger amounts, benefits have been increased to $300.00 monthly during the past year; and the hospitalization plan for hospital residence expense and nurse's service fees was put into operation.

This policy is now the most widely endorsed accident and health insurance plan for professional men in New Jersey and New York.

For literature and information regarding this policy, stop at Booth 41, National Casualty Company, in charge of E., and W. Blanksteen, 76 Montgomery Street, Jersey City, N. J., who are the society's authorized accident and health insurance representatives.

Booth 42—The Arlington Chemical Company, Yonkers, N. Y., invites you to inspect its line of *Proteins* and *Pollens* for diagnosis and desensitization of allergic conditions; also their new product—*Aminoids.* Aminoids represents a combination of amino acids, and has proved of therapeutic value in malnutrition, underweight, and loss of appetite.

Dr. J. H. Frazer, in charge of the exhibit, will be happy to answer inquiries regarding this new product and inquiries relative to hay fever, asthma, etc.

Booth 43—Burroughs Wellcome & Co., Inc., New York City, presents a representative group of fine chemicals and pharmaceutical preparations, together with new and important therapeutic agents of special interest to the medical profession.

Booth 44—Faulhaber & Heard, Inc., Newark, N. J.—Any member who desires information in connection with professional liability protection, a feature of membership, can obtain full particulars at *Booth No. 41,* maintained by Faulhaber & Heard, Inc., the Official Broker of The Medical Society of New Jersey. Ninety per cent of the members have taken advantage of this contract. This is evidence of the benefits derived by having their protection in the company that has served the Medical Society since 1921.

Booth 45—Lea & Febiger, Philadelphia, Pa., will exhibit the following new works:

Adair's Obstetrics and Gynecology
Schwartz & Tulipan's Occupational Diseases of the Skin
Eller's Tumors of the Skin
Hayden on The Rectum and Colon
Clement's Anesthesia
Carter, Greene & Twiss on Diseases of the Biliary Tract
Comroe on Arthritis
Packard, Hayes & Blanchet's Artificial Pneumothorax
Rony on Obesity
Leanness and Dennie's Congenital Syphilis.

New editions will be shown of Park & Williams' Pathogenic Microörganisms, Wiggers' Physiology,

Faust's Human Helminthology, Boyd's Pathology of Internal Diseases, and other important works.

Booth 47—The Borden Company, New York City.—Full information on *Biolac,* the new *liquid* modified milk for infants, will be available at the Borden Booth No. 47.

Also exhibited will be other Borden Products for infant feeding, notably Klim, Dryco, Beta Lactose, Merrell-Soule Products, and Borden's Irradiated Evaported Milk.

Booth 48—Hanovia Chemical & Mfg. Company, Newark, N. J., will demonstrate the very latest in ultraviolet equipment, including the outstanding uses of ultraviolet radiation in the fields of medicine. Don't fail to see our new line of self-lighting ultraviolet high-pressure mercury quartz lamps; Short and Ultra-Short Wave apparatus; Sollux Radiant Heat Lamps; and our latest development, quartz ultraviolet lamps for air sanitation.

Booth 49—Parke Davis and Co., Detroit, Michigan, will exhibit the sex hormones, Theelin and Theelol; antisyphilitic agents, such as Mapharsen and Thio-Bismol; Posterior lobe preparations, including Pituitrin, Pitocin and Pitressin; and various adrenalin chloride preparations.

Booth 50—Adlanco X-Ray Corporation, New York City.—One of the outstanding features of this exhibit will be the *Original Siemens Ultratherm,* of which over 20,000 are being used. Schliephake, Liebesney, Dieffenbach and other eminent authorities have obtained their outstanding results with this unit.

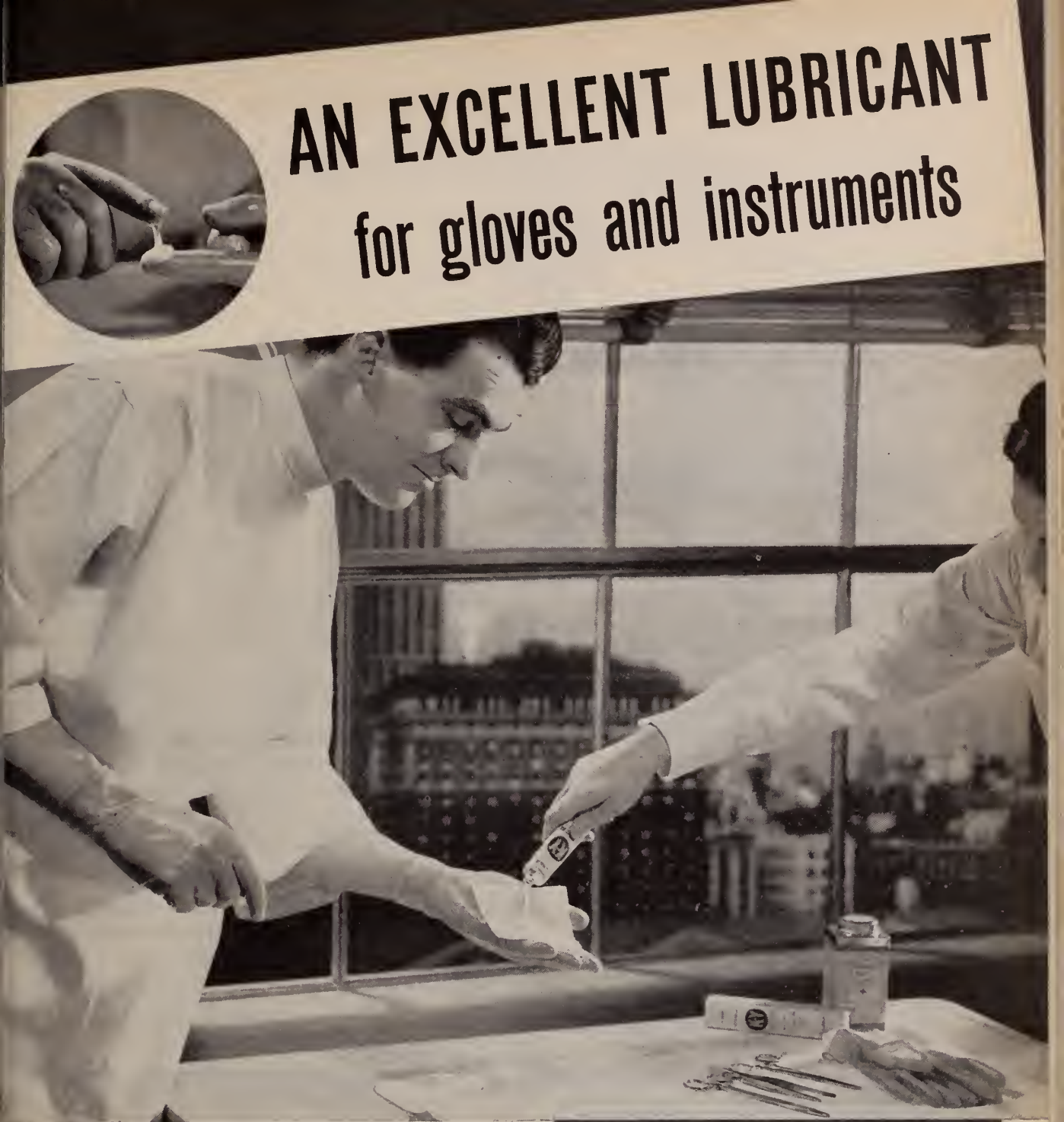
The *Heliosphere,* the smallest yet most powerful x-ray unit of its size, is another feature. It is suitable for both *fluoroscopy* and *radiography.* Of course it is shock and ray proof.

Booth 51—Horlick's Malted Milk Corporation, Racine, Wisconsin.—Nourishing, digestible, appetizing—these are the three outstanding qualities for which *Horlick's Malted Milk* is famous, whether in powder or tablet form. You will be interested in its many uses from infant feeding to old age. Note especially the convenience of the tablets in ulcer diets.

Booth 53—Sharp & Dohme, Inc., Philadelphia, Pa., will have its new modern display at *Booth 53* this year, featuring Propadrine Hydrochloride Products, "Lyovac" Bee Venom Solution, and other "Lyovac" Biologicals. There will also be on display a group of new pharmaceutical specialties and biologicals prepared by this house, such as Rabellon, Daldrin, Padrophyll, Elixir Propadrine Hydrochloride, Riona, Depropanex, and Ribothiron. Capable, well-informed representatives will be on hand to welcome physicians, and furnish information on Sharp & Dohme products.

Booth 54—Holland-Rantos Company, New York City, will exhibit an interesting line of its gynecological specialties. On display will be its various vaginal diaphragms,—the Koromex. the H-R Mensinga, and the H-R Matrisalus. Cinquarsen, the treatment of Trichomonas Vaginalis Vaginitis, will also be demonstrated. The new Hollandex textile line of garments and bedding will also be shown.

Booth 57—Lederle Laboratories, Inc., New York, N. Y.—Lederle Laboratories will feature its Pollen Extracts for Hay Fever. Other products to be displayed are Poison Ivy, Allergy, and Contagious disease; Liver Extract, 10 c.c. and 3-1 c.c., and Sulfapyridine. A staff attendant will be in charge.



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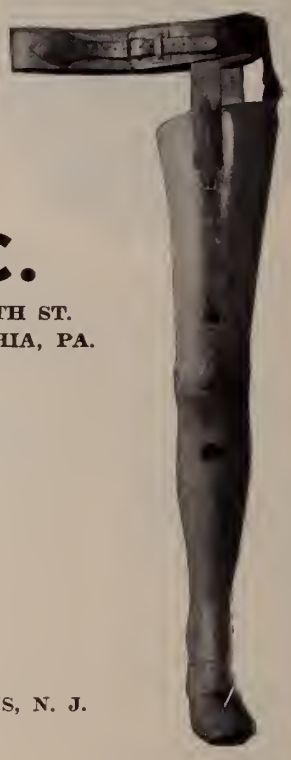

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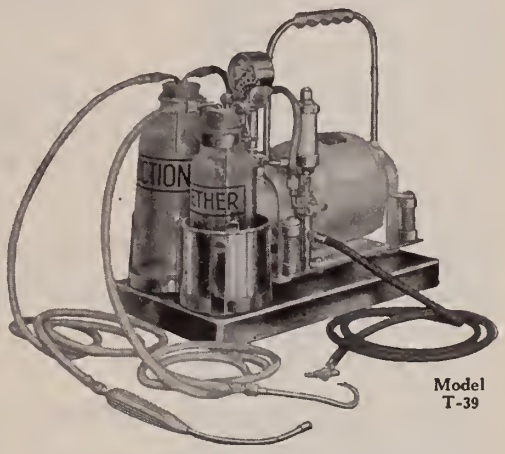

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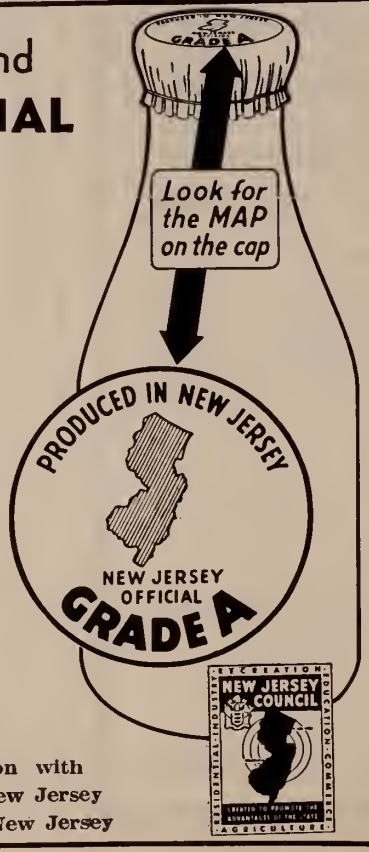

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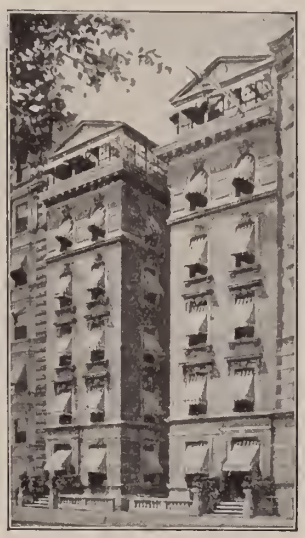

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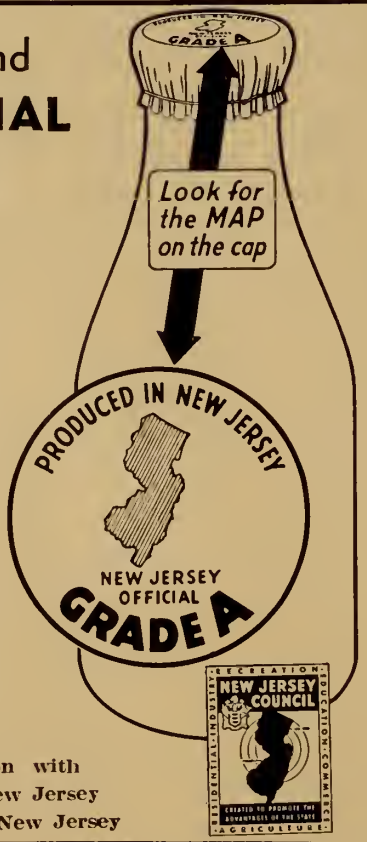

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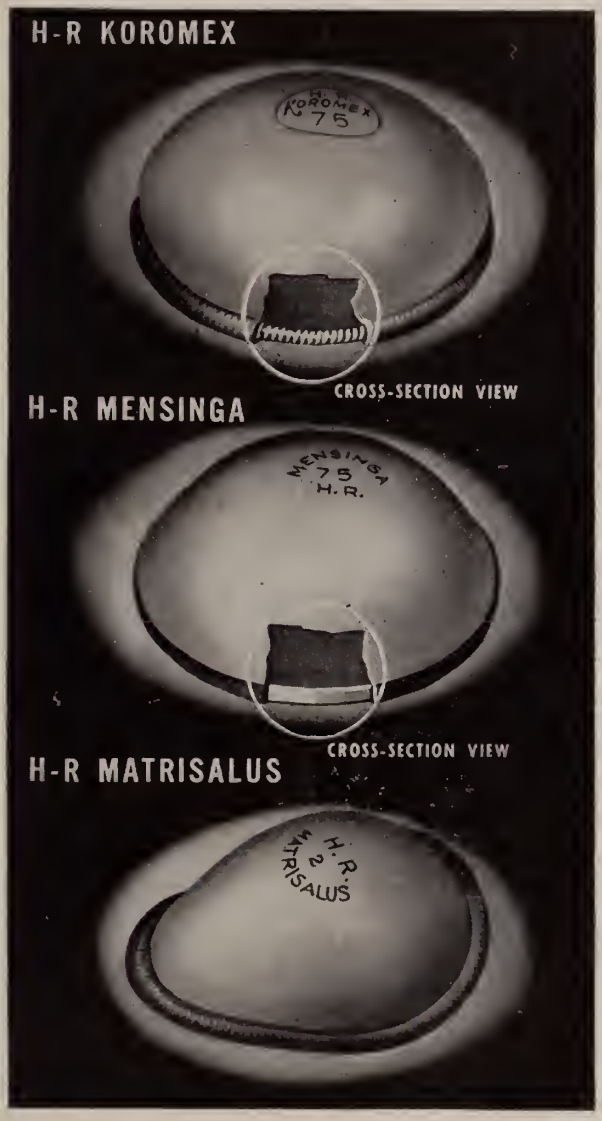

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☐ Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245—"Pharmacology of Inflammation: III. Influence of Hygroscopic Agents on Irritation From Cigarette Smoke."

☐ N. Y. State Jour. Med. 1935, 35-No. 11,590—"Irritating Properties of Cigarette Smoke as Influenced by Hygroscopic Agents."

☐ Laryngoscope, 1935, XLV, No. 2, 149-154—"Some Clinical Observations on the Influence of Certain Hygroscopic Agents in Cigarettes."

☐ Laryngoscope, 1937, XLVII, 58-60—"Further Clinical Observations on the Influence of Hygroscopic Agents in Cigarettes."

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Of prime importance during this period is an abundant, well-balanced diet, one especially rich in calcium, vitamins, and mineral salts. The mother requires a generous intake of Vitamin C, both to maintain her own health and to ensure an adequate store to the infant at birth and a sufficient supply during lactation.

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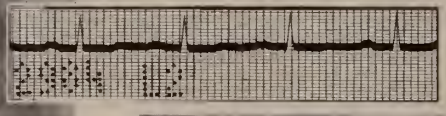
The statements in this advertisement are based on the following numbered references in "Citrus Fruits and Health": 62, 63, 64, 65, 69.

STUDIES IN THE AVITAMINOSES

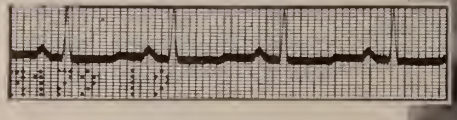
This page is the sixth of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A full color, two-page insert on the same subject appears in the May 25 issue of The Journal of the American Medical Association.

Teleoroentgenogram, at left, of alcoholic patient with severe thiamin deficiency, marked cardiac dilatation, congestive heart failure. X-ray below, taken after three weeks of thiamin chloride therapy, shows marked reduction in cardiac size. Patient received no digitalis.



Electrocardiogram on admission (Lead 2). Note the low voltage of the QRS complexes and of P and T waves. (Left)

After three weeks of thiamin chloride therapy. Note increased voltage, return of P waves. Later tracings showed normal T waves. (Lead 2)



Courtesy of Henry Field, Jr., M.D., University of Michigan.

The Cardiac Manifestations of Vitamin B_1 Deficiency

Vitamin B_1 apparently exerts no specific influence upon the normal heart, but profound deficiency resulting from drastic deprivation may lead to cardiac derangements which are as characteristic as the neural changes at times resulting from thiamin deprivation. In the cases reported, physical examination disclosed that the heart was enlarged to both the right and the left, although on postmortem examination of patients who died of extreme deficiency the enlargement was seen predominantly in the right auricle and ventricle. The former was dilated and paper thin; the wall of the latter appeared thickened and its chamber enlarged. Some difference of opinion exists concerning the mechanism of the increase in cardiac size, since both hypertrophy and edema have been observed by different investigators.

The clinician, through whose courtesy the x-rays and electrocardiograms shown above are made available, states that administration of thiamin chloride promptly led to reduction in the cardiac silhouette.

UPJOHN

"The best method of preventing the spread of syphilitic infection is the prompt and adequate treatment of early syphilis."

"Treat by schedule and not by serologic test is the slogan of the best modern practice."

Supplement No. 6 to Venereal Disease Information, p. 14 and 49, United States Public Health Service.

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Since its introduction, decided advances have been made in improving the synthesis of

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Minimal toxicity, rapid and complete solubility, and meticulous ampuling are among the features that have made Neoarsphenamine Merck an excellent and widely specified arsenical.

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Your patient simply breaks the tip, squeezes the tube, and applies as you direct.

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PERANDREN* OINTLETS ARE USED when small amounts of androgenic substance are deemed adequate and when it is desirable to supplement the intramuscular injections of Perandren for the following reasons: To increase the quantity of male hormonal substance administered; to reduce the frequency of injections or for use as a convenient package when patients are temporarily absent from direct observation.

* Trade Mark Reg. U. S. Pat. Off. "Perandren" identifies a product as Testosterone Propionate of Ciba's manufacture. Ointlets designate Ciba's ointment tubes containing accurate doses.

SUPPLIED (at your pharmacist's) in boxes containing 25 Individual-Dosage Ointlets. Perandren Ointment is also issued in large tubes.

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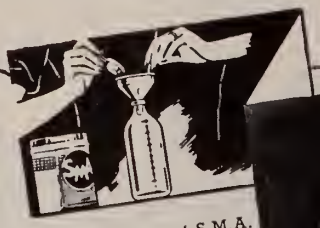
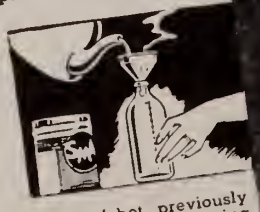
S.M.A. SAVES TIME—SAVES MONEY



Empty measuring cupful of S.M.A. Powder firmly packed, level full, into funnel, using scraper for pushing powder into bottle.



Add one ounce of hot, previously boiled water for each measuring cupful of S.M.A. Powder.

Cap bottle and shake contents until thoroughly mixed. Place in refrigerator until ready to use. Then bring to body temperature before feeding.

Enough For 24 Hours Made up at Beginning of Day

S.M.A. is so easy to prepare. Enough for the entire 24 hour period may be made up at the beginning of the day and stored in the refrigerator until ready to feed. It should then be brought to body temperature and fed at prescribed intervals.

S.M.A. is economical, too, because, aside from orange or tomato juice for the required vitamin C, no other vitamin supplements are usually necessary. S.M.A. provides vitamins A, B_1 and D in amounts sufficient for the normal, full-term infant. When kept in the refrigerator, it retains its nutritional value indefinitely.

S.M.A. IS ECONOMICAL. INFANTS RELISH IT, DIGEST IT EASILY AND THRIVE ON IT.

S. M. A. is a food for infants — derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

S.M.A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS

When *Mothers' Milk* is not available

USE LACTOGEN

It is universally recognized that the milk from the cow is a very satisfactory and successful substitute for mothers' milk if offered in proper form and proportion. That is why Lactogen is made wholly from fresh cows' milk.

Taken from tuberculin-tested herds, the milk used in making Lactogen is completely checked for cleanliness and freshness before acceptance . . . then processed in shining, spotless stainless steel drying chambers under ideal modern conditions of control and sanitation.

Lactogen is fresh, whole cows' milk, fortified with additional milk fat and milk sugar to match human milk proportions of fat, protein and carbohydrates.

Lactogen is an easily digestible food. The characteristics of the casein are changed to form fine and flaky curds, and the fat globules are physically broken down.

Lactogen is especially convenient and safe. It may be used even where there is no refrigeration. Its preparation is simple, even for the most inexperienced mother.

No advertising or feeding directions, except to physicians.
For free samples and literature, send your professional blank to "Lactogen Department."

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Artificial Human Eyes

Facial Prothesis Glass Implants

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for Keratoconus and High Myopia

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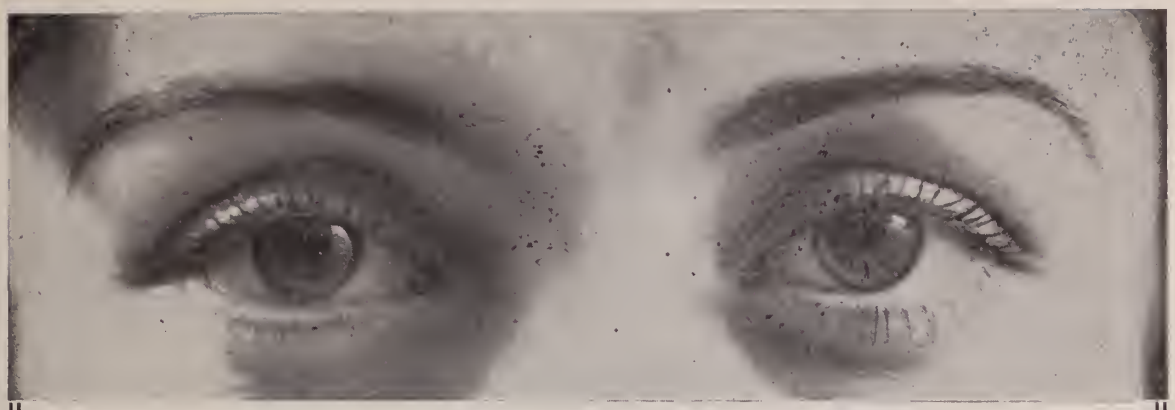

"HAVE YOUR EYES EXAMINED", says Family Doctor

By Whom?

"Have Your Eyes Examined" presents both an **opportunity** and the **satisfaction** that comes with referring patients to a professional man who really **knows** the eye, as well as its **refraction**—an opportunity to **recommend** a fellow Doctor, an Oculist (in Guild terms an Eye Physician).

"DIRECT YOUR PATIENT TO AN EYE PHYSICIAN"

GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

Guild of Prescription Opticians of New Jersey, Inc.

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EYE PHYSICIANS: *Your coöperation can be concretely expressed by recommending a GUILD OPTICIAN — where quality and accuracy protect you and your patient.*

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Is a Specialist in Nutrition

The Guernsey cow is distinctive among dairy cattle for her ability to put into her milk a substantially higher percentage of nourishing butter-fat, and valuable body-building minerals. Hundreds of years of selective breeding and mating have intensified and stabilized this trait, and today Guernsey Milk is recognized as one of the world's finest foods.

Golden Guernsey is "top-flight" Guernsey Milk, produced by a nation-wide association of farmers who subscribe to the ultra-high standards set up by Golden Guernsey, Inc., a non-profit, governing organization formed to uphold the premium quality of Golden Guernsey Milk.

When special nourishment is indicated, and milk is approved, Golden Guernsey may be recommended with complete assurance.

Golden Guernsey, Inc., Peterborough, N. H.

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Production Supervised by

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Audley Farms
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Hightstown

Phil Knorr
1022 Stuyvesant Ave., Irvington

Peapack-Gladstone Dairy
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Port Murray Dairy Co.
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Princeton Dairy, Inc.
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Visitors Welcome

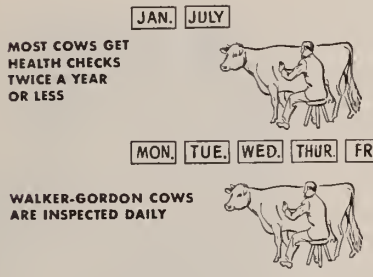
For 54% of our customers

...thanks!

● 54% of our customers tell us that they started buying Walker-Gordon Certified Milk *because you, their doctors, recommended it.*

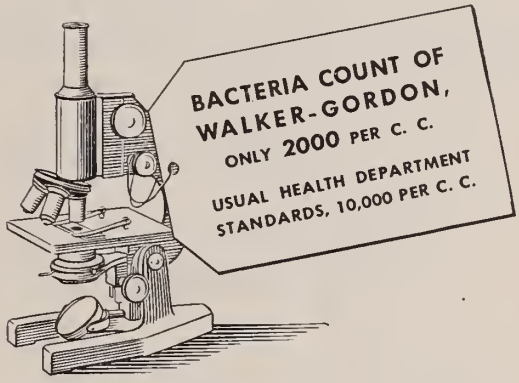
We're proud of that. Yes, and we want to *keep* Walker-Gordon known as *the world's finest milk.*

That's why we take such extraordinary purity precautions on our farms. For instance, Walker-Gordon cows get *daily* health checks—instead of semi-annual.



Too, their udders are washed, and dried with sterilized towels, before each milking. And instead of being milked by hand (clean as those hands would be), they're milked on the famous "Rotolactor"—an exclusive Walker-Gordon development. So that Walker-Gordon Milk goes from cow to consumer without even meeting outside air!

All of which helps explain why Walker-Gordon is *five times as pure,* bacterially, as health departments require even under the high standards set for certified milk.



. . . And all of which helps explain, too, why we expect to be able to say for many more years: *"Most of our customers are sent to us by doctors."*

Walker-Gordon Certified Milk

THE WORLD'S FINEST MILK

SILVER PICRATE

Wyeth

HAS SHOWN A CONVINCING RECORD* OF EFFECTIVENESS IN ACUTE ANTERIOR URETHRITIS

due to Neisseria gonorrheae • Trichomonas vaginalis Monilia albicans

Silver Picrate is a crystalline compound of silver in definite chemical combination with picric acid. Dosage form for use in anterior urethritis: Wyeth's Silver Picrate Crystals in an aqueous solution of 0.5 percent.

Supplied at all pharmacies in vials of 2 grams

Complete literature on Silver Picrate as used in genitourinary and gynecological practice will be mailed on request.

*"Treatment of Acute Anterior Urethritis with Silver Picrate," Knight and Shelanski, AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES, Vol. 23, No. 2, pages 201-206, March, 1939.

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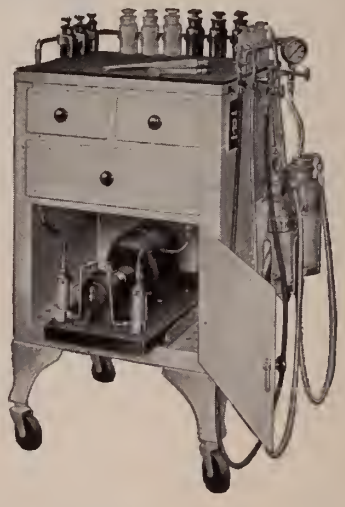
Two factors—moderate price and maximum utility—make this unusually efficient unit *outstanding* as a piece of equipment for office or clinic use.

The motor-compressor unit is the latest spring suspended model—noiseless and vibrationless. Compressor is connected direct to motor, with no belts to slip, stretch or break, and no valves, balls or springs to rust, or to get out of adjustment. The motor unit is equipped with a carrying handle for portability. The Ralks' Ideal Unit is strongly and carefully built of the finest material by expert workmen. There is nothing to get out of order. Lubrication only care required.

Send for descriptive folder giving full details.

Sold Only Through Surgical Supply Dealers



No. 4143 without ether bottle (white enamel cabinet) **$145.00**

No. 414S complete with ether bottle (white enamel cabinet) **$160.00**

Either unit in walnut or mahogany color finish $5.00 extra.

J. SKLAR MANUFACTURING CO. ✣ BROOKLYN, N. Y.

THE INORGANIC OR MINERAL ELEMENTS IN NUTRITION

"The functions of minerals are so important that they may well be said to control life itself." (1)

● With this terse statement, a recent monograph summarizes the importance of minerals in animal metabolism.

Earlier physiologists considered the following list of inorganic elements to be fairly complete as far as animal nutrition was concerned:

Calcium	Sodium	Phosphorus
Iron	Potassium	Chlorine
Iodine	Magnesium	Sulfur

However, copper, manganese, zinc, and apparently cobalt must now be added to this list of elements considered indispensable or desirable in nutrition. Also, analyses of animal tissues have disclosed the presence of the so-called "trace elements" (aluminum, silicon, arsenic, fluorine, bromine, barium, rubidium, nickel, and selenium). Which of these perform definite roles in mammalian metabolism and which are present as contaminants, future research alone can decide (2).

Although the specific functions of all the essential minerals may not be completely known, it is apparent that many of these inorganic elements—in the form of their salts or ions—are associated with vital body activities. Thus, the initiation and continuance of cardiac function, the maintenance of osmotic relationships of tissues and of the acid-alkaline balance, and the formation of bony and calcareous tissue and of hemoglobin are a few of the vital functions of the minerals (1). It should be evident that the above quotation is in no wise an overstatement of the importance of the minerals in nutrition.

As to their occurrence in nature, the minerals are rather widely distributed in foods, although the extent to which they may occur—even in the same food variety—is known to be variable (3). No one food or class of foods has been richly endowed with *all* the elements essential in nutrition. Consequently, to insure an optimal intake of minerals the diet should be planned to include—in so far as possible—all food classes.

In the preparation of foods for the table, attention should be given to preservation of their mineral values. Because of their water-soluble nature, certain minerals may be lost to the cooking water during food preparation. Therefore, to obtain the full mineral benefits of foods, the cooking water containing the extracted minerals should in some way be utilized.

During commercial canning, food is cooked in a limited amount of water or brine while contained in the sealed can. Thus, solution losses of inorganic elements are controlled and by using the entire contents of the container the consumer will obtain all the mineral values of the food packed therein. This provision in practically all commercial canning procedures renders canned foods valuable and convenient in formulation of diets calculated to supply optimal amounts of the inorganic elements essential for complete human nutrition.

AMERICAN CAN COMPANY
230 Park Avenue, New York, N. Y.

REFERENCES

(1) 1939. Mineral Metabolism, Alfred T. Shohl, Reinhold, New York.

(2) 1940. Nutrition Abstracts and Reviews 9, 515.

(3) 1938. Univ. Colorado Studies 25, 181.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixtieth in a series, which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

Orally Administered Bismuth in the Treatment of Syphilis

Pulvules Sobismuinol Mass, Lilly,* in a dose of two or three pulvules three times daily, rapidly produce a high urinary bismuth excretion and exert a powerful antisyphilitic effect. To guard against inadequate treatment through irregularity of administration, Sobismuinol Mass may best be regarded as an adjunct to parenteral therapy.

A convenient test kit for determination of urinary excretion of bismuth is available.

*Contains a complex organic bismuth compound resulting from the interaction of sodium bismuthate, tri-isopropanolamine, and propylene glycol.

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THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly

Under the
Direction of the
Committee on Publication

Editor of
The Journal
Frank Overton, M.D., Dr. P.H.

Editorial and Executive Offices of the Society—143 East State Street, Trenton, N. J.; Tel. 9330
Executive Officer—LeRoy A. Wilkes, M.D.
Executive Assistant—Norman M. Scott, M.D.
Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. XXXVII, No. 6 June, 1940 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

EDITORIAL

Landmarks of Medical Progress in New Jersey

The history of The Medical Society of New Jersey has been 174 years of unbroken progress in both the *production* and the *distribution* of medical services of the highest available standards. Without precedents to guide them, the members of the Society from the earliest days have adhered to the principle that the practice of medicine is an unselfish *profession*, whose only objective is the public benefit.

It is most fortunate that the records of the Society have been preserved intact, even to the names of those who attended the meetings and the public projects to which they gave their time and efforts with no mention of benefits which might accrue to themselves. A careful study and indexing of those records reveals the landmarks of progress which the early members established, and whose scope their successors are still endeavoring to broaden.

1766, July 23—Founding of The Medical Society of New Jersey.

1772—The first law passed regulating the practice of medicine by authorizing the State Society to examine and license candidates to practice medicine.

1816—Organization of the modern system of county societies as components of the State Society.

1818—Participation in compiling the first Pharmacopeia.

1820—Organization of the Standing Committee for three purposes:
a. To study the causes of sickness and disease, particularly as related to the weather and the soil.
b. To be guardians of the Society and suggest measures for promoting its interests.
This committee functioned with great activity and efficiency for eighty-three years until 1903, when its functions were allocated to a Board of Trustees.

1839—Committee appointed to promote the establishment of a State Insane (Lunatic) Asylum. (Established by law of 1847.)

1846—Committee to study syphilis proposed.

1847—Participation in the formation of the American Medical Association.

1847—Establishment of a medical journal—"The Medical Reporter", by Dr. Samuel Parrish, of Burlington, under the patronage of the State Society.

1851—Passage of a law authorizing graduates of five specified medical colleges to practice medicine independently of a license from the State Medical Society (Transactions, Vol 1, page 612).

1859—Transactions first published in annual volumes.

1864—State Commission on Sanitary Laws appointed.

1868—Committee on Public Health appointed.

1869—Health and Sanitary Law passed.

1877—State Board of Health set up, with Dr. E. J. Marsh second, President.

1903—Board of Trustees formed in place of the Standing Committee.
1904—The monthly Journal of the State Medical Society established in September.
1915—State Department of Health established.
1919—Welfare Committee established.
1924—A full-time Executive Secretary and Editor employed.
1933, October—Central Executive Offices established in Trenton.

The characteristic of the seven years which have elapsed since the establishment of a central office of record and administration, has been the response of the four thousand members of the twenty-one county societies to the plans of their wise leaders, whose experience was gained in the school of their county societies. Three hundred members are now giving devoted service as officers and committee men of the State Society; and three times that number are serving on similar committees of their county societies. A decade in the future the reports of the officers, the thirty committees of the State Society, and the twenty-one presidents of the county societies for the year 1940, which fill eighty-seven pages of the May Journal, will be adjudged the most progressive landmarks in the history of the Society.

Legislative Bulletin Number III

Legislative Bulletin Number III, issued on May 20, contains reports on the progress of five Senate Bills, and seven Assembly Bills.

COMMITMENTS IN INSANITY

The Committee disapproves Senate Bill 119, requiring that certificates of commitment in an insanity case be made by two specialists in psychiatry; and also A. 358, requiring only one examiner to be a specialist. The committee gives the following reasons for disapproving the bills:

1. The difficulty and delay in securing the services of specialists, particularly when a person becomes uncontrollably insane.
2. The present law authorizes the superintendent to discharge or parole any patient, thereby safeguarding the patient's rights.
3. The family physician is the best judge of a changed mental state of a patient.
4. A patient is likely to conceal his mental state from strangers.
5. A physician does not need to be a specialist in treating abnormal mental cases as the proposed law would require. All that the examiner has to do is to decide that a mental aberration exists.

The committee disapproved S. 166 (a special Board of Chiropractic Examiners); and S. 213 (a licensed embalmer on the State Board of Health).

The Enforcement of the School Health Laws

Reports from various sources indicate that there is either a grave misunderstanding of the purpose and intent of the new school laws for the exclusion of communicable diseases, or an easy-going evasion of their enforcement. There is no uniformity of action throughout the several school districts, but each one apparently uses a form of record of its own invention. A large number of teachers take these forms to their private physicians, who, for a small fee, or gratis, fill them out, sign, and return them without even so much as an examination or inspection, much less taking an x-ray of the chest.

The intention of the law, as is well known, is to exclude communicable diseases from the schools. It needs no affirmation from anyone to say that tuberculosis is a *communicable* disease. To certify to the absence of pulmonary tuberculosis, particularly in its preclinical stages, without an x-ray, is virtually to ignore currently accepted standards, and revert back to those of a generation ago. This fact is evidently not sufficiently appreciated by those upon whom the obligation of the enforcement of the law rests. It is, therefore, the duty of the Public Health Committee of our State Society, and of the Advisory Committee on Tuberculosis, to take particular note of this neglect, and help correct the error before it is too late.

Abraham E. Jaffin, M.D., *Chairman,*
Advisory Committee on Tuberculosis.

ORIGINAL ARTICLES

PULMONARY ABSCESS

A REPORT OF FORTY-ONE CASES

By Paul Geary, M.D., Plainfield, N. J.

From Muhlenberg Hospital, Plainfield; Bonnie Burn Sanatorium, Scotch Plains; Roosevelt Hospital, Metuchen; and the author's private practice. Presented before the Union County Medical Society, January 10th, 1940.

This discussion deals only with the non-tuberculous type of abscess. The condition is also recognized as *putrid* lung abscess, or *anaerobic* abscess, and includes those cases in which the pathology is primarily *gangrene* of the lung.

The lesion is caused by an infected nidus, from which there is surrounding inflammation and edema which eventually localizes. Subsequently liquefaction of the devitalized center is produced by saprophytic organisms. The organisms are numerous,—fusiform bacilli, spirilla, streptococci, staphylococci, fungi, etc.,—and are those which normally exist in the mouth in a more or less dormant form. When the condition is primarily gangrenous in nature, the sequence of events is, first, interference with the blood supply and nutrition of a portion of the lung, which may be brought about by injury, hemorrhage into the tissues, or thrombosis; and then the impaired nutrition results in gangrene of the area, which subsequently becomes liquefied by saprophytic bacteria.

AGES

During the last seven years we have treated forty-one patients with pulmonary abscess. Twenty-eight were males and thirteen females. The youngest patient was two, and the oldest fifty-six years. The incidence was greatest in the age group between twenty and fifty years. There were three in the first decade of life; five in the second; fourteen in the third; four in the fourth; eleven in the fifth; and four in the sixth.

The most common etiological factor is *aspiration* during the course of anesthesia, particularly in operations around the nose and throat. The operation most frequently performed in this region is removal of the tonsils and adenoids, which procedure alone accounts for 27 per cent of this series of cases. In passing, it can be said that pulmonary abscess follows tonsillectomy under local anesthesia as well as under general; and although no accurate figures are available, it is our impression that the complication is less liable to follow tonsil operations when they are done under local anesthesia.

Aspiration of material from badly infected teeth and gums produces lung abscesses, particularly in alcoholics, who are likely to aspirate material from the mouth while in a drunken stupor.

TABLE 1

Etiology of the Reported Cases

	No. of Cases
Removal of tonsils and adenoids	11
Pneumonia	5
Severe exposure	4
General anesthesia	2
Delivery	2
Recurrence of previous abscess	1
Acute tonsillitis	1
Opening peritonsillar abscess	1
Epileptic attack (probably aspiration of vomitus)	1
Embolic from cellulitis of face	1
Football injury	1
Bronchiectasis	1
Cause unknown	10
Total	41

Next to aspiration, in etiological importance, is *pneumonia*. Bronchopneumonia, particularly the type associated with grippe, is likely to produce the complication. In our series, three out of a total of five were proceeded by grippe; and *none* had a clear-cut lobar pneumonia. These abscesses following pneumonia may not be diagnosed until the onset of an alarming

putrid empyema, brought about by rupture of the abscess into the pleural cavity.

Undue exposure to the weather may have etiological significance, since four patients in this series definitely gave it as the reason for their trouble.

Frequently an infected *embolism* lodges in the lung from some distant focus and sets up the condition. It is possible for a subphrenic abscess to perforate the diaphragm and lung, and produce the condition by direct extension. Trauma alone has been known to cause devitalization and abscess. In one of our patients, a football injury to the upper part of the right chest was thought to be responsible. An injury of this type could bring about a lung abscess by producing a hemorrhage into the tissues, with disturbance in nutrition of the area and eventually necrosis. While the etiology of the condition usually seems clear, there are numerous cases in which nothing definite preceded the signs of the abscess itself. The fact that the etiology is often obscure is generally conceded.

PATHOLOGY

Pulmonary abscess is usually *solitary*. There are often connecting excavations in the lung adjacent to the main cavity, or there may be two or more discrete abscesses. At times there are multiple small abscesses in an atelectatic lung, with such complete involvement that the whole lung will appear opaque in an x-ray picture.

The solitary abscess is prone to develop adjacent to the thoracic cage, or in an interlobar fissure. In the latter case, it may rupture and produce an interlobar empyema, which we observed on one occasion.

Interlobar empyema, following pneumonia, may rupture through the lung, empty into a bronchus, and be expelled by coughing. If this happens, the empyema cavity becomes contaminated by organisms from the mouth, by way of the bronchus; and eventually the conditions are practically the same as in an abscess which ruptured into an interlobar fissure. The question of which condition existed first is purely academic, because the treatment of each is the same.

TABLE NUMBER 2

Consideration of Lobes Involved

Total right side	24
Right upper	16
Right middle	1
Right lower	7
Total left side	17
Left upper	10
Left lower	7
Upper lobes	26
Lower lobes	14

In five cases the abscesses were multiple and confined to one side. In this table the lobe showing greatest involvement was selected. In two patients abscesses of the right lower lobe showed terminal pneumonic spread to the left lower lobe. There was no case with multiple embolic abscesses of each side.

It might be mentioned that the cases of pulmonary abscess resulting from malignancy have not been included in this series because we consider the neoplasm the primary condition and the abscess incidental to the necrosis of the growth. Clinically the two are often identical, and differentiation is possible only by biopsy, x-ray, or bronchoscopy.

PROGNOSIS

The outlook in pulmonary abscess is much more grave than is generally believed. In this series of forty-one cases, there were ten deaths, or 24.3 per cent. This includes cases that were treated by conservative measures, as well as those which were operated upon. Forty per cent of the patients had had symptoms for more than ten weeks when they came to us. This, of course, is a great disadvantage, because better results could be expected if the

TABLE NUMBER 3

Prognosis with Delayed Treatment

A. Duration of symptoms before admission:	Patients
Five weeks or less	13
Five to ten weeks	12
More than ten weeks	16

B. Relation to mortality:	Per cent
Mortality of patients admitted during tenth week or sooner	16
Mortality of patients admitted after tenth week	37

TABLE 4

RESUMÉ OF CASES OF PULMONARY ABSCESS

Case Number	Age and Sex	Duration of Symptoms before Admission	Etiology	Location of Lesion	Character and Quantity of Sputum		Bronchoscopy	Treatment	Results
1.	30 F	1 yr.	Postpartum	RUL	Foul	150 c.c.	None	Surgical	Cured
2.	48 M	9 mos.	Unknown	LLL	Foul	90 c.c.	None	Surgical	Died
3.	12 F	10 wks.	After tonsillectomy	RUL	No odor	60 c.c.	None	Conservative	Cured
4.	35 M	7 days	After acute tonsillitis	RUL	Foul	90 c.c.	None	Conservative	Cured
5.	28 M	11 wks.	After tonsillectomy	RLL	Foul	130 c.c.	None	Conservative	Cured
6.	41 M	2 mos.	Unknown	LUL	Foul	360 c.c.	Yes	Conservative	Died
7.	6 F	5 mos.	Unknown	RUL	Foul	30 c.c.	Yes	Surgical	Improved
8.	45 M	3 mos.	Bronchiectasis	RLL	Foul	360 c.c.	Yes	Conservative	Improved
9.	53 M	3 wks.	After pneumonia	RLL and LLL	Foul	10 c.c.	None	Conservative	Died
10.	46 M	6 wks.	After tonsillectomy	LLL	Foul	60 c.c.	Yes	Conservative	Cured
11.	46 M	6 wks.	After exposure	LUL	Foul	45 c.c.	Yes	Conservative	Cured
12.	27 F	6 mos.	After tonsillectomy	RUL	Foul	150 c.c.	None	Surgical	Died
13.	17 M	11 mos.	After trauma	RUL	Foul	150 c.c.	None	Surgical	Died
14.	29 F	10 mos.	Postpartum	RLL	Foul	120 c.c.	Yes	Surgical	Cured
15.	24 M	2 mos.	After tonsillectomy	RUL	Foul	90 c.c.	None	Surgical	Cured
16.	48 M	6 wks.	Recurrence	RUL	Foul	120 c.c.	Yes	Surgical	Cured
17.	36 M	2 mos.	After tonsillectomy	LLL	Foul	180 c.c.	Yes	Surgical	Improved
18.	20 F	8 days	After tonsillectomy	LLL	Foul	270 c.c.	None	Conservative	Cured
19.	21 F	12 days	After tonsillectomy	LLL	Foul	270 c.c.	Yes	Conservative	Cured
20.	56 M	15 days	After epileptic seizure	RLL and LLL	Foul	200 c.c.	Yes	Conservative	Died
21.	53 M	10 wks.	After exposure	LUL	Foul	180 c.c.	None	Surgical	Cured
22.	25 M	3 wks.	After tonsillectomy	RML	Foul	150 c.c.	Yes	Conservative	Cured
23.	48 F	1 mo.	Unknown	RUL	Foul	140 c.c.	Yes	Conservative	Cured
24.	36 M	26 mos.	Unknown	RUL and RML	No odor	60 c.c.	Yes	Surgical	Died
25.	6 M	7 mos.	After tonsillectomy	LUL and LLL	No odor	Swallowed	None	Surgical	Died
26.	56 M	2 mos.	Unknown	LUL and LLL	Foul	250 c.c.	Yes	Conservative	Died
27.	28 F	2 wks.	Postoperative	LUL	Foul	100 c.c.	None	Surgical	Improved
28.	30 M	10 days	After exposure	LUL	Foul	240 c.c.	Yes	Conservative	Cured
29.	43 M	2 mos.	Postoperative	LLL	Foul	240 c.c.	Yes	Surgical	Cured
30.	23 M	3 mos.	After pneumonia	LUL	No odor	30 c.c.	Yes	Surgical	Improved
31.	24 M	3 wks.	After cellulitis of face	LUL	Foul	60 c.c.	None	Conservative	Cured
32.	47 M	3 wks.	Unknown	RUL	Foul	500 c.c.	Yes	Surgical	Improved
33.	16 F	6 mos.	Unknown	RUL	Foul	120 c.c.	Yes	Surgical	Cured
34.	47 M	8 wks.	Unknown	RUL	No odor	30 c.c.	None	Surgical	Improved
35.	14 F	7 wks.	After tonsillectomy	RUL	Foul	150 c.c.	Yes	Surgical	Cured
36.	2 M	1 mo.	After pneumonia	LUL and LLL	Foul	Swallowed	Yes	Surgical	Unimproved
37.	29 F	10 days	After pneumonia	RUL and RLL	Foul	180 c.c.	Yes	Surgical	Improved
38.	26 F	3 mos.	After pneumonia	RLL	Foul	360 c.c.	None	Surgical	Died
39.	44 M	6 wks.	Unknown	LLL	Foul	120 c.c.	Yes	Surgical	Cured
40.	34 M	4 wks.	After exposure	RUL	No odor	180 c.c.	Yes	Surgical	Apparently cured
41.	24 M	8 wks.	After peri-tonsillar abscess	RLL	Foul	300 c.c.	Yes	Conservative	Cured

patients were under observation soon after the process began. We would judge that, if the patients were presented early enough, over 40 per cent could be cured by expectant treatment. In addition, those who did not fare well on this conservative regime would be operated upon at the most favorable time, before the abscess became chronic and the general condition debilitated, and while there was a prospect of a rapid recovery without the many complication to which a chronic abscess is prone.

Hedblom reported a series of 1,470 cases,—some his own and others collected,—with a general surgical mortality of 31.3 per cent. Cutler reported ninety cases treated both conservatively and surgically with a mortality of 37 per cent. In Allen and Blackman's series of ninety-four cases, the mortality was 29.7 per cent. In contrast to these groups, Neuhof and Touroff reported a series of thirty-four unperforated cases, all of which were operated upon in the acute stage, with only four deaths. In the literature we have reviewed, there is no series of this size which can approach the latter in low mortality rate; and one would infer from this record that early operation is desirable.

There are a number of factors which influence the outlook in an individual case. In the first place, a patient who is greatly prostrated, with marked systemic reaction, is recognized as being in serious condition, and naturally would be expected to have a stormy time. Among the unfavorable occurrences, from the standpoint of prognosis, are profuse hemorrhages, rupture of the abscess into the pleural cavity with pyopneumothorax or spreading of the infection to either another part of the lung or to the opposite lung, or complete involvement of one lung due to multiple abscesses. On the other hand, intermediate age, general physical vigor, mild systemic reaction, and a solitary lesion, are all favorable factors.

SYMPTOMS

In the early days, the condition was often confused with pneumonia, and there is every reason to expect this, because of the similarity of physical signs, symptoms, and often x-ray findings. Since this is so, the history of a patient will often be given as starting with a pneumonia which terminates in lung abscess; while the truth of the matter is that the abscess was the sole existing lesion from the beginning.

As far as we can reconstruct the course of events, a lung abscess starts with a localized inflammation in the lung, which is caused by any of the reasons mentioned above. Usually the infective material comes from aspiration, or the lodging, of an infected embolism. The area becomes edematous, which is evidenced by suppression of breath sounds, moist râles over the lung, and haziness shown by x-ray examination. Dulness may be present.

Typical signs of cavity formation are usually absent because the cavity is rarely empty of secretions.

The temperature, as a rule, is not as high as in lobar pneumonia, usually ranging between 100° and 103°. The patient, however, feels bad, and complains of pain in the chest from an overlying pleuritis, chilliness, prostration, and often cough, which in the beginning is nonproductive.

X-ray at this period reveals what is thought to be a localized patch of lobar pneumonia. The leukocyte count is increased, but again is not as high as that of labor pneumonia, usually ranging from 11,000 to 20,000 per c.c., with an increase in neutrophiles.

There is anorexia, and marked loss of weight from the very beginning.

These symptoms continue with little change for a period varying from a few days, to three weeks, when expectoration of sputum and severe cough begin. The sputum is frequently tinged with blood; but its most characteristic feature is the marked fetor that is present. The breath is pungent, and the odor is observed by the patient as well as those about him. When the expectoration of foul material begins, it is often noted that a large quantity of sputum may be expectorated over a short period, which indicates that the abscess has broken into a bronchus and the process of liquefaction has been well established.

During this phase, it may be noted by x-ray that a definite cavity has formed; and contains air and a level of fluid in the center of the

inflammation. Gas-forming organisms may also produce a rarefaction in an abscess shadow.

After the beginning of expectoration of the pus, improvement in the patient's general condition occurs, because the general toxicity would be expected to be less severe when there is some drainage of the abscess by way of the bronchus.

Because of the fact that the sputum is blood-tinged, and the symptoms different from an ordinary pneumonia, pulmonary tuberculosis is often suspected at this time. It might be recalled that foul sputum is a very rare thing in uncomplicated tuberculosis, and the onset does not overwhelm the patient as quickly as the acute pulmonary abscess.

CHRONIC STAGE

In time, the expectoration increases and may become less fetid, depending upon the character of drainage which is being afforded by the bronchus. There is a decrease in the general toxicity, and the patient passes gradually into the *chronic phase*. There is no definite period which elapses before an abscess becomes chronic. In one individual it may be five weeks, and in another two or three months. However, the chronicity of the condition can be recognized by five signs:

First, cessation of acute symptoms.

Second, stability of the lesion as noted clinically and by x-ray examination.

Third, by the uniformity of the sputum in quantity and character.

Fourth, the development of club fingers and sometimes club toes.

Fifth, the more or less progressive loss of weight.

Clubbed fingers and toes, which is a sign of pulmonary suppuration, develops early in lung abscess and is sometimes seen at the end of the first month. This sign is much more typical of an abscess than of pulmonary tuberculosis; for in tuberculosis it occurs in only certain types when there is a secondary suppurative process, such as bronchiectasis, superimposed upon the tuberculosis.

Fig. 1A—Case 1, in table 4. A woman thirty years of age whose symptoms began one year prior to open drainage, and seven days postpartum. The arrow points to an abscess cavity surrounded by inflammatory tissue.

Fig. 1B—Case 1, in table 4. X-ray taken four and a half years after a one-stage operation. All symptoms subsided three years ago, and recovery is complete.

A chronic pulmonary abscess is a dangerous condition, which would have a mortality estimated at over 90 per cent if it were left untreated. Activity of the patients retards healing by increasing the respiratory rate, and by favoring extension of the process to surrounding portions of the same lung by contiguity, and to distant regions by way of the bronchi or blood stream.

The danger of hemorrhage is a real one, and caused one death in our series. In addition, the danger of brain abscess from the lung by way of the blood stream is well known. It was a terminal feature of the progressive disease in one of our patients.

Fig. 2A—Case 29, in table 4. A man forty-three years of age who was operated upon for an infection of the right forearm, under general anesthesia, two months before this picture. This x-ray shows a left pulmonary abscess, the result of aspiration during anesthesia.

DIAGNOSIS

In confirming the diagnosis of lung abscess, there is one important point which should be stressed. *Aspiration through the chest wall should never be done.* There is no way of knowing whether or not the pleural layers are adherent and, if they are not, the infected material from the abscess will seep along the needle tract to the pleura, and set up a fulminating putrid empyema.

Since it is desirable to start treatment early, accurate diagnosis is important if the condition is suspected. The following conditions should suggest the possibility of pulmonary abscess:

1. A pulmonary complication following any operation, delivery, operative manipulation, general anesthesia, or localized infective process.

2. Thick foul sputum, in the absence of a history of chronic bronchiectasis.

3. Foul sputum, coupled with x-ray evidence of a solitary abscess shown by a fluid level in which the whole lesion is circumscribed.

In addition to abscess, *chronic putrid bronchiectasis* most frequently causes thick, foul

Fig. 2B—Case 29. Lateral view of the abscess taken at the same time as fig. 2A. The arrow points to the fluid level in the abscess.

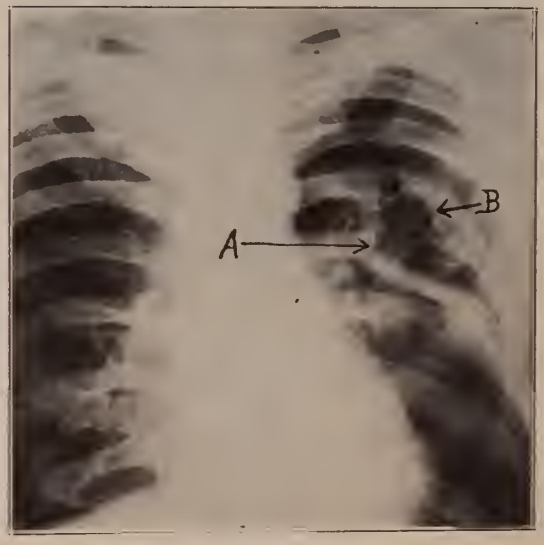

Fig. 2C—Case 29. Conservative measures failed, and a satisfactory result was obtained by a two-stage operation thirteen months before this x-ray picture.

A—Regenerated ribs.

B—Site of the drainage tube.

sputum. Usually there is little difficulty in differentiating the conditions; nevertheless, certain cases are confusing. In order to differentiate between the two, iodized oil is put into the bronchus. Bronchiectasis is seen by x-ray as typical cylindrical or sacculated dilatations of the bronchi; while a pulmonary abscess is usually not filled by the oil, because of the fact that the bronchus leading to the cavity contains copious heavy secretions similar to those in the cavity itself. The lack of visualization of the iodized oil in a segment of the lung not only suggests pulmonary abscess, but offers assistance in the exact localization for operative approach.

Although pulmonary tuberculosis is often suspected because of the cough and hemoptysis seen in pulmonary abscess, the differentiation between the two conditions is usually not very difficult. In tuberculosis, where there is copious expectoration and cough, tubercle bacilli are usually present in the sputum; and, as previously noted, the onset of tuberculosis is usually less acute. In our experience, cavitation in the apex of the lower lobe may be confusing because it is fairly typical of both conditions.

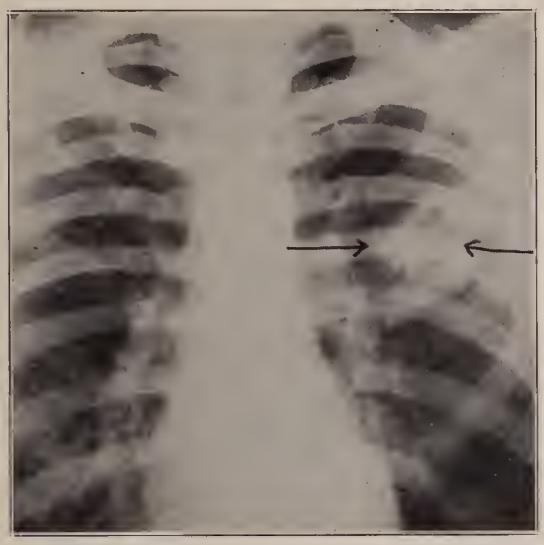

Fig. 3A—Case 31, in table 4. A man twenty-four years of age whose symptoms were present three weeks. Cough and expectoration started one week after a cellulitis of the face was incised under local anesthesia. He was treated with only bed rest and postural drainage.

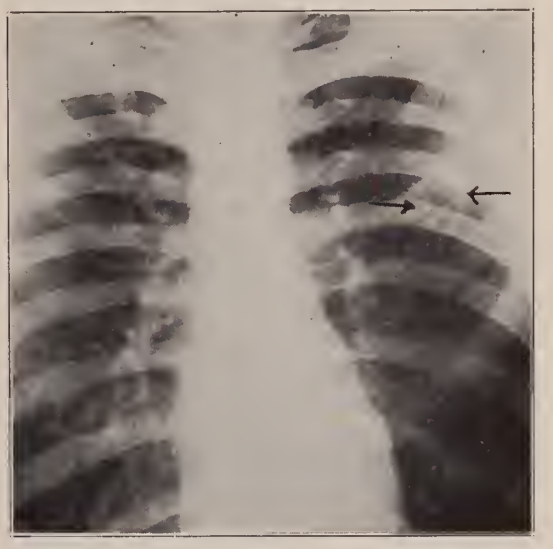

Fig. 3B—Case 31, taken four weeks later, shows clearing of the surrounding infiltration and decrease in the size of the cavity.

Fig. 3C—Case 31, taken seven weeks after treatment was started, shows disappearance of the lesion.

EXPECTANT TREATMENT

During the last twelve years, sentiment among those who are most experienced in the field of chest surgery has seemed confusing. In the beginning of that era, it was felt that early surgical intervention was the ideal treatment. This opinion was supported by satisfactory clinical results. It seems strange that early operation was not generally accepted; but a period began in which the favored treatment

was conservative and operation reserved for those patients who were not cured by prolonged expectant treatment. With the adoption of prolonged expectant treatment, there is a definite increase in the mortality, as was recently observed by Heuer. During the last few years, the shortcomings of the more conservative treatment have been disclosed by comparison with the better results shown with early operation. Credit is given to Neuhof for taking a definite stand in favor of the early operation in 1936. Since that time similar sentiments have been expressed by Heuer, Wangensteen, and others.

PROPHYLAXIS

With pulmonary abscess, as with many other conditions, the most important phase of treatment is *prophylactic*. Aspiration during, and retention of secretions after, operation or anesthesia probably plays the greatest rôle in the occurrence of pulmonary abscess. Aspiration may be counteracted by operating in the Trendelenburg position, with the head lowered, so that the secretions will gravitate away from the lungs toward the mouth.

Large doses of pre or postoperative opiates tend to inhibit the cough reflex, and to favor aspiration.

Turning of the patient from side to side frequently, in the early postoperative period, favors cough and expulsion of secretions; while the retention of any position throughout the early postoperative period favors aspiration and lung abscess, as well as atelectasis and pneumonia.

It is a well-recognized fact that *pyorrhea alveolaris* plays an important part in the etiology of lung abscess. Particularly has it been a factor in alcoholism, where the patient aspirates infected mouth secretions during a drunken stupor.

If infected gums play an important part in abscess in the alcoholics, it follows that those with infected gums who are anesthetized are subject to the same hazard. From this we should admit the importance of dental cleanliness and freedom from gingivitis in those who anticipate operation.

It is less clear how the abscesses following tonsillectomy can be prevented. In eleven cases of this series, where pulmonary abscess followed a tonsil and adenoid operation, it may be of some significance to note that after their discharge two of the patients were returned to the hospital in order to control postoperative hemorrhage. One patient claimed that during this period he could feel the blood running down into his right lung. The development of an abscess in the middle lobe would tend to bear out his story.

After an early diagnosis, careful observation of the patient is begun. It is our custom, in the acute and subacute phases, to confine the patient to absolute bed rest. Some patients are given postural drainage during certain stated periods of the day; others are given continuous postural drainage by lowering the head of the bed. Patients dislike the position of continuous postural drainage for a while, but after a few days it is no longer annoying to them. It is very difficult for those critically ill to assume any position of this sort without undue tax on their strength; and with such, it seems unwise to insist upon it.

BRONCHOSCOPY

Bronchoscopy serves a triple purpose in treating pulmonary abscess.

In the first place, it is of great value in removing secretion; and it may be noted that certain cases respond dramatically to this form of therapy. In others its value as far as drainage is concerned is disappointing. This is particularly true in those cases in which the abscess is peripherally located, and the communication with the bronchial tree is unsatisfactory for drainage.

Secondly, bronchoscopy is of inestimable value in detecting and removing foreign bodies causing lung abscess.

Thirdly, bronchoscopy is a help in diagnosis, for it may be possible to localize the purulent secretion to a certain portion of the lung by seeing the exact bronchial branch from which the pus drains. With the knowledge of the portion of the lung supplied by the small bronchial division, coupled with lateral and posteroanterior x-ray films of the chest, a fairly accurate location of the abscess can be made. In

our series, twenty-five of the forty-one patients were bronchoscoped for diagnosis and therapy.

COURSE OF THE ABSCESS

In its early stage, pulmonary abscess resembles pneumonia clinically and by x-ray. This is the stage when the process of liquefaction and demarcation is incomplete. When liquefaction occurs, a bronchus is broken into, which causes the liberation of necrotic, foul-smelling pus, and the admission of air into the cavity. By drainage into the bronchial tree, the progress of the infection is likely to become checked, and be localized, as witnessed particularly by x-ray. At this point, a knowledge and experience with the mechanism of the process is important. It has been our practice to use bronchoscopy, postural drainage, bed rest, and other conservative measures in the early stages in order to bring about a natural cure of the condition if it seems likely.

The clinical course, the quantity and character of the sputum, and the changes by x-ray are carefully noted. X-ray films are taken at weekly intervals, and, we feel, give more valuable information than the other signs. If it is evident, from the appearance of the films, that the pathology is stationary or getting worse, it is better not to delay operative intervention even though the patient would seem to be improving clinically. On the other hand, we have observed progressive improvement in the serial radiographs until cure, while the clinical condition seemed about stationary.

INTRAVENOUS MEDICATION

At one time, we used intravenous drugs as one of the conservative measures in dealing with pulmonary abscess. We could not attribute any favorable influence to the drugs themselves; and we came to the conclusion that improvement was due mainly to the postural drainage and bed rest.

Intravenous medication may be unwisely prolonged, after it is obvious that no important benefit will be derived from it. I have in mind a patient upon whom we operated, and who eventually died of hemorrhage. This patient was treated for five months with intravenous medication, during which time he lost fifty-five pounds, with almost complete excavation of the upper lobe. Clinically, he responded well to open drainage, with a gain of fifty pounds and almost complete cessation of cough and expectoration. At this stage he began to have severe hemorrhages, to one of which he succumbed. Earlier operation would probably have meant a different outcome, because, in an abscess of long standing, the tissues are more inelastic and do not contract very effectively around a bleeding vessel.

OPERATIVE DRAINAGE

If a lesion is localized, and there is doubt after two or three weeks of observation, whether or not the conservative treatment is producing the desired result, it is our opinion that *operative drainage* is the more desirable and safest course to follow. It happens, in this type of case, that the doubt about improvement may exist for several months more, by which time the abscess is in the chronic stage and the patient is obliged to have the operation which then is less liable to be successful and after which the convalescence is more prolonged. In addition, the added dangers of extension of the disease, hemorrhage, and damage to other organs, such as the heart and kidneys, by prolonged toxemia, have been present.

TECHNIC

By far the most important phase of draining a pulmonary abscess is *exact localization* of the lesion. A pulmonary abscess may be either near the surface of the lung; in the interlobar fissure; or between the lung and the diaphragm. In the great majority of cases it is located in a portion of the lung adjacent to the chest wall; and when this is true, there is inflammation of the overlying visceral pleura, which causes adhesions between itself and the parietal pleura. This phenomenon causes the early pain; and later, the tenderness of the area on the chest wall which overlies the abscess. The adhesions are the safeguard in drainage, for by their presence the abscess can be drained without exposing the pleural cavity to a general empyema.

Since it is desirable to approach the abscess through the region of the adhesions, the previously mentioned measures of localization are studied, namely: location of pain and tenderness; bronchoscopic observation; bronchial injections of iodized oil; and, most important of all, postero-anterior and lateral x-ray views of the chest.

It has always been our practice to perform the operation under local anesthesia. We consider it preferable to general anesthesia because the patient can cough up secretions during the procedure. The patient lies on his good side, with the operative side upward. The secretions then gravitate toward the trachea, and might cause a spread if general anesthesia were used.

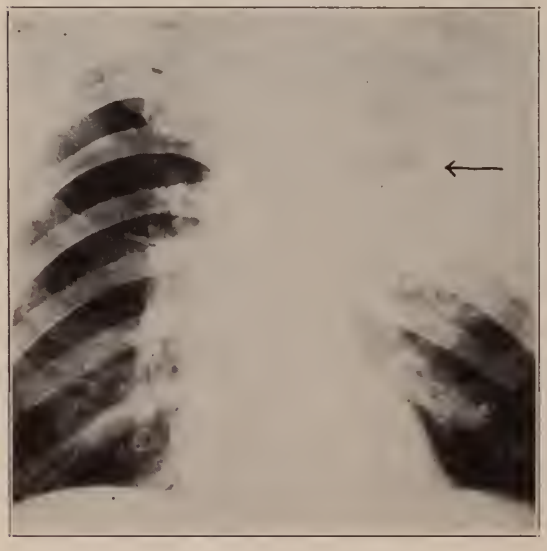

Fig. 4A—Case 21, in table 4. A man fifty-three years of age, whose symptoms began ten weeks before, following severe exposure. The arrow points to the fluid level in the cavity, which is surrounded by an inflammatory zone.

Fig. 4B—Case 21. A two-stage operation brought about recovery, which is noted in the film taken eighteen months after all symptoms had subsided.

In controlling hemorrhage and evacuating the contents of a cavity, it is an advantage to have the patient awake, so that he may breathe or hold his breath at the request of the operator. Although local anesthesia has been far from perfect in some cases, our experience is that it has never been necessary to supplement it even in children as young as two years of age.

THE OPERATION

An incision about four to five inches long is made over the ribs. Usually only a section of one rib, about three inches long, is removed. If, however, it is obvious that there are no adhesions present between the layers of pleura, as evidenced by their motion with each respiration, an additional segment of an adjacent rib is resected. In the latter case the intercostal bundle between the resected rib beds is excised, providing it is thought that the pleural cavity will not be entered in the process.

At this point the decision of whether to do the operation in one or two stages must be made. If it is found that the layers of pleura glide over one another with respiration, it is unsafe to proceed further with localization and drainage of the abscess, because of the danger of infecting the plerual cavity. If it is found that the tissues are endurated, and there is no motion between the plerual layers, the procedure can be finished in one stage. If there is doubt about the firmness of the adhesions, it is better to do the operation in two stages. In that case, the wound is packed with plain gauze and left wide open. This procedure causes firm adhesions between the pleural layers in four to seven days.

At one time we left the gauze against the pleura and completely closed the layers of tissue over it. The wound closure often led to the accumulation of large quantities of

serum, which on two occasions perforated into the pleural cavity and delayed the actual drainage of the abscess.

After a period of four to seven days, the presence of the gauze against the parietal pleura causes firm adhesion to the visceral pleura. With this safeguard established, the gauze pack is removed and the operation continued just the same as though it were being done in one stage.

Fig. 5A—Case 35, in table 4. A girl fourteen years of age, whose tonsils were removed eight weeks before. One week following tonsillectomy she began to cough and expectorate foul-smelling pus. The cavity is clearly outlined in the right upper lobe, surrounded by inflammatory tissue.

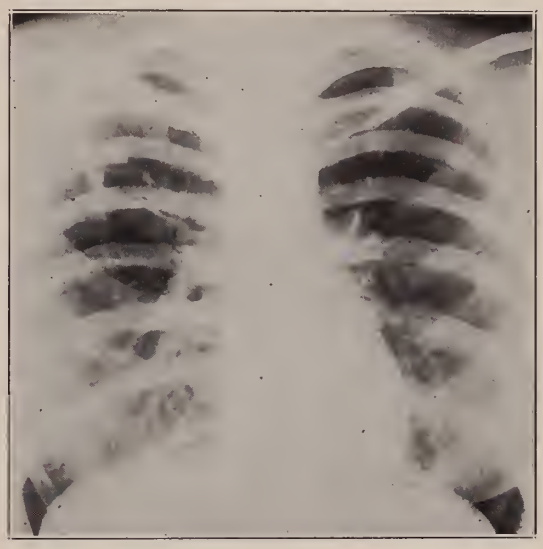

Fig. 5B—Case 35, in table 4. Apparent cure was accomplished by a one-stage operation performed fifteen months previous to this picture.

The first step is to determine the location of the abscess cavity. This is done with needle and syringe. A needle of about 17 gauge is inserted into the lung, in the direction of the abscess. During the insertion of the needle, slight but steady pull is maintained on the barrel. After penetrating a tough endurated abscess wall, entrance of the cavity is apparent in the lessened resistance. When this occurs, pus may come into the syringe. If the cavity happens to be empty of secretions; or if the needle is above the fluid in the cavity, air will enter the syringe.

When only air is recovered, the syringe is loosened from the needle and the barrel removed to determine the odor of the aspirated air. A foul smell is evidence that the needle is in the cavity. Our practice is to coagulate the tissues surrounding the needle with the diathermy current, and then cut directly into the abscess cavity with the cutting current, using the needle as a guide. The roof of the abscess is removed in a similar manner and the contents evacuated. When the cavity is multilocular, it may seem easy to break up the partitions with the finger, but the procedure is not without danger, because of the fact that large blood vessels may be torn, causing hemorrhage, or setting up an infected embolism.

The cavity and wound are packed with iodoform gauze, which is left in place for three days; after which plain gauze is used for packing. After a few weeks, a rubber drain is used instead of the gauze. When the cavity decreases in size, a small catheter of the mushroom type can be used. The wide phlange tends to prevent the catheter from coming out of the wound and causes a minimal amount of pressure on the diseased lung.

In the immediate post-operative period, a gauze pack in the cavity is a protection against hemorrhage in the region and is thought by many to help cough and expectoration. After the initial period, evacuation of the necrotic

material has taken place and there is no further need for the gauze.

Position of the Head.—The head should be lower than the rest of the body during the operation, because it favors propulsion of secretions to the mouth, and makes conditions less favorable for the production of cerebral air embolism. This alarming complication occurred in one patient who incidentally did not have his head lowered. Fortunately, the symptoms lasted for only twenty minutes, after which complete recovery took place.

Early Operation.—We believe that early operation in pulmonary abscess should be done when it is apparent that the condition has localized, and bed rest and other conservative measures are not effecting a continuous and definite improvement. Experience leads us to believe that this period will occur sometime between the fourth and ninth week after onset of symptoms. A fulminating case with acute symptoms sometimes requires earlier operation. We do not believe that there is any uniform time when it can be said that the abscess passes from the acute to the chronic stage. Each case is different, and the decision if and when to operate must be judged by an evaluation of all its aspects.

Although the value of early operation has been shown, we cannot subscribe to a one-stage procedure if there is evidence that the pleural adhesion is not firm. We learned, from experience with three patients, that the complication of general empyema is a very grave one. In two of the patients, coughing produced a tear of the adhesions and a resulting pneumothorax during the actual drainage of the abscess. Each of the pleural cavities was drained at the time but both patients succumbed to putrid empyema. The third patient's pleura was torn during the first stage rib removal. Regardless of the fact that no attempt was made to localize or drain the abscess the patient succumbed to an acute empyema. One would be inclined to believe from this occurrence that the pleural cavity is more liable to infection in the presenc of lung abscess than under ordinary circumstances. This belief is held by Sauerbruch.

Upon reflection, the need of haste in drainage of an abscess is really not so urgent. It would be an unusual case in which the delay of four to seven days, used for strengthening the adhesions, would change the issue. We know the danger of a pneumothorax and empyema, and feel that the operation should be in *two stages* whenever doubt exists.

TABLE 5

CAUSES OF DEATH

Moribund from contralateral spread when admitted	2
Progression of disease	3
Empyema	3
A. After first stage, before abscess was opened.	
B. After pneumothorax, induced while draining with one-stage operation.	
Operative shock	1
Hemorrhage	1
Total deaths	10

Treatment with *artificial pneumothorax* was once recommended for abscesses near the hilum. It is the prevalent belief, and ours as well, that this form of therapy is never justifiable, because of its danger. If pneumothorax is given, a cavity near the surface of the lung might rupture and set up a serious empyema. This very thing happened in one of the cases in our series where pneumothorax was given because the lesion was thought to be tuberculous. Under exceptional circumstances severe hemorrhage might possibly justify artificial pneumothorax for compression of an abscess.

POSTOPERATIVE COURSE

After operation there is a cessation of cough, expectoration, and toxicity. In a few days the patients often develop a huge appetite; and in a few weeks, or sooner, they are out of bed. The wound requires daily attention, and the problem of changing the drainage tube and its eventual removal is a very difficult one to solve. It is our experience that more harm is done by early removal of the tube than by leaving it in too long. Although difficult to judge, the drainage tube should be left in place until the cavity has contracted down upon it. Frequently, we remove the original tube as the cavity contracts and replace it with a smaller one.

SEQUELLAE

The postoperative complications are more numerous in those operated upon late in the disease than in those operated upon in the acute stage. After a late operation there is extension of the disease, failure to close the cavity, bronchial fistula, lattice lung, hemorrhage, and recurrence of the infection at the original site. Operation before the chronic stage limits the disease to a smaller area; it is followed by more prompt recovery with earlier closure of the cavity and bronchial fistula; the hazards of prolonged toxicity are obviated; and the danger of serious hemorrhage is slighter.

RESULTS

We have treated forty-one patients with pulmonary abscess. Seventeen were treated by conservative measures alone, with four deaths, or a mortality of 23 per cent. Twenty-four were operated upon, of whom six died, which is a mortality of 25 per cent for the operated cases. This makes a total of ten deaths, or a general mortality of 24.3 per cent.

It should be pointed out that the patients subjected to operation were more seriously ill than the others, and had already been subjected to conservative therapy.

Two patients who died without operation were moribund when they came under our observation. One had had a spread to the contralateral side, and died fifteen days after admission. The other died two days after admission, being too sick to submit to any effective measures.

Two patients had abscesses which ruptured into the pleural cavity spontaneously, with a resulting pyopneumothorax; and another ruptured into an interlobar fissure. All three recovered; but each of those with pyopneumothorax required operative closure of bronchial fistulae to effect a cure.

In conclusion, we wish to stress the advantage of prompt recognition of the condition, in order that appropriate treatment can be started early, when it is most liable to succeed.

CASE REPORTS

Case 13.—B. B. A young man 17 years of age was admitted to Bonnie Burn Sanatorium on November 5, 1937. In December, 1936, he had had an injury to his chest which was followed by pain, nonproductive cough and loss of weight. The condition continued the same until May, 1937, when the patient developed night sweats and expectoration of thick, brownish, foul sputum. Intravenous medication and other conservative measures were tried elsewhere for four months unsuccessfully. At that time his temperature was 103.8° F.; pulse 100; respiration 22. The blood showed W. B. C. 15,600 per c.c., with 79 per cent polymorphonuclears. The R. B. C. were 3,850,000 per c.c., and the hemoglobin 82 per cent.

Open drainage was done in one stage, anteriorly, by resecting a portion of the third rib on the right side. The cavity, incised and deroofed by diathermy current, was found to occupy most of the lobe, being four inches deep and two to three inches wide. The pus and debris were removed, and iodoform gauze was packed into the cavity and thoracic incision.

There was dramatic improvement in the patient's condition, evidenced by cessation of symptoms, and a gain of 33 pounds before discharge on January 25, 1938. He returned to the hospital February 9, 1938, because of bleeding from his broncho-cutaneous fistula. This subsided while in the institution, and he was again discharged on March 7, 1938, with no cough, expectoration or bleeding. The fistula closed in July, and on October 10th the patient expectorated blood-streaked sputum, concealing the matter from his parents.

On October 15th, he had a massive hemorrhage, estimated by his father at about one quart. The condition improved, so that admission was not requested until October 25th. At that time his R. B. C. were 2,480,000 and the hemoglobin 45 per cent. His temperature was 101.4° F., pulse 100, and respiration 20. The sputum was blood-streaked.

On October 10, 1938, portions of the first six ribs were resected posteriorly, with the idea of compressing the diseased lung; and although he stood the operation fairly well, the bleeding did not stop.

Two days later, on November 2, 1938, an attempt was made to locate the bleeding point, by following the old fistulous tract anteriorly. This being very difficult and complicated by the production of some pneumothorax, was unsuccessful. Bleeding continued until death on March 7, 1939.

At autopsy, the cavity was diminished in size, and contained four bronchial fistulae; but the bleeding point could not be found. This case illustrates some of the difficulties in treating a chronic abscess.

Case 21 (Figs. 4A and B).—A fifty-three-year old man was admitted to Roosevelt Hospital on March 19, 1938. He attributed his trouble to severe exposure ten weeks before, after which he was never well. During January and February he had fever, blood-streaked sputum, shortness of breath, cough, and foul expectoration.

On admission, his temperature was 103.2° F.; pulse 110; and respirations 32. He raised 180 c.c. of foul blood-tinged sputum in 24 hours. His weight was 138 pounds.

April 5th, a first-stage operation was done to create pleural adhesions; and one week later, April 12th, the cavity was incised and deroofed with the diathermy current. Pus and debris were removed. The cavity and wound were packed with iodoform gauze.

A very stormy course followed the operation, and there seemed little hope of his survival. He was irrational for three weeks. Fever was intermittently present for six weeks. Eventually his cough, expectoration and fever subsided, with general physical improvement. The fistula closed on August 15, 1938, and he was discharged, without symptoms, on September 2, 1938. Weight was 164 at that time, representing a gain of twenty-six pounds. The wound has remained healed, the radiograph is satisfactory, and there is no cough, or bleeding, or expectoration.

Case 35 (Figs. 5A and B).—A fourteen-year old girl (F. T.) was admitted to Overlook Hospital, Summit, October 5, 1938. Her tonsils had been removed eight weeks before. Weakness and fever were present during the postoperative period. About the tenth day she began to cough and expectorate thick, foul sputum. Medical treatment had been unsuccessful in checking an increasing toxicity, cough, expectoration, and a progressive loss of weight, which reached as low as 65 pounds.

When admitted, the patient's temperature was 101° F., W. B. C. 17,350 per c.c.; with 80 per cent polymorphonuclears, 18 per cent lymphocytes and two per cent mononuclears. There were approximately 150 c.c. of thick, foul sputum in 24 hours. Bronchoscopy was done on the date of admission, and a large quantity of pus was aspirated from the bronchus of the right upper lobe. X-ray examination revealed an abscess cavity, as well as complete infiltration of the lobe.

On October 8th, four inches of the second right anterior rib were removed under local anesthesia. It was found that the pleural layers were adherent, and that drainage could be done in one stage. The cavity was opened and deroofed with the high frequency current. The pus and debris were removed. The cavity and wound were packed with iodoform gauze.

On the eighth postoperative day the temperature was normal, and cough and expectoration were at a minimum. She was discharged November 12, 1938. Because of the large size of the cavity a drainage tube was left in place until March 8, 1939. The fistula closed two weeks later, and the wound has been solidly healed since then. Her recovery is complete, as noted by the x-ray, and the freedom from all symptoms referable to the chest. She has gained 55 pounds.

SUMMARY

Forty-one cases of pulmonary abscess have been presented. Approximately half the cases were acute, and the remainder chronic. Conservative therapy alone was used in seventeen, and surgery in the remaining twenty-four. The following points were stressed:

1. Cough and expectoration of foul pus is always suspicious of lung abscess, particularly after operation, anesthesia, or pneumonia.

2. The diagnosis is too frequently made after the lesion has become chronic, and the probability of complete cure is lessened.

3. Conservative treatment of bronchoscopy, postural drainage, and bed rest are used in the acute cases only as long as there is definite and progressive improvement as shown by serial radiographs taken at weekly intervals.

4. Early operative drainage by thoracotomy is safer than prolonged conservative treatment.

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VASOMOTOR REGULATION OF THE TEMPERATURES OF THE EXTREMITIES IN HEALTH AND DISEASE

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The past decade may well be termed the *Renaissance of Peripheral Vascular Diseases.* During this period there has been a tremendous awakening of interest in this subject, and more articles and books have been written on its medical and surgical phases and more investigative work has been done in this brief period than in the previous half century, indeed, if not in the entire history of medicine. Vascular clinics have sprung up like magic in numerous medical centers in this country, and many physicians are now devoting the major portion of their time to the diagnosis and treatment of the diseases of the peripheral vessels.

But why all the sudden interest in peripheral vascular disease? Raynaud's disease was fully described in 1862; erythromelalgia was described by Mitchell in 1872; thrombo-angiitis obliterans was described by Buerger in 1908; and arteriosclerotic disease of the peripheral arteries was recognized and described before either of these dates. Yet regardless of the classic description of the pathologic changes, signs, symptoms and clinical course of these diseases, little in the way of treatment was offered; hence, the lack of general interest in this field.

The early work of Claude Bernard on the discovery of the *vasomotor nerves* was an event of tremendous importance. In 1851 he discovered that, when the sympathetic nerve was cut in the neck of a rabbit, the blood vessels in the ear became dilated, and there was an elevation of surface temperature on the corresponding side. Yet the surgical application of this knowledge to the treatment of diseases of the peripheral arteries was delayed for more than half a century. Surgery of the sympathetic nervous system was slow to develop. However, the past decade has demonstrated in a most convincing manner that, in man, the removal of the sympathetic innervation to the extremities is followed by permanent vasodilatation of the arteries to the extremities.

It was only after the introduction of operations on the sympathetic nervous system in the treatment of these diseases that the need for more accurate diagnoses, and a better understanding of the pathologic physiology of these diseases, became apparent. Few subjects in physiology are of more practical importance to the physician than that of vasomotor regulation.

VASOMOTOR REGULATION OF THE TEMPERATURE OF THE EXTREMITIES OF NORMAL SUBJECTS

In order for one to appreciate adequately the importance of vasomotor regulation in peripheral vascular disease, it is important, first, to appreciate thoroughly the rôle of the extremities in the dissipation of heat from the body under various atmospheric and physiologic conditions. Normal vasoconstriction does not give rise to any abnormal signs or symptoms in the extremities. In any consideration of vasospasm, one must clearly distinguish between *normal* vasoconstriction and vasomotor *spasm.* A great deal of confusion has risen in the literature regarding this very point. We have previously pointed out that there is a fundamental difference in the vasomotor reactions of the hands and feet. Our attention [8] was first called to this phenomenon in January,

1931. Pickering and Hess called attention to this same phenomenon in 1933. In the normal subject a distinct vasomotor gradient exists between the face, hands, and feet. The minimal degree of vasoconstriction is in the face, and increasing degrees occur in the hands and feet. This is illustrated in figure one, which shows

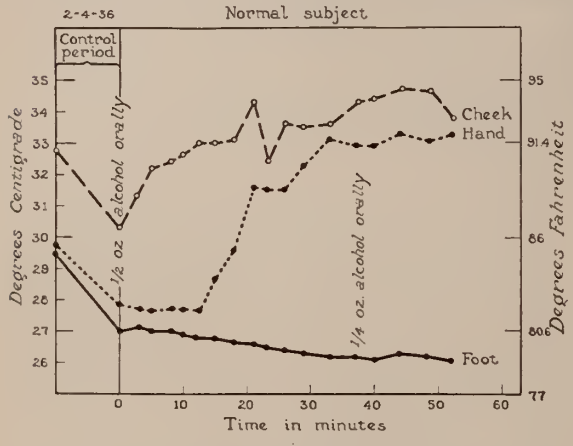

Fig. 1.—Surface temperatures of cheek, hand, and foot, illustrating a vasomotor gradient, following the oral administration of one-half ounce (15 c.c.) of alcohol. Vasodilatation occurred promptly in the cheek, but was somewhat delayed in the hand; no vasodilatation occurred in the foot.

the effect produced by the oral administration of one-half ounce (15 c.c.) of 95 per cent alcohol to a normal subject. After control observations of the surface temperature of the cheek, hand, and foot had been made, the alcohol was administered. The surface temperature of the cheek began to rise promptly; whereas there was a delay of eleven minutes before the surface temperature of the hands began to increase; and there was no increase in the surface temperature of the feet, although observations were made for approximately fifty-five minutes. Both hands and both feet behaved in a similar manner. When complete vasodilatation does occur in normal subjects, a rise in surface temperature appears first in the face, then in the fingers, and later in the toes. This is true irrespective of the vasodilating agent used, or how it is administered.

Figure two shows the difference in the rate of vasodilatation in the hands and feet following the oral administration of alcohol to two normal subjects, who were sisters. The one

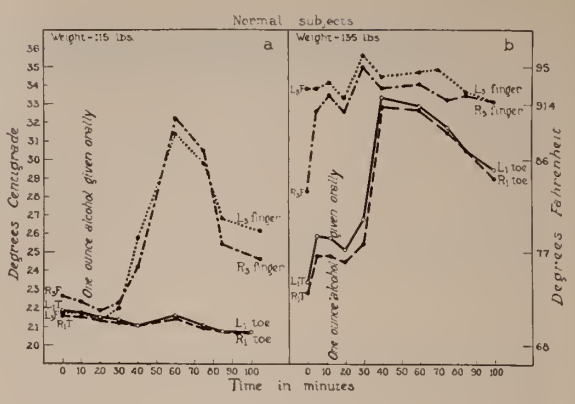

Fig. 2.—A striking difference is noted in the vasodilating effect of alcohol in the digits of two normal subjects;—*a*, vasodilation in the fingers but not in the toes; *b*, complete vasodilatation in the toes.

(fig. 2*a*) weighed 115 pounds (52.1 kg.) and had cold hands and cold feet; while the other represented (fig. 2*b*) weighed 135 pounds (61.2 kg.) and had warm hands and cold feet. The surface temperatures of the fingers and toes are recorded in the graphs. Each subject ingested one ounce (30 c.c.) of 95 per cent alcohol orally. Approximately twelve to fifteen minutes after the ingestion of the alcohol, the surface temperature of the fingers in the first subject rose promptly to approximately 31° and 32° C., indicating an actual rise of approximately 10° C.; whereas, no rise in the surface temperature of the toes occurred during the course of the observation. A slight rise in the surface temperature of the fingers of the second subject occurred, because they were already warm, but approximately ten minutes after the administration of the alcohol the surface temperature of the toes increased from approximately 23° to 33° C., indicating a rise of 10° in the surface temperature of the toes. A corresponding difference was noted between the temperature of all the digits of the upper and lower extremities, although, for the sake of simplicity, the temperatures of only four of the digits are plotted in each graph. This indicates that the degree of vasoconstriction was greater in the digits of the lower extremities than it was in the upper extremities. The difference in intensity of vasoconstriction of the fingers and toes of the second subject was not evident in terms of surface

temperature, but could be demonstrated only when one attempted to produce vasodilatation in the various digits. We have observed the same vasomotor gradient in a large series of subjects with thrombo-angiitis obliterans, Raynaud's disease, essential hypertension, lipodystrophy and vasomotor scleroderma. These represent observations which we made prior to July, 1936. All of our work up to that time was carried out in a room in which the temperature was maintained at approximately 24° C., and in which the humidity varied from 30 to 50 per cent.

THERMOCOUPLES AND THE MEASUREMENT OF SKIN TEMPERATURE

Since July, 1936, our investigations have been carried out in three psychometric rooms which are equipped with apparatus capable of maintaining the environmental temperature within ±1° F., and the humidity within ±3 per cent. In general, these rooms have been maintained at 65° to 68° F. (17.5° to 20° C.), 76° to 78° F. (24.4° to 25.5° C.) and 86° to 90° F. (30° to 32°+ C.), respectively, with a relative humidity of 40 per cent, in order to investigate the effects produced by sudden changes in environmental temperature (accomplished by moving the bed and subject from one room to another) on the skin temperatures of various regions of the body in a basal metabolic condition, as well as subsequent to the ingestion of food and after exercise or change of posture of the body or of the extremities only.[14, 17, 18]

All subjects studied have been in the basal state, that is, without food; and have remained in a horizontal position on a comfortable bed from 9 a. m. to 5 p. m. They wore light-weight pajamas so that the arms and legs were exposed. The head was raised slightly, and a stand was arranged to carry reading material in order to minimize restlessness and to insure the arms remaining as much as possible in the horizontal position. Copper and constantin thermocouples [16] were fastened to the digits or to any part of the skin surface which we wished to investigate, and were left in place during the entire period of observation. One thermocouple was always used to check the temperature of the room in the vicinity of the subject, while an especially encased thermocouple was used for the measurement of the rectal temperature. By means of thermocouples one can obtain skin temperatures very quickly, and with an accuracy of about 0.2° C. We do not agree with Du Bois, who said:

> "There is an old dictum that it is easy to measure skin temperature, but hard to know what to do with the results. Dr. Hardy says that it is very difficult to measure skin temperature accurately but the results give much information. He (Dr. Hardy) has demonstrated that the older methods of estimating skin temperature by thermocouples placed in contact with the skin are unphysiological and inaccurate. It is impossible to estimate the average temperature of the surface unless readings are made in many places, and the most deceptive places to measure are the hands and feet. The hands respond too quickly to emotion, the feet cool off too rapidly. Often we have found in normal persons, with no change of rectal temperature, a marked drop in the temperature of the toes until they were cooler than the surrounding air."

In many instances in which there is no change in the rectal temperature of a normal person, we have noted that there is a marked drop in the temperature of the toes until they are cooler than the surrounding air; but we maintain that this does have physiologic significance and can be adequately interpreted. This is graphically illustrated in figure three. It is extremely interesting to note that the surface temperature of the toes of the normal individual remained below room temperature

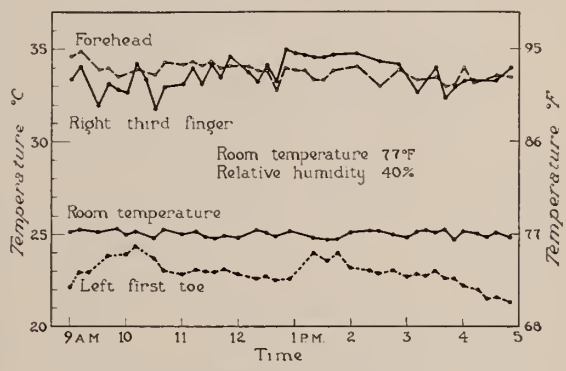

Fig. 3.—Curves of skin temperatures of forehead, finger, and toe of a normal subject in the basal metabolic state in an environmental temperature of 77° F. (24.5° C.), and 40 per cent relative humidity. The temperature of the toe is below that of room temperature, whereas the temperatures of the forehead and finger are considerably higher.

throughout the period of observation, which was from approximately 9 a. m. to 5 p. m. This is further illustrated in table one, which shows the skin temperatures of selected areas of the body of two normal subjects. It will be noted that the temperature of the toes of subject A ranged from 18.3° to 18.8° C., with a room temperature of 19.5° C. As the environmental temperature was somewhat less, consequently the temperature of the fingers was below that of subject A. By the time the environmental temperature had been increased to 22.5° C. (72.5° F.), complete vasodilatation had occurred in the fingers (24° to 33° C.), whereas, vasoconstriction still persisted in the toes. When the environmental temperature had

TABLE 1

Skin Temperatures of Selected Areas of the Body of Normal Subjects in the Basal State Under Environmental Temperatures Maintained at Various Degrees. (Relative Humidity, 40 Per Cent.)*

Subject	Room Temperature F.	Room Temperature C.	Range of Skin Temperature, C. Forehead	Leg (Above Knee)	Fingers	Toes
A	67.1	19.5	32.3—32.5	32.1—35.0	31.0—32.5	18.3—18.8
	69.8	21.0	33.0—33.4	30.9—32.0	31.9—35.0	20.4—23.1
	72.5	22.5	33.0—33.8	32.2—33.0	32.8—33.7	24.8—26.7
			32.4—33.6	31.9—32.3	33.9—34.2	22.8—27.2
	77.0	25.0	34.1—34.3	33.5—33.8	33.9—34.0	28.6—29.7
	78.8	26.0	33.3—33.7	33.6—34.0	34.3—36.2	31.4—32.2
	79.7	26.5	34.2—34.5	32.9—33.5	34.0—35.9	32.5—33.3
	83.3	28.5	34.6—35.0	— —	34.6—35.0	34.0—34.7
	93.2	34.0	35.6—36.3	34.8—35.2	34.3—36.3	35.1—35.6
B	64.5	18.0	32.7—33.0	29.4—31.7	24.0—28.1	17.3—17.8
	68.0	20.0	33.5—33.8	30.1—31.7	27.4—29.4	18.1—18.7
	68.9	20.5	34.2—34.7	31.3—32.9	31.0—35.1	19.2—20.1
	69.8	21.0	33.5—33.8	30.7—32.7	28.0—30.5	19.8—20.5
	72.5	22.5	33.6—33.9	31.1—32.8	33.0—34.3	21.0—21.4
	74.3	23.5	33.3—34.2	32.2—32.9	30.0—33.5	21.6—22.3
	76.1	24.5	34.1—34.3	30.9—33.9	33.1—34.7	23.6—29.0
			33.3—34.2	33.0—34.3	31.6—33.7	23.5—25.2
	77.0	25.0	35.0—35.3	32.8—33.6	35.3—36.0	28.4—30.1
	78.8	26.0	33.8—34.3	32.3—34.0	33.0—35.2	30.5—32.6
	84.2	29.0	34.5—35.1	33.4—33.9	34.8—35.7	32.7—33.6
	89.6	32.0	35.8—36.3	34.7—35.6	35.2—36.0	34.3—35.3

* The range of skin temperatures for any of the areas specified occurred during a period of observation of from four to six hours.

(From Sheard, Charles; Williams, M. M. D.; Roth, Grace, and Horton, B. T.: The rôle of the extremities in the dissipation of heat from the body in various atmospheric and physiological conditions. Transactions, Amer. Soc. Heat. and Vent. Eng., 45, 1939.)

temperature was gradually raised from 19.5° C. (67.1° F.) to 34.0° C. (93.2° F.) a rise of only 3° to 4° C. in surface temperature occurred in the forehead, thigh, and fingers, whereas the surface temperature of the toes increased approximately 16.8° C. It is further evident that most of the rise in surface temperature of the toes had occurred by the time the environmental temperature had reached 26.0° C. (78.8° F.). This indicates that normal vasoconstriction disappears in the feet in normal subjects in an environmental temperature of approximately 78° to 79° F. (26° to 27° C.). Essentially the same observations were made on subject B, except that the basal metabolic rate was lower and the environmental temreached 26.0° C. (78.8° F.), the surface temperature of the toes had increased to 30°+ C., indicating almost complete vasodilatation.

This study, of course, illustrates again the *vasomotor gradient* between the hands and feet. The results of our studies indicate that under atmospheric conditions ranging from 18° C. (64.5° F.) to 22.0° C. (71.5° F.) the temperature of the toes is in general at or near room temperature, while increased vasodilatation occurs in the upper extremities, as is indicated by the rise in temperature of the fingers. In normally reacting subjects, as the temperature of the room is increased, the regulation of the dissipation of heat is accomplished initially by the hands and lower portions of the arms;

and this is followed by regulatory control on the part of the feet and lower portions of the legs, when the room temperature reaches 25° C. (77° F.). At higher environmental temperatures, 28° to 32° C., the temperatures of the fingers and toes closely approximate the temperatures of the forehead, thorax, legs, and arms.

When the atmospheric temperature exceeds 31° to 32° C., maximal vasodilatation of the peripheral blood vessels will be maintained and the internal temperatures of the body will be kept approximately constant by changes in secretion of sweat in order to balance the heat received from the environment. When a normal subject is placed in a warm environmental temperature of 34.0° C. (93.2° F.) and the atmospheric temperature is gradually lowered to approximately 19.5° C. (67.1° F.), vasoconstriction occurs first in the toes and finally in the fingers if the environmental temperature is lowered to a sufficiently low level.

THE EFFECTS OF POSTURE ON THE SKIN TEMPERATURES OF THE TOES AND FINGERS

Observations of the effects of posture on the skin temperatures of the toes and fingers were made under environmental conditions which did not produce either great vasoconstriction or great vasodilatation of the extremities but which permitted the fingers and toes to act as the fine adjustors in the control of the dissipation of heat from the body. Under environmental temperatures ranging from 23° to 30° C. (73.4° to 86° F.) with the subjects in the basal metabolic state and free from sweating of the extremities, the skin temperatures of the toes and fingers decreased when the extremities were elevated and increased when the extremities were pendent. When the posture of the body was changed from the horizontal, either voluntarily or when the subjects were placed in an angular position by means of a tilt-table, at an angle of 15 degrees to 20 degrees, the skin temperatures of the toes increased when the body was tilted with the feet downward and vice versa. These results probably are owing to changes in the peripheral circulation as a result of changes in hydrostatic pressure.[14]

THE EFFECT OF THE INGESTION OF FOOD ON THE DISSIPATION OF HEAT FROM THE EXTREMITIES IN VARIOUS ATMOSPHERIC CONDITIONS

Following the ingestion of food, an increased amount of heat is produced in the body; and in order for the internal temperature of the body to be maintained at a constant level of 98.6° F. (37.0° C.), this excess heat must be eliminated in some manner. The rôle which the extremities play in the dissipation of heat under these circumstances is illustrated in figures four and five. Figure four shows that the toes assumed the room temperature

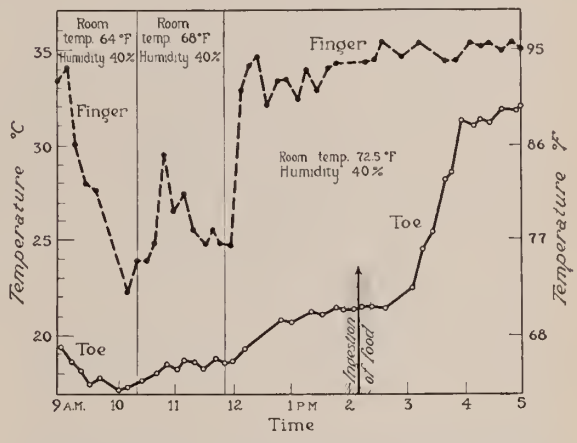

Fig. 4.—Effect of changes in environmental temperature and ingestion of food on the surface temperatures of the finger and toe of a normal subject. Note the marked effect on the surface temperature of the toe after the ingestion of food.

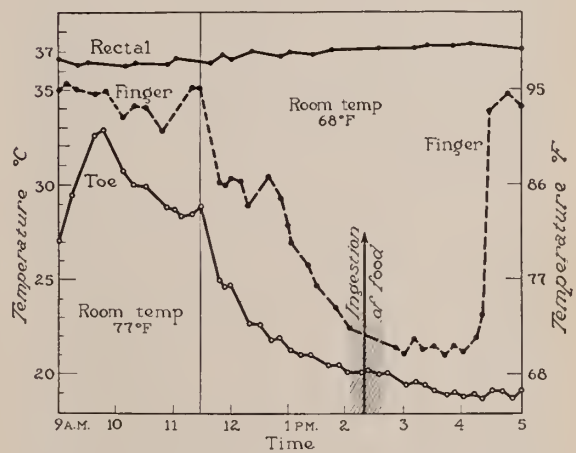

Fig. 5.—Effect of changes in environmental temperature and ingestion of food on the surface temperatures of the finger and toe of a normal subject. Note the marked effect on the surface temperature of the finger after the ingestion of food.

throughout the range of environmental temperature of 64° to 72.5° F., and that the loss of heat from the body is largely regulated by the hands and lower portions of the arms. For the sake of simplicity, only the results of observations on a finger and a toe are plotted, although all fingers and toes were studied, and behaved in a similar manner. When this individual was given a meal shortly after two p. m., the temperature of the toes within approximately two hours had risen to a level of about 31° C. This illustrates that, when a normal individual ingests food at normal room temperature (72° F.), there is no increase in the surface temperature of the upper extremities for vasodilatation has already taken place, owing to the environmental temperature; but that the site of control of the dissipation of heat, indicated by vasodilatation, occurs chiefly in the feet. In other words, one can warm the feet of a normal individual by feeding him at room temperature. The curves of figure five give the time-temperature relationships for the finger and toe of another normal subject, who, after he had fasted for fifteen hours, was placed in the room at 77° F. (25° C.), and after two and one-half hours was removed into an environmental temperature of 68° F. (20° C.). About two and one-half hours later (total fast of twenty hours) the subject had a meal. After the ingestion of food, the temperatures of the toes continued to fall and finally reached room temperature. However, approximately one and three-quarters hours after the ingestion of food, the surface temperature of the fingers promptly rose from a level of 21° C., to 34° C. The temperature of the toes continued to fall throughout the course of the observation. This indicates that under the stated environmental conditions, the ingestion of food produces no change in the surface temperature of the toes, but that the major portion of the excess heat is liberated through the upper extremities. It further illustrates that the ingestion of food in the normal individual under these circumstances produces warm hands, but does not alter the temperature of the feet. The same effects were produced with a protein-free meal as with a meal high in protein content.

TEMPERATURE, HUMIDITY AND COMFORT

We have demonstrated that relative humidity has little effect on the skin temperatures of the body, as indicated most sensitively by changes in the temperatures of the fingers and toes, when the body is subjected to fixed environmental temperatures ranging from 23° to 28° C., with a rather wide range, 25 to 70 per cent of relative humidity.[15]

The dissipation of heat from the body is dependent chiefly on the environmental temperature, and is little influenced by relative humidity except at environmental temperature above 31° C. At these temperatures some sweating and evaporation will occur if the humidity is low; while if the humidity is high, there is a reduction of evaporation. Comfort is a result of these circumstances and the figures in table two will show at which combination of environmental temperature and relative humidity comfort will exist.

SKIN TEMPERATURES OF THE EXTREMITIES IN PERIPHERAL VASCULAR DISEASES

In order to appreciate the rôle which vasospasm plays in the production of the signs and symptoms encountered in peripheral vascular diseases, one should have clearly in mind the rôle which vasoconstriction plays in the normal individual. Furthermore, it is important to differentiate between *vasospasm* and normal *vasoconstriction.* A great deal of confusion has arisen in the minds of the medical profession regarding the use of sympathectomy in the treatment of peripheral vascular disease because many surgeons and clinicians have felt that, following sympathectomy, one only gets rid of normal vasoconstriction, and in many instances elimination of vasoconstriction has not been complete. We wish to clarify our opinion on this phase of the problem. We use the term "vasospasm" to indicate spasm in the vessels, which is superimposed upon the normal degree of vasoconstriction that is present in all blood vessels. We previously pointed out that the degree of vasoconstriction varies in different parts of the body and that there is a definite vasomotor gradient of the face, hands, and feet. The minimal degree of vasoconstriction

TABLE 2

DATA REGARDING SKIN TEMPERATURES OF THE FINGERS AND TOES, AND BLOOD PRESSURES AND PULSE RATES, OF A NORMAL INDIVIDUAL UNDER VARIOUS ATMOSPHERIC CONDITIONS.*

Environmental Conditions		Average Temperature Degrees C.		Blood Pressure	Pulse	
Degrees F.	Per Cent Humidity	Fingers	Toes	(mm. hg.)	Rate	Comments on Comfort
69	65	30.2†	21.8	88/68	52	Slightly chilly, feet cold.
70	55	31.5†	22.1	98/64	48	Slightly chilly.
70	75	27.4	23.3	84/68	46	Comfortable, feet cold.
71	40	28.5†	22.5	90/60	52	Comfortable, except feet cold.
72	60	30.5	25.6	94/62	54	Comfortable, feet cold.
73	65	28.0	23.8	80/60	50	Uncomfortably cool.
74	40	34.8	30.5	92/58	56	Comfortable.
74	65	30.0	26.0	90/66	52	Uncomfortably cool.
74.5	55	32.0	25.4	88/72	46	Fairly comfortable, except feet.
76	40	34.7	29.5	100/74	56	Comfortable.
76	50	34.0	29.3	98/70	50	Comfortable, slightly cool feet.
77	70	34.6	29.5	90/60	49	Very comfortable; legs and arms slightly moist.
79	40	35.1	32.0	96/78	50	Very comfortable.
79	50	35.0	32.6	90/66	52	Very comfortable.
79	60	35.7	33.8	92/64	60	Comfortable.
81	73	34.9	32.7	92/70	52	Comfortable; forehead, hands and feet dry.
82	35	35.5	33.9	94/64	51	Very comfortable.
82	50	35.7	34.3	88/60	64	Very comfortable.
83	60	35.7	34.3	86/64	54	Slightly uncomfortable, too warm.
85	30	35.8	34.6	90/62	51	Somewhat uncomfortable.
86	40	35.8	34.5	88/66	56	Uncomfortable; sweating.

*All data were obtained while the subject was in the basal state, wearing pajamas and lying in the horizontal position.

† Temperatures of the fingers vacillated considerably, covering a range as great as 6° C.

is in the face, with an increase in the hands and feet.

The difference between normal *vasoconstriction* and *vasospasm* can readily be demonstrated if one takes, for example, a normal individual, a subject with thrombo-angiitis obliterans, and one with Raynaud's disease. If these three subjects are placed under controlled environmental conditions in a temperature of 68° F. (20° C.) and 40 per cent humidity; and if the surface temperatures of the various digits of both upper and lower extremities are recorded by means of thermocouples; and if the environmental temperature is gradually increased to 90° F. (32.3° C.), a striking difference in the manner in which vasodilatation occurs in the hands and feet of these subjects will be evident.

In the environment of 68° F. (20° C.) the temperature of the toes of all three subjects will approximate that of the room temperature, and the temperatures of the fingers may also approximate the room temperature.

When the environmental temperature is gradually elevated, keeping the humidity constant, by the time the temperature reaches 79° F. (26.0° C.), complete vasodilatation will occur in the hands, and frequently in the feet of the normal individual; whereas, it will be necessary to continue to elevate the environmental temperature to approximately 83° to 84° F. (28.5° to 29.0° C.) before vasodilatation will occur in the hands and feet of the subject with thrombo-angiitis obliterans; and the room temperature will have to be further elevated to approximately 85° to 86° F., before complete vasodilatation will occur in the digits of the subject with Raynaud's disease.

In all three subjects, vasodilatation occurs, first in the hands and then in the feet. In cases of Raynaud's disease we have frequently noted that the temperature of the fingers was below that of the toes, and yet vasodilatation invariably occurs more rapidly and at a lower environmental temperature level than in the toes. It is obvious from this simple observation that the degree of vasoconstriction is greater in the subject with Raynaud's disease and thrombo-angiitis obliterans, than in the normal subject.

This difference between the environmental temperatures at which complete vasodilatation occurs in the normal subject, in the subject with thrombo-angiitis obliterans, and in the subject with Raynaud's disease, is an index of the degree of the superimposed vasospasm which is present in these two peripheral vascular diseases. Following sympathectomy, normal vasoconstriction and vasospasm are eliminated from the denervated extremity. And yet there are many skeptics who feel that sympathectomy is of no importance in the treatment of vasospasm in peripheral vascular disease. Our clinical experience over long periods of years emphatically contradicts this line of thought.

Fortunately, the diseases affecting the blood vessels of the extremities are easy to recognize and study; are exposed to the eye and to the fingers; and are susceptible to accurate determination by functional studies. Therefore, progress in the treatment of these diseases has been remarkable and rapid. Knowledge of a working classification of peripheral vascular diseases and their differential diagnosis is necessary before one can institute intelligent treatment.

Diseases of the peripheral arteries of the extremities fall into two large groups, namely, *functional,* and *organic.*

Of the *vasomotor,* or functional, group of diseases there are two main types: (1) The vasoconstricting type which is accompanied either by the multiple-phase color reaction (Raynaud's disease), or by the one-phase color reaction (acrocyanosis), dead fingers and local syncope; and (2) the vasodilating type, of which erythromelalgia is a well-known example.

In the *organic* group, there are eight main divisions: (1) Thrombo-angiitis obliterans (Buerger's disease); (2) arteriosclerosis obliterans; (3) arteriovenous fistula (congenital and acquired); (4) simple thrombosis and embolism; (5) aneurysm with or without thrombosis; (6) cervical ribs and scalenus anticus syndrome; (7) pneumatic hammer disease; and (8) arteritis of the temporal vessels. Sufficient information to allow of diagnosis usually will be obtained by the following: (1) Eliciting a history of signs and symptoms of circulatory disturbances in the extremities; (2) examination of the hands and feet with reference to changes in temperature, trophic changes, and the presence or absence of rubor when the extremity is dependent, or of blanching when the extremity is elevated; and (3) palpation of the brachial, radial, and ulnar arteries in the upper extremities, and palpation of the femoral, popliteal, dorsalis pedis and posterior tibial arteries in the lower extremities. The difficulty in diagnosing localized vascular disease of the extremities is in distinguishing the vasomotor or functional type from the organic type, and particularly in recognizing these lesions when they are associated.

It is not the purpose of this paper to consider the vasomotor regulation of the temperature of the extremities in all these separate vascular diseases. The paper will call attention to examples of the vasomotor or functional group illustrated by Raynaud's disease; and in the organic group to confine our remarks to the three conditions,—thrombo-angiitis obliterans, arteriosclerosis obliterans, and arteriovenous fistula.

An increase or decrease of skin temperature is indicative of a corresponding change in the supply of blood to the peripheral tissues.[4, 6, 9, 11, 19] These changes in blood supply are controlled by the vasomotor system and are of considerable importance to the medical profession from the standpoints of both diagnosis and treatment. The process of dissipation of heat by radiation in normal persons, as well as in patients with peripheral vascular disease, takes place in approximately the same manner.

Raynaud's Disease.—This disease is caused by vasospasm, and is observed primarily in the hands and feet. It occurs almost exclusively among young women. The hands are more frequently involved than the feet. The disease manifests itself by color changes in the digits. These changes are symmetrical, and are characterized by the red, white, and blue phases. In advanced cases, trophic changes of the tips of the digits, and superficial gangrene may occur. The behavior of digits in such a case, under stated environmental conditions, is illustrated in figure six. The peripheral arteries in

this case pulsated normally. At an environmental temperature of 78° F. (25° C.) the temperature of the toes remained below room temperature from 10 a. m. to 4 p. m., and the temperature of the fingers gradually decreased almost to room temperature. The ingestion of food had no effect on the temperature of the toes, and only a slight effect on the temperature of the fingers. It is interesting to compare this response to that of normal subjects (figs. 4 and 5). Figure seven shows that when the

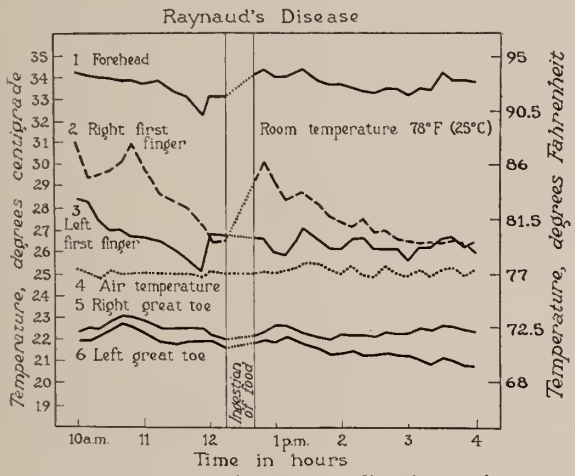

Fig. 6.—Patient with Raynaud's disease in an environmental temperature of 78° F., and 40 per cent humidity. Temperature of fingers gradually decreased to approximately room temperature, whereas the temperatures of the toes remained below room temperature through the course of observation. Little or no effect was produced by the ingestion of food.

subject was placed in an environmental temperature of 85° F., complete vasodilatation of the fingers and toes occurred. However, marked vasoconstriction followed promptly (a return of the Raynaud's disease) when the subject was moved to an environmental temperature of 78° F. (25° C.); and there was little change in the surface temperature of the fingers and toes after the ingestion of food. This is of particular interest when one recalls that when a normal individual is in an environmental temperature of 78° F. complete vasodilatation occurs in the digits of the upper and lower extremities.

We feel that the average patient with mild Raynaud's disease would no longer have the disease if he lived in an environmental temperature of 85° F. or more. Furthermore, we have actually observed one case in which Raynaud's disease developed while the patient was living in the northern part of the United States and in which disease entirely disappeared when the patient moved to the Canal Zone. The patient remained there for approximately twenty years, and had no recurrence of the disease until she moved back to the northern part of the United States. Raynaud's disease again became evident; and it was necessary for the patient to undergo a bilateral cervico-dorsal as

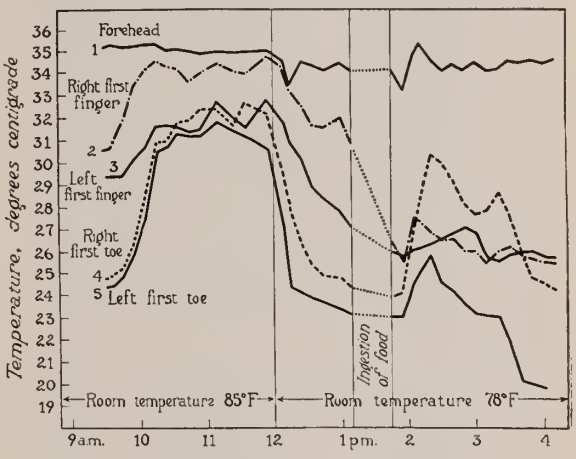

Fig. 7.—Curves showing the effects of environmental temperature on the skin temperatures of the toes and fingers in Raynaud's disease. There is marked vasodilatation of the fingers in an environment of 85° F., which is replaced by a considerable degree of vasoconstriction in an environment of 78° F.

well as a bilateral lumbar sympathetic ganglionectomy.

Thrombo-angiitis Obliterans.—This is an occlusive arterial disease which for the most part affects men between the ages of twenty and forty-five years. It, too, usually occurs to some degree in all four extremities, although clinically, in the majority of cases the symptoms are confined to the lower extremities.

The clinical manifestations vary to a marked degree. Many patients who have this disease in a mild form are handicapped chiefly in their inability to walk for long distances without the occurrence of intermittent lameness. In cases in which the disease is advanced, it is characterized not only by intermittent lameness, but by rest pain, trophic changes, and massive gangrene.[2] Up to January, 1939, we had observed slightly more than 1000 cases of this disease.

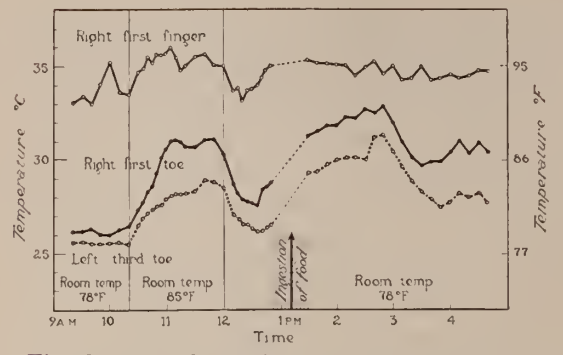

Fig. 8.—Thrombo-angiitis obliterans; effect of changes in environmental temperature and the ingestion of food on the surface temperatures of a finger and the toes.

In addition to the occlusive arterial disease, in practically every instance there is a superimposed vasospasm present in the collateral circulation.

Figure eight shows the effects of environmental temperature and ingestion of food on the surface temperature in a case of thrombo-angiitis obliterans. In this case the effects were chiefly confined to the lower extremities, and were more marked in the left lower extremity. The surface temperature of the fingers was normal; whereas the surface temperature of the toes was approximately that of room temperature when the observations were made at 78° F. and 40 per cent humidity.

After the patient had been under observation for approximately one and one-quarter hour, the room temperature was elevated to 85° F. There was little effect on the surface temperature of the fingers; whereas the surface temperatures of the toes of the right foot rose to approximately 31° C., and the temperatures of the toes of the left foot rose to approximately 29° C. The temperatures of the toes of the left foot remained below room temperature.

The room temperature was again dropped to 78° F., and remained at that level throughout the course of observation. With this sudden drop in temperature, there was a drop in the temperatures of the fingers and toes.

After a lapse of approximately an hour, the patient was given a meal, and rather prompt vasodilatation occurred in the digits of the lower extremities; this was more marked in the right than in the left. The ingestion of food produced only a slight change in the temperature of the fingers.

Following a left lumbar sympathetic ganglionectomy and trunk resection, a similar study was made (fig. 9). The patient was under observation from 9 a. m. to 1 p. m. In an en-

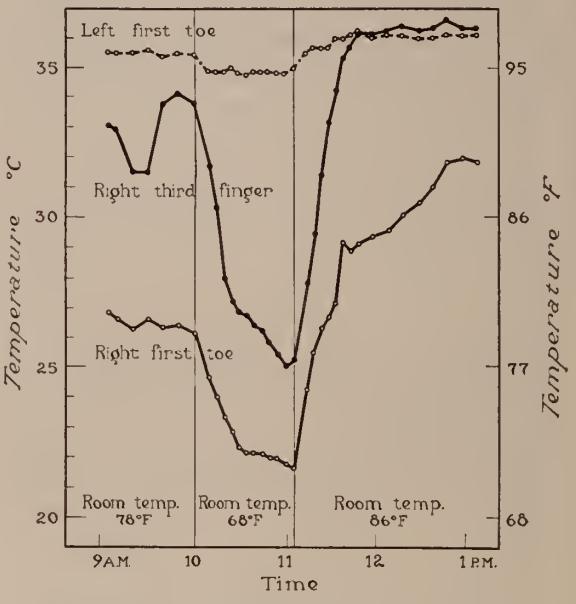

Fig. 9.—Same subject as illustrated in figure 8, following a left lumbar sympathetic ganglionectomy, and trunk resection. In figure 8 it should be noted that the surface temperature of the left toe approximated that of room temperature, and was frequently below room temperature. After operative interference, the temperatures of the toes of the left foot were 35-36° C. (95° F.) and did not respond to changes in environmental temperature. Marked vasoconstriction still occurred in the right first toe and right third finger when the environmental temperature was dropped to 68° F.

vironmental temperature of 78° F., and 40 per cent humidity, the temperature of the toes on the left foot was approximately 35° C., whereas, the temperature of the toes on the right foot was approximately 27° C. The temperature of the left toes was approximately 3° C. warmer than the fingers.

When the room temperature was suddenly dropped to 68° F., marked vasoconstriction occurred in the fingers and the toes of the right foot; but the toes of the left foot remained warm.

At approximately 11 a. m. the room tempera-

ture was raised to 86° F. This produced no appreciable effect on the temperature of the toes of the left foot, but a marked rise in the surface temperature of the fingers and toes of the right foot occurred. The temperature of the toes on the right foot, however, still remained approximately 5° C. lower than that of the toes of the left foot. This illustrates that vasospasm disappears from the denervated extremity, which no longer reacts to changes in environmental temperature within the limits illustrated in the graph.

The vasomotor reactions which are observed in the extremities depend primarily upon the extent of the occlusive arterial process. In early cases in which there is a minimal amount of occlusion, the vasomotor spasm may play a predominant rôle in the production of signs and symptoms. In cases in which the disease is more advanced, the vasomotor disturbances are of less importance.

Arteriosclerosis Obliterans.—The vasomotor reactions of the extremities in cases of arteriosclerotic disease of the extremities are similar in every respect to those which have been described for thrombo-angiitis obliterans, the chief difference being that vasospasm is not present to any extent in arteriosclerosis obliterans. The temperature of the feet, for the most part, parallels that of the room. This is especially true in cases in which the disease is advanced. Sympathectomy is not employed in the treatment of this disease.

ARTERIOVENOUS FISTULA

Arteriovenous fistulas are of two types: congenital, and acquired. From a physiologic standpoint they are fundamentally the same. In our experience most of the arteriovenous fistulas which we have observed have occurred in the extremities, and were of the *congenital* type. We shall confine our discussion to those conditions which have occurred in the extremities.

We use the term "arteriovenous fistula" to indicate any abnormal communication between an artery and a vein by means of which arterial blood passes from the artery to the vein without going through a capillary bed. The surface temperature in the region of such a lesion is

Fig. 10.—Appearance of right and left leg of a patient with congenital arteriovenous fistula involving the right leg. The surface temperature of the right leg at the ankle was 35.8° C. (96.4° F.), whereas the temperature of the corresponding left leg was 36.7° F. The right leg was larger and longer, and there was a marked increase in the growth of hair. A marked bruit and thrill were present in the right leg.

invariably higher than that of the corresponding normal region. This is illustrated in figures ten and eleven.

The most striking phenomenon observed in the study of surface temperature was that the temperature immediately over the fistula and

in the immediate surrounding region is not only abnormally high, but fluctuates only very little with changes in environmental temperature.

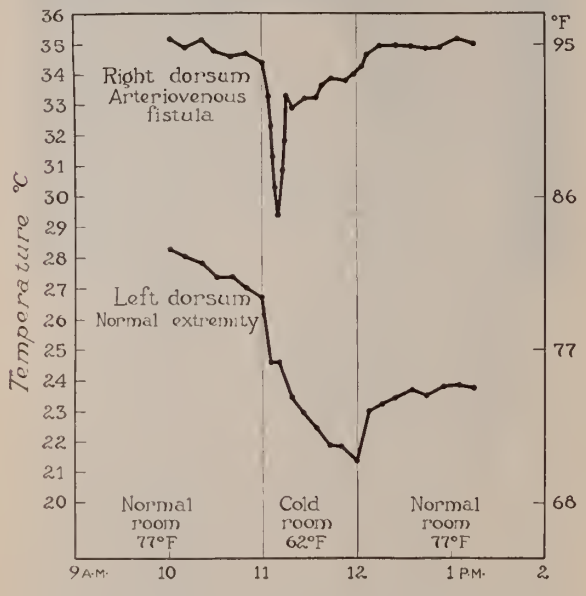

Fig. 11.—Surface temperature of patient illustrated in figure 10, showing the relative increase in surface temperature of the right foot as compared with the left foot; and the resulting changes which occur when the environmental temperature is changed to 62°, and then to 77° F.

It is extremely interesting to compare the temperature over the fistula,—which remains practically constant irrespective of changes in environmental temperature,—with the marked changes that occur in similar regions of the normal extremity.

If one is in doubt as to the diagnosis in a case of obscure vascular anomaly, this type of study will serve to establish the diagnosis, because no other type of vascular disturbance which occurs in the extremities will behave in this manner.

SUMMARY

This study shows that there is a distinct vasomotor gradient with reference to the face, hands, and feet. The minimal degree of vasoconstriction is in the face; and increasing degrees occur in the hands and feet.

This study further illustrates a fundamental difference in the vasomotor reactions of the hands and feet among both normal subjects, and subjects with various peripheral vascular disturbances. The degree of vasoconstriction is invariably greater in the digits of the lower extremities than it is in those of the upper extremities. The difference in intensity of vasoconstriction in the toes and fingers may not be evident in terms of surface temperature, but is easily demonstrated when one attempts to produce vasodilatation in the digits of the upper and lower extremities.

An absence of vasodilatation or the presence of incomplete vasodilatation in the lower extremities in cases in which complete vasodilatation of the upper extremities has occurred following the administration of a vasodilating agent, may, but does not necessarily, indicate structural disease of the vessels of the lower extremities.

The upright posture which man has assumed may account for the greater degree of vasoconstriction in the lower extremities as compared with that in the upper extremities. Complete vasodilatation usually occurs in the extremities of normal subjects in an environmental temperature of 78° F.; but it usually requires a temperature of 84° to 85° F. to produce complete vasodilatation in subjects with thromboangiitis obliterans, and a temperature of 86° to 88° F. to produce vasodilatation in cases of Raynaud's disease.

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DUTIES OF A PRESIDENT OF A COUNTY SOCIETY

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Newark, N. J.

Presented before Annual Conference of County Society Officers, November 26, 1939, in the Stacy-Trent Hotel, Trenton, N. J.

The function of a President of a County Society begins when he takes office as President-elect of his Society. During this year his function is chiefly that of an observer, a constructive critic, and a planner. He should take this opportunity to familiarize himself with the current problems of his Society so that, when he becomes President, he may carry on where his predecessor left off. He should study the chairmen and personnel of the various committees to see wherein they are functioning efficiently, and wherein certain changes might advantageously be made. He should plan in a general way the major objectives of his administration, and should carry out such of his plans as he can before he takes office. He can at least make a beginning in the engagement of his speakers for his principal meetings.

The functions of the President of a County Society may well be considered under five relationships:

1. To his own Society.
2. To the State Society.
3. To neighboring County Societies.
4. To other medical organizations.
5. To the general public.

1. RELATION TO HIS OWN SOCIETY

Presiding.—One of the functions of the President of a Society is, of course, that of *Presiding Officer,* although this is among the least important of the President's functions,—for if a meeting is properly planned and arranged, it will almost run itself. However, the President should have a good working knowledge of parliamentary routine, which he may acquire either by observation, or by a study of Cushing's Manual.

Organizing.—The second function of the President is that of an *organizer.* He should give much time and thought to the appointment of committee chairmen and committee personnel, the sole criteria for appointment being ability and willingness to carry on the work assigned to his committee. In a large Society care should be taken to see that the various hospital groups and the various subdivisions of the county are given adequate representation in the make-up of all the committees.

Planning.—The third function of the President is that of a *planner.* The President should plan carefully the major objectives to be attained during his term of office and should give thought to ways and means by which such objectives may be attained. He should give special attention to planning the programs of his general meetings and his Council meetings. The general meetings should be so planned that they will be interesting to a large proportion of the membership of the Society and should be so arranged that business may be transacted expeditiously. By careful planning of the Council meetings much time is saved, and the interest of the Council members is maintained. Except in unusual circumstances, no business should be presented at the

general meeting unless it has been thoroughly considered by an appropriate committee or by the Council, presentation being made only when definite conclusions have been reached either by the committee or the Council. Much time will be saved at general meetings by adoption of this policy.

Instruction.—Another function of the President is that of an *instructor*. He should take care to see that his successors are thoroughly familiar with his plans, so that they may carry out those parts of his program that are worthy of continued action. He should also inform his successors of his difficulties and pitfalls, so that they may be able to cope with these problems more readily.

Morale.—Still another function of the President of a County Society is that of a morale officer. The President should give much thought to practical measures for arousing and maintaining the interest and enthusiasm of the members toward the affairs of the County Society.

2. RELATION TO THE STATE SOCIETY

The President's relation to the State Society is chiefly that of a *coördinator*. He should inform himself in a general way of the program of the State Society; and should direct his efforts to secure the coöperation of his County Society in the execution of the State Society's program. He should keep himself informed of the activities of the State Society as fully as possible. In my case, this is a simple problem. It is my good fortune to see the President of the State Society every morning, and I have no difficulty in following the business of the State Society by merely asking him, "What's going on at Trenton?" Those less fortunately situated, however, may secure the needed information by following the monthly issues of the Journal of the State Society, and the bulletins which come to us from time to time from the Executive Officer at Trenton.

3. RELATIONS WITH NEIGHBORING COUNTY SOCIETIES

One important function of the President is that of a contact man with neighboring county societies, in order to establish cordial and friendly relationships with their officers and members. For this purpose reciprocal visits with neighboring societies are of particular value.

4. RELATIONS WITH LOCAL MEDICAL ORGANIZATIONS

The President is the official coördinator of all forms of activities of the several groups engaged in delivering health services. In Essex County, where the Academy of Medicine of Northern New Jersey is an important and active organization, great care is exercised to see that the programs of the two organizations do not overlap and conflict. This is readily accomplished by personal talks between the Presidents of the two societies.

5. RELATIONS WITH THE GENERAL PUBLIC

The function of the President in relation to the general public is very important, and his position may be best described as that of a *public relations* man. The President should avail himself of every opportunity to establish a friendly relationship with the heads of important civic bodies, particularly Boards of Education, Health Departments, Welfare Agencies, etc. Many problems which are the mutual concern of the County Society and civic bodies can be solved the more readily if there is a cordial and friendly feeling between the two groups.

My remarks regarding the presidency may seem to be adapted to the larger societies only; but they apply equally well to the small rural societies, for the needs and the opportunities of the two groups are fundamentally the same. Every physician who accepts the leadership of his confreres in a County Society should make the presidency his major concern during his year of office.

413 Mt. Prospect Avenue

OBSTETRICAL RECORDS — THEIR VALUE TO DOCTOR AND PATIENT

MATERNAL WELFARE ARTICLE NUMBER FORTY-EIGHT

By James H. Spencer, Jr., M.D., F.A.C.S.
Surgeon-in-Chief, Franklin Hospital, Franklin, N. J.

The value of clinical records has been discussed by the author [1] in a previous paper. Their use for statistical study of disease and for legal purposes, as well as for the study and preservation of pertinent data in connection with the illness of the individual patient, has been pointed out.

VALUE OF OBSTETRICAL RECORDS

The record of an obstetrical case is of peculiar value to both doctor and patient. Through it the doctor may be praised or condemned; and on it the patient's well-being or even life may depend. The keeping of the record then carries with it an unusual responsibility,—a responsibility shared by patient and physician. There are obstetrical tragedies in which retrospective study allows the attendant to emerge blameless, but as Arnold [2] has pointed out, "There is scarcely a complication, an abnormality, or a problem case of any kind, that does not appear in a different and clearer light, when the *real history* is known." He continues, "Nothing is more difficult oftentimes, than the ferreting out of such a history."

One of the first steps in the careful management of an obstetrical case is the impressing of the patient with the importance of observing and reporting any variation from the normal. Whether we agree with DeLee [3] that child-bearing is an "abnormal function" of woman, or with Adair [4] that it is "a biological and physiologic process", we must admit that, especially to the primipara, it is a new and strange experience. We must impress on her the value of, and reasons for, reporting all changes that vary from her previous state, that these may become part of the record. She must not be allowed to feel that any symptoms occurring prior to delivery are due to "her condition", and thus not worthy of mention. She should know that a record of her case is being kept and that her coöperation is one of the prime factors which will determine the value of that record to her and her doctor. Her estimate of the value of prenatal care will be enhanced by the knowledge that her subjective, as well as objective, symptoms are being recorded as an aid to her physician in the more critical or dramatic stages of her experience. This alone would justify the keeping of the record.

CONTENTS OF OBSTETRIC RECORD

An obstetrical record to be complete should include the following:

1. Past medical history, with particular reference to catamenia, previous pregnancies, and chronic constitutional disease.
2. Family history.
3. Physical examination, with carefully taken pelvic measurements.
4. Accurate dating of the last menstrual period; with a record of any other facts in patient's possession which may serve to more accurately determine the date of conception.
5. Periodic observations of weight, blood pressure, and urinalysis, done with increasing frequency toward the end of pregnancy or when specially indicated.
6. Indications of any warning signs or symptoms suggesting pathological changes in mother or fetus. This should include checks for anemia of pregnancy.
7. Repeated observations of the estimated size and position of the fetus in the later months of pregnancy.
8. Date of quickening.
9. A record of the progress of labor through the several stages, including obervations concerning condition of mother and child, and any medication used.
10. Notation of any abnormalities observed during labor, and any special procedures followed.
11. An accurate postnatal record, with par-

The Obstetrical Record Book of the Maternal Welfare Committee of The Medical Society of New Jersey, reduced to one-half size of the original. The complete record of each of twenty-five patients extends completely across two facing pages as the book lies open.

Serial Number	Date of Delivery	NAME OF PATIENT	AGE	COLOR	GRAVIDA	PARA	WEEKS OF PREGNANCY	ANTE-PARTUM: CARE: None	CARE: Clinic	CARE: Private	ANTE-PARTUM: COMPLICATIONS (Obstetrical: Abnormal Pelvis, Toxemia, Placenta Praevia, Hemorrhage, Etc. / Extraneous: Medical, Surgical)	INTRA-PARTUM: LENGTH OF LABOR: 1st Stage	2d Stage	3d Stage	PRESENTATION: Vertex	Breech	Others	DELIVERY: Spontaneous	Forceps: Low	Forceps: Medium	Forceps: High	Version	Breech Ext.	Cesarean	COMPLICATIONS and PROCEDURES (with indications)

FIGURE ONE.—The left-hand page of the Record Book.

PERINEUM: Intact	PERINEUM: Laceration	PERINEUM: Episiotomy	Analgesia	Anesthesia	PLACENTA: Method of Delivery	PLACENTA: Abnormality	PLACENTA: Blood Loss 1-2-3+	POST-PARTUM: Morbidity*	POST-PARTUM COMPLICATIONS: PELVIC (State Diagnosis)	POST-PARTUM COMPLICATIONS: EXTRA PELVIC (State Diagnosis)	POST-PARTUM: Hemorrhage	BABY: Live Birth: Full Term	Live Birth: Premature	Stillborn: Trauma Type: Before Labor	Stillborn: Trauma Type: During Labor	Stillborn: Term: Before Labor	Stillborn: Term: During Labor	Sex	Weight	CONGENITAL ABNORMALITIES BIRTH INJURIES POST-NATAL COMPLICATIONS	DOCTOR (in attendance)	Registry Number

FIGURE TWO.—The right-hand page of the Record Book.

ticular reference to pulse and temperature of the mother, and to the weight of the baby.

12. A properly filed birth certificate; or, when the occasion demands, an accurately filled out death certificate for mother or child, with careful distinction between actual and contributory causes of death.

Such an outline may appear unduly detailed to some whose prenatal practice has consisted of a few friendly chats at irregular intervals before the actual onset of labor. However, in reality it contains the minimum of data that the conscientious physician, who desires to safeguard his patient in every way, will want to record. The compilation of a complete obstetrical record is made vastly easier by the use of well planned record forms. Probably the best medical histories are written by senior students and hospital interns, and they are written on plain sheets of paper; but it is no admission of weakness on the part of the busy practitioner to use carefully planned and well-organized forms in his office. They evidence a desire to study patients thoroughly, and keep accurate records.

One distinct advantage in the use of such forms is the ease with which data may be correlated for statistical study of a series of cases. To the physician who does not desire to make his own outline for prenatal records, the *prenatal history card* prepared by the Committee on Maternal Welfare of The Medical Society of New Jersey should prove very convenient.

The committee has published another outline [5] calling attention to important office procedures in the case of the maternity patient both before and after delivery. This outline is aimed at the prevention of obstetrical complications; and a study of its features will aid the attendant not only in properly guiding the patient through pregnancy and puerperium, but in keeping an adequate record of each case.

Four publications on obstetrical relations have been prepared by the Committee on Maternal Welfare, and are distributed free by the State Department of Health, and the Field Physicians of the several counties. The subjects of these publications are as follows:

1. Prenatal history card.
2. Minimum office procedure for prenatal and post-natal care.
3. Suggestions for maternity care during delivery.
4. Suggestions to the expectant mother.

—Editor's note.

RECORD BOOK OF THE MATERNAL WELFARE COMMITTEE

While of less interest to the individual practitioner than to the chief of an obstetrical service or to the hospital record liabrarian, a comprehensive obstetrical *record book* for correlating data obtained from all hospital cases is useful to anyone interested in studying obstetrical case records. It precludes the necessity of reading all the details of each case record when a review of obstetrical practice and results is undertaken. Many hospitals in this State are adopting the record book recently compiled by the Committee on Maternal Welfare with the assistance of the Executive Office. This is a large, flat record book with an open spread of thirty-four inches. It is so arranged as to provide for easy recording of pertinent facts in each case, and for later analysis of these facts. In addition to columns for entering general data, there are groups of columns for data concerned with the ante-partum, intra-partum, and post-partum stages of each case, as well as columns for important data about the baby.

Another useful feature of this book is the inclusion of a set of definitions agreed upon by the Children's Bureau, American Public Health Association, and the Bureau of the Census. The use of these definitions of terms will make for accuracy in the recording of obstetrical data.

Obstetrical practice in the United States is not on as low a level as some writers, especially in the lay press, would have us think. Some of the odious comparisons between our maternal mortality and that of certain European countries arise from ill-informed sources. If the European statistics were compiled along the same lines as those in this country, they would present a different picture. Nevertheless, we should continue our efforts to lower the mortality rate. The 30 per cent drop in the past decade is not enough. Among the weap-

ons at our disposal in this fight against untimely and unnecessary deaths, not the least effective is good obstetrical records. Only by means of them can the physician recall the details of his previous patients, and adapt his advice to his present ones.

23 Hospital Road

DEFINITION OF TERMS

The following definitions have been agreed upon by the Children's Bureau, the American Public Health Association, and the Bureau of the Census, and are included in the introductory page of the Record Book:

Live Births: A liveborn child is one which shows any evidence of life (breathing, heart beat, or movement of voluntary muscle) after complete birth. Birth is considered complete when the child is altogether (head, trunk, and limbs) outside of the body of the mother even if the cord is uncut and the placenta still attached.

Stillbirth: A stillborn child is one which shows no evidence of life after complete birth (no breathing, no action of heart, no movements of voluntary muscle).

The period of uteral gestation of registration of stillbirths recommended in the Model Vital Statistics Law, formulated about 1907, and repeatedly reaffirmed by the sub-committees on stillbirth of the American Public Health Association, is a five months' (20 weeks) or more gestation.

Abortion: The expulsion of a nonviable product of conception occurring before the seventh lunar month, or six and a half calendar months (28th week) of gestation, is considered an abortion.

Miscarriage: A less desirable term, synonymous with abortion.

Premature: The termination of pregnancy in the period from the beginning of the 28th to the end of the 37th week, of gestation is conisdered premature. Any newborn infant under 5½ lbs. should be classified as a premature. (American Academy of Pediatrics.)

Puerperium: The puerperium is the period of six weeks immediately following the expulsion of the product of conception.

Morbidity: Based upon all mouth temperatures of 100.4° on any two of first ten post-partum days, exclusive of first 24 hours. (Adair.)

Post-partum Period: Synonymous with puerperium.

Neonatal: The neonatal period is defined as that in which the infant is less than one month (less than 30 days) of age.

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1. Spencer, James H., Jr.: Medical Records. Bulletin of the American College of Surgeons, April, 1940, pp. 87-89.
2. Arnold, J. O.: Guide Book in Practical Obstetrics, Ed. 3, Philadelphia, 1938, Corson Publishing Co., p. 9.
3. DeLee, J. B.: Principals and Practice of Obstetrics, Ed. 4, Philadelphia, 1933, W. B. Saunders Co., p. XIV.
4. Adair, Fred L.: Editorial. American Journal of Surgery, April, 1940, p. 2.
5. "Minimum Office Procedures for Prenatal and Postnatal Care." Booklet No. 333 C. H. of the Maternal Welfare Committee of The Medical Society of New Jersey.
6. "Maternity Service Records."

LESSON FROM A DEATH CERTIFICATE

NUMBER TWENTY

Para ii. Previous section. Small pelvis.

Another cesarean done. Patient took anesthetic badly, given by intern. Vomited food, some of which was aspirated into lungs. Operation was done quickly and easily, but patient died before abdominal wound was closed.

Several anesthesia deaths occurred last year, showing need for more caution and the selection of trained anesthetists.

A. W. BINGHAM, M.D.

STATE SOCIETY ACTIVITIES

WELFARE COMMITTEE

A meeting of the Welfare Committee was held at 2:00 p. m., Sunday, April 14th, in the Stacy-Trent Hotel, Trenton, N. J., with Chairman Read presiding. Those present were:

Atlantic—
Hilton S. Read — William J. Carrington
David B. Allman

Bergen—
G. Barton Barlow — Joseph R. Morrow
Spencer T. Snedecor

Burlington—S. Emlen Stokes

Camden—Reuben L. Sharp

Cape May—Clarence W. Way

Cumberland—
Millard F. Sewall — H. Burton Walker

Essex—
E. Zeh Hawkes — Harry N. Comando
Alfred Stahl — J. Irving Fort
Arthur W. Bingham — Julius Levy
Edgar P. Cardwell — A. Charles Zehnder

Gloucester—
Chester I. Ulmer — Wendall J. Burkett

Hudson—
A. E. Jaffin — Joseph F. Londrigan
B. S. Pollak — Frederic J. Quigley

Hunterdon—Barclay S. Fuhrmann

Middlesex—
George W. Fithian — Joseph H. Kler

Monmouth—
William G. Herrman — Stanley Nichols

Ocean—
Eugene G. Herbener — Adolph Towbin

Passaic—
Sigurd W. Johnsen — Wright MacMillan

Salem—David W. Green

Somerset—Frank L. Field

Union—
Norman W. Burritt — Watson B. Morris
Frederic W. Lathrop

Warren—William H. Varney

Advisory—
Mr. MacDonald — Dr. Edgar Ill
Dr. Fischelis — Dr. Theodore Robie
Dr. Wilkes — Dr. J. H. Underwood
Dr. Overton — Dr. Walter Farr
Dr. Scott — Dr. Harry R. North
Dr. Emil Frankel — Dr. Wilbur Watts
Dr. Joseph Raycroft — Dr. T. J. Schuck
Dr. Ralph Hollinshed — Mr. Benson

President Hawkes expressed his appreciation to the members of the committees for the cooperation and good work done during the current year.

LEGISLATION

Dr. Pollak, Chairman of the Sub-Committee on Legislation, reported on the progress of medical bills in the Legislature.

(The contents of this report are contained in the Annual Report of the Committee to the House of Delegates, and is printed on page 258 of the May Journal.—Editor's note.)

PUBLIC HEALTH

Dr. Stanley Nichols, Chairman of the Sub-Committee on Public Health, read a brief report which was a review of the activities of the Advisory Committees to the Public Health Committee. (See Annual Report of the Committee to the House of Delegates in the May Journal, page 235.—Editor's note.)

Dr. Jaffin presented, for approval by the Welfare Committee, the following motion, which had been passed at the Public Health Committee meeting:

"That the Public Health Committee recommend to the several Boards of Education, or School Districts, that, when their tuberculosis surveys of students are made during the next school year, they include all their adult personnel."

The motion was received and after considerable discussion was tabled.

Dr. Nichols read portions of his printed Annual Report and recommended for consideration by the Medical Practice Committee a Private Clinic Hour service in the physicians' offices for the low-wage group at reduced fees.

MATERNAL MORTALITY

Dr. Bingham read the counties in the order in which they stand relative to low maternal mortality rate. The State rate is 3.1 per 1000 live births. Six rural and six urban counties are under that State rate, as follows:

Morris	Bergen
Salem	Hudson
Sussex	Essex
Warren	Mercer
Union	Hunterdon
Burlington	Passaic
Gloucester	Cumberland
Camden	Monmouth
Somerset	Cape May
Atlantic	Ocean
Middlesex	

PUBLIC RELATIONS

Dr. Kler presented the Annual Report of the Sub-Committee on Public Relations and read excerpts from it. Upon motion seconded and unanimously carried this report was adopted by the Welfare Committee. (See May Journal, page 235.) Dr. Kler was thanked for his services to the Medical Society as Chairman of the Public Relations Committee.

MEDICAL PRACTICE

Dr. Allman read his Annual Report as Chairman of the Sub-Committee on Medical Practice. Dr. S. T. Snedecor reported that the procedure for certification of medical graduates for interneship had been referred to his Committee on Hospital Relationships, and a list of approved medical schools is now in every hospital. The requirement for a transcript of preliminary education credentials will have to stand, since it is a legal requirement of the Department of Education.

Dr. Allman moved that the report of the Medical Practice Committee, including Dr. Snedecor's report, be adopted by the Welfare Committee. Seconded and unanimously carried. (See May Journal, page 218.)

FOOD HANDLERS

Dr. Field requested information relative to having all food handlers in the State tested and x-rayed for tuberculosis. This matter was referred to the Executive Officer.

DISTRIBUTION OF SULPHAPYRIDINE

Dr. Morris reported that Mr. Merck, of Merck and Company, had given the Governor enough sulphapyridine to treat 1000 indigent cases of pneumonia. He in turn gave it to the Department of Health; and because the law would not permit the Department to distribute drugs, it was turned over to The Medical Society of New Jersey. A committee appointed by Dr. Hawkes, consisting of Dr. Quigley, Dr. Wilkes, and Dr. Morris, together with representatives of the Pharmaceutical Association and the Department of Health, met with Dr. Carlisle of the Merck Company and arranged for the distribution of the sulphapyridine through the Joint Committee on Pneumonia Control of New Jersey. The plan was carried out and the drug is now available by physicians in the distributing stations.

The meeting was adjourned at 3:30 p. m.

LEROY A. WILKES, M.D.,
Secretary.

SUB-COMMITTEE ON PUBLIC HEALTH

A meeting of the Sub-Committee on Pubilc Health was held on Sunday, April 14th, 1940, in the Stacy-Trent Hotel, Trenton, at 11 a. m. Those present were: Dr. Nichols, who presided; Drs. Lathrop, Levy, Sherman, Jaffin, Ireland, Sewall, Raycroft, Morris, W. G. Alexander, Potter, Frankel, Fischelis, Mr. MacDonald, and Miss Ashmun. Also present were Dr. Cox of Essex County, and Dr. Herbener of Ocean County.

ANNUAL REPORTS

The Annual Reports of the Advisory Committees to the Public Health Committee were approved as set in galley form. (Journal, May, page 235.)

Dr. Nichols read Recommendation I from his Annual Report, relative to establishing a "private clinic hour" in the physicians' offices for the treatment of the low-wage group at a nominal fee. It was the concensus of opinion that this was within the scope of the Medical Practice, and that Dr. Nichols should offer this resolution to the Welfare Committee for its consideration.

EXAMINATION OF TEACHERS AND EMPLOYEES OF SCHOOLS

Dr. Jaffin reported that some physicians were signing cards indicating that individuals were free of communicable disease, including tuberculosis, without even seeing the patient; certain teachers in Essex County are thus evading the law.

Following discussion on the new school laws on communicable disease detection by Drs. Ireland, Jaffin, Lathrop, and Mr. MacDonald of the State Department of Health, the following motion was made by Dr. Jaffin, seconded by Dr. Alexander and unanimously carried:

"That the Public Health Committee recommend to the several Boards of Education, or School Districts, that when their tuberculosis surveys of students are made during their next school year, they include all their adult personnel."

It was further moved, seconded and carried that this motion be presented to the Welfare Committee by Dr. Jaffin.

STANDARDS FOR PREMATURE CARE IN NEW JERSEY

Dr. Levy presented the attached standards for the care of prematures as approved by the Maternal Welfare Committee. These had been prepared by a group of obstetricians and representatives of the Academy of Pediatrics, and the Bureau of Maternal and Child Health. The standards were approved by the Public Health Committee, and will be presented by the Maternal Welfare Committee to the House of Delegates as part of the recommendations of that committee. The standards are as follows:

STANDARDS FOR PREMATURES IN NEW JERSEY

1. Hospitals caring for prematures should have a premature service.

2. Ward cases should be assigned at birth to the premature service.

3. Early consultation with a competent pediatrician should be urged for private cases.

4. Premature babies should be treated as an emergency; and when such a birth is expected, the premature service should be notified in advance.

5. An approved list of hospitals recognized as premature centers, when stated requirements have been met, will be set up.

6. Hospitals having 25 or more premature births per year should have special rooms for premature care; all others should be able to give isolation care when needed.

7. Hospitals should have an adequate number of incubators or heated beds with temperature control.

8. Recommendation that a certain number of heated beds be available at the Bureau of Maternal and Child Health for distribution when and where needed.

9. Oxygen should be available, and adequate means for controlling oxygen supply and feed in enclosed space.

10. Incubator or heated bed should always be available in delivery room; and preferably transportation to premature room or nursery should be in incubator or heated bed.

11. Methods should be considered for transporting prematures to hospitals giving adequate care.

12. Premature ambulances should be made available, by the Bureau of Maternal and Child Health, where a more urgent need exists.

13. Premature births outside of hospitals should be reported to Boards of Health.

14. Two or three nurses, specially trained in the care of the premature, should always be available in premature centers; and the recommendation is made that the Bureau of Maternal and Child Health assist hospitals in providing funds for the education of such nurses.

15. A State Medical Society Committee, composed of members of the Maternal Welfare, Child Health, and Hospital Relationships Committees, be appointed to examine plans of hospitals where new maternity floors and nurseries are built, or where a change is contemplated.

16. Plans for the better care of the premature in New Jersey be carried out in coöperation and conjunction with the Bureau of Maternal and Child Health of the State Department of Health.

LEROY A. WILKES, Secretary.

ADVISORY COMMITTEE ON MENTAL HYGIENE

A meeting of the Advisory Committee on Mental Hygiene was held on Wednesday, March 27, 1940, at 4:00 p. m., in the Academy of Medicine, Newark. Those present were: Dr. Raycroft, Chairman; and Drs. Doody, Levy, Pessel, Davidson, and Wilkes.

FUNDAMENTAL CONSIDERATIONS

After extended discussion the members generally agreed upon three fundamental points:

1. The art of medicine involves in its practice the full consideration of both the individual, and also his diseases and defects, both physical and mental. Practice today has tended to overemphasize the physical aspects of treatment, and underestimate the significance and influence of the mental aspects.

2. Cases in which the mental aspects are most likely to be overlooked, or underestimated as to importance, fall into three categories:

a. Those having *primarily a physical basis* with dominant mental manifestations and symptoms.

b. Those having *primarily a mental basis* which is obscured by dominant manifestations of a physical nature—subjective symptoms of apparent pain, or voluntary limitation of motion, or other misleading symptoms presented by the patient to divert attention from the real cause (the so-called "escape mechanism" described by the psychiatrist).

c. The *truly mixed type* of case, in which both mental and physical aspects are important elements in the diagnosis and treatment.

To really understand and effectively treat such cases to the satisfaction of both patient and physician, the physician must be conscious of both aspects of the abnormal states and employ suitable technics; and he must also apply sound judgment in balancing these fac-

tors so as to see the whole picture with which he is confronted in the form of the patient.

3. The cultist who has a considerable following of patients relies largely upon a conscious, if not entirely scientific, use of psychological reactions in his patients; and in this aspect of the "art" of practice, he is often more adept than the purely scientific practitioner of medicine.

Recognizing the foregoing facts, the members of the Mental Hygiene Committees endorsed the plan to concentrate their efforts upon the subject of mental *hygiene,* as distinguished from mental *diseases,* such as those which are manifested by patients in psychiatric hospitals.

The committee plans to present the subject of *Mental Hygiene* to the State and County Societies by four methods:

1. Clinical demonstrations.
2. Dramatic presentations before medical groups.
3. Addresses and conferences.
4. A series of brief articles and case reports for the Journal, similar to those on Maternal Welfare.

The regular monthly meeting of the Mental Hygiene Committee was held on Wednesday, April 25, 1940, at 4 o'clock, in the Academy of Medicine, Newark, New Jersey.

PSYCHIATRISTS AND GENERAL PRACTITIONERS

The committee believes that the psychiatrists attached to mental institutions should be encouraged to attend hospital staff meetings in nearby places, not only for their contribution *to* the case study by the staff, but for their *own* benefit in a fuller appreciation of the physical aspects of the case, and the relation of the physical to the mental aspects.

SPECIAL ARTICLES

Chairman Raycroft reported that the Philadelphia Council of Social Agencies had recently issued a study on "Mental Hygiene of the Convalescent Patient"; Dr. Raycroft suggested that this pamphlet might be a precedent for the series of Journal articles to which reference was made at the last meeting. Dr. Raycroft was appointed chairman of an Editorial Committee to prepare the articles.

MENTAL HYGIENE EXHIBIT

Reference was made to the Exhibit on "The Physician as a Mental Hygienist", which was prepared by the Illinois Society for Mental Hygiene, to be shown at the Annual Meeting of the Illinois State Medical Society, May 21-23, 1940. It was proposed that an effort be made to secure the loan of the exhibit for the Annual Meeting of The Medical Society of New Jersey on June 4-6, 1940.

It was also suggested that the Committee on Mental Hygiene secure permission to issue the Illinois material in the form of pamphlets and lantern slides for the benefit of the County Societies and hospitals of New Jersey.

TRUSTEES' MEETING

A regular meeting of the Board of Trustees of The Medical Society of New Jersey was held on Sunday, February 11, 1940, at 11:00 a.m., in the Executive Offices in Trenton. Those present were Dr. Hollinshed, presiding; Drs. North, Costello, Stahl, Lewis, Hawkes, Marsh, Norton, McBride, Lee, and Young; Dr. Wilkes, Executive Officer, and Dr. Overton, Editor.

Dr. George W. Fithian, of Middlesex County, was elected a Trustee in the place of Dr. H. W. Nafey, who had resigned on account of ill health, after having filled the office for eight years.

Dr. Overton, Editor of the Journal, reported on the progress of indexing the minutes of the Meetings of the Trustees, and the records of the State Society.

President Hawkes reported on the opposition of the State Society to legislative bills which propose to grant privileges to practice medicine to certain individuals who cannot qualify under the general law.

The Trustees discussed the economic aspects of Chapter 294 of the Laws of 1939, requiring a physical examination of pupils and employees of public schools for the detection of tuberculosis. While the Trustees were agreed upon the *scientific* benefits of the law, there was a general feeling that the *economic* problems of the examinations could not be solved except by a gradual approach.

The following subjects were also considered:

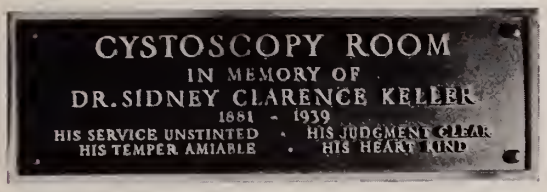
1. Participation in a Social Hygiene Conference.
2. Representation on the Council of the Curie Institute for cancer control.
3. Sale of preparations directly to the public.
4. Gift of sulphapyridine to be distributed to physicians who request it for specified cases.
5. Birthday examinations.
6. Increased hospital facilities under a Federal grant.
7. Health projects.
8. Finance Committee's report.
9. Stenotypists at the annual section meetings.

The meeting adjourned at 3:15 p. m., after four hours of almost continuous session.

MEMORIAL TABLET TO DR. SYDNEY KELLER

1. CAREER OF DR. KELLER

On January 21st, 1940, a tablet was dedicated and placed in a cystoscopy room of the Newark Beth Israel Hospital in memory of Dr. Sidney Keller, Visiting Urologist of the Beth Israel Hospital since 1927 to the time of his death on July 7, 1939, aged fifty-two years.



Dr. Sidney Keller was born on December 23rd, 1881. He attended the Newark public schools, and received his M.D. degree in 1904 from the College of Physicians and Surgeons, Columbia University.

He was the Associate Urologist at the Newark City and Memorial Hospitals, Attending Urologist at the Newark Beth Israel Hospital, and Consulting Urologist at the St. James, Overbrook, and Essex County Isolation Hospitals.

Dr. Keller took an active part in all medical activities in Essex County, particularly the Essex County Anatomical and Pathological Society which he served as President in 1938. He was a Diplomate of the American Board of Urology, a member of the A. M. A., the Society of Surgeons of New Jersey, the Academy of Medicine of Northern New Jersey, and the Essex County Medical Society.

The principal speaker at the dedication of the tablet was Dr. Maximillian Danzis, of Newark, a close friend and professional associate of Dr. Keller.

2. MEMORIAL ADDRESS, BY DR. MAXIMILLIAN DANZIS, NEWARK, N. J.

My address is a delineation of the character of Dr. Sydney Clarence Keller as a physician, and personal friend, and an appreciation of the type of service which he rendered during his connection with this hospital.

I vividly recollect my first meeting with him fourteen years ago when he called at my home to discuss his contemplated affiliation with our hospital. His modest approach with which he opened the discussion, his tactful manner, his complete unobstrusiveness, his sincerity and frankness, and his clear perception of his duties and responsibilities in accepting such a trustworthy position, impressed me deeply and favorably.

The first impression obtained from a meeting between two persons to discuss a problem of mutual interest is very frequently the deciding factor in arriving at a final decision.

At the conclusion of this, our first interview, the impression gained therefrom was that, here is a man who will be coöperative, helpful, and congenial; a doctor who will be fully aware of his duties and responsibilities, and will have a salutary and stabilizing influence on his associates.

He fully lived up to our expectations. He never failed us. His sincerity and integrity were above question. His professional ability and his devotion to his duties were exemplary. His judgment in all matters was always clear, unbiased, and dispassionate. In matters pertaining to the administrative phase of our medical staff, his opinion was always given frankly, without mental reservation. One always felt at ease with him, even in matters of a controversial nature.

Someone defined a friend as a person with whom one can always be sincere, and before whom one can think aloud. In my personal relationship, I always found Dr. Keller to conform to this ideal, and I believe this to be true

of his relationship with all the other members of our staff.

I never met a man whose temper was more genial in coöperation with others. His motto evidently was "Let us agree to differ, and resolve to live in amity." Our hospital deliberations were frequently made more congenial and agreeable by his presence.

His service to the indigent sick was given generously and unstintingly. He contributed much, not only to the clinical side of medicine, but also to the executive phase of our staff organization.

He served for several years on the medical executive committee, and took an active part in all his deliberations. His judgment was always highly regarded. His decisions in all matters were always fair and unbiased.

There was no professional jealousy in his make-up. Hatred, which is the common cause of strife, was entirely foreign to his soul. He was tolerant of other peoples' ideas and their point of view, though his own opinions might have been diametrically opposite.

He personified the advice given by John Locke, famous philosopher and physician, to a friend:

"Live the best life you can, but live it so as not to give needless offense to others. Do all you can to avoid the vices, follies, and weaknesses of your neighbors; but take no needless offense at their divergences from your ideal."

Even during his illness, which attacked him suddenly, and with dramtic severity, he maintained his composure, and remained the cheerful, genial, and optimistic person that he was in his days of strength. His sudden death was a great shock to all of us.

We, his colleagues, have manifested a sincere desire to keep his memory alive within our midst. The Board of Directors of our hospital have graciously offered us the privilege of putting up a tablet in the room in which he did much to diagnose and relieve various ailments within the domain of his specialty. The inscription on this tablet, as you will soon see, fittingly epitomizes the character of the man. We, the members of the Medical Staff, wish at this time to express our appreciation to the directors for their courteous consideration.

Wishing to keep his memory alive within our group, with something more than a simple inscription which may be read in a few fleeting moments and then forgotten, we established a modest fund with which we can help carry on some laboratory and clinical research in the particular specialty in which he was interested, and to which he devoted himself during his entire affiliation with our hospital.

The suggestion for the creation of such a fund came spontaneously from many of his colleagues. It met with a genuine and most sincere response from the members of our staff, and from a number of his other colleagues. This in itself speaks eloquently of the high regard and esteem in which he was held by all his friends and associates.

We shall always cherish his memory. Because of his untimely death when he still was at the height of his usefulness to his family and his professional calling, we feel his loss more keenly.

But there is consolation in the thought that in his parting, he left a distinct niche in the hearts and minds of his family and friends, which is symbolic of his fine and gentle character, his love and devotion to his family, and his loyalty to his friends.

To us, his colleagues, he left rich memories of a personality endowed by nature with those rare gifts which make one truly humane,—humility, graciousness, kindness and good-will to his fellow man. So I close with the following lines:

"He leaves behind him, freed from grief
and fears,
Far nobler things than tears,—
The love of friends without a single foe,—
Unequalled lot below."

NEW JERSEY STATE MEDICAL ASSOCIATION

The regular semi-annual session of the New Jersey State Medical Association was held on Wednesday, May. 8, in the Manual Training School, Bordentown, N. J. The membership of this organization is composed of Negro physicians, most of whom are also members of The Medical Society of New Jersey.

The first speaker on the program was Dr. Norman M. Scott, Executive Assistant, The Medical Society of New Jersey, who spoke on the subject "The Problem of the Disposition of Medical Service in New Jersey", referring particularly to The Medical Service Plan.

"The Venereal Disease Control Program for New Jersey" was presented by Dr. Daniel Bergsma, Chief, Division of Venereal Disease Control, State Department of Health, Trenton.

"The Program for Health Activities Among Negroes" was the subject of an address by Dr. J. Earl Stuart, Consultant, State Department of Health, Trenton.

Address on "Tuberculosis Among Negroes" was given by Dr. Conwell Banton, Superintendent, Edgewood Sanatorium for Tuberculosis, Wilmington, Delaware.

"The Pathology and Symptomatology of Tubal Pregnancy" was presented by Dr. John M. Finley, Associate in Gynecology, Harlem Hospital, New York.

"Heart Conditions from the Standpoint of the General Practitioner" was presented by Dr. Aaron E. Parsonnett, Chief of Cardiology Service, Beth Israel Hospital, Newark.

AMERICAN ACADEMY OF PEDIATRICS

REGION ONE

Region One of the *American Academy of Pediatrics* held its annual meeting in the Hotel Mayflower, Washington, D. C., April 4-6, 1940. The Region consists of the New England and Middle States, the District of Columbia, and the Provinces of Ontario and Quebec. Dr. Stanley Nichols, Asbury Park, presided as Regional Chairman.

Scientific programs filled the mornings and afternoons of the session, with a dinner on Thursday evening, at which the French Ambassador was the principal speaker, and President Nichols responded on behalf of the Academy. The sessions closed with a White House tea at four o'clock on April 5, with Mrs. F. D. Roosevelt scheduled as hostess.

A feature of the session was a panel discussion on Thursday afternoon at which Dr. Nichols presided, and Dr. Wilkes was a participant in the place of Dr. Richard Smith, President-Elect.

An excellent series of scientific exhibits was arranged by the National Institute of Health, the Medical School of George Washington University, the Children's Hospital, the Dental Society of the District of Columbia, the Bureau of Maternal and Child Welfare of the District of Columbia, and the Children's Bureau of the United States Department of Labor.

Twenty-seven technical exhibits were displayed by twenty-seven nationally known dealers in children's supplies.

Over two hundred Fellows were present from all parts of the District. New Jersey was well represented by twenty-eight Fellows of the Academy, as follows:

Samuel Ash, Newark
Samuel Blaugrund, Trenton
N. T. Crane, Plainfield
Vincent Del Duca, Camden
B. C. B. duBusc, Elizabeth
G. W. Esty, Plainfield
D. P. Evans, East Orange
Bernard Fine, Newark
Hyman P. Fine, Perth Amboy
A. S. Finkelstein, Newark
A. S. Harden, Jr., Maplewood
Arthur Heyman, Newark
E. G. Hummel, Camden
R. E. Jennings, East Orange
F. W. Lathrop, Plainfield
William London, Perth Amboy
S. D. Mills, Westfield
Harold A. Murray, Newark
Stanley H. Nichols, Asbury Park
Irving Okin, Passaic
Warren Ripley, Montclair
Maurice L. Ripps, Elizabeth
T. B. Rothstein, Newark
W. B. Stewart, Atlantic City
S. E. Stokes, Moorestown
J. S. Uhr, New Brunswick
Frederic Von Hofe, East Orange
LeRoy A. Wilkes, Trenton

The following guests were also present:

A. C. Crowe, Ocean City
Stephen Forer, Trenton
Julius Levy, Newark
Joseph F. Raffetto, Asbury Park
C. P. Segard, Leonia

A candidate for membership in the American Academy of Pediatrics must undergo a searching examination both oral and written, and present evidence of outstanding ability and accomplishment in his specialty.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

JUNE, 1940				JULY, 1940	
11	Bergen	19	Middlesex	16 Warren	25 Hunterdon
11	Cumberland	20	Morris		
12	Mercer	26	Monmouth		
13	Somerset				

ATLANTIC COUNTY

Charles Hyman, M.D., Reporter

The regular monthly meeting of the *Atlantic County Medical Society* was held Friday, April 12, 1940, at the Hotel Ambassador, Atlantic City. The meeting was called to order by Dr. Edward F. Uzzell, President, at 9 p. m.

SCIENTIFIC

Dr. Louis Tuft, Chief of the Clinic of Allergy and Applied Immunology, Temple University Hospital, and Associate in Immunology, Temple University School of Medicine, delivered a paper entitled "Methods of Diagnosis and Principles of Treatment in Allergic Diseases". After defining allergy as an altered reactivity, Dr. Tuft discussed the relation of heredity and contact with allergenic substances, as determinants in the development of allergy in any given individual. Dr. Tuft's paper was opened for discussion by Dr. Hyman. Further discussion and questions were also offered by Drs. Stewart, Barbash, Axilrod, Smith, Hersohn, Scanlon, Carrington and Shavelson.

HONORARY MEMBERS

On motion of Dr. Allman, Senator Thomas Taggart and Assemblymen Frank S. Farley and Vincent S. Haneman were elected to honorary membership for one year in recognition of their efforts on behalf of legislation of interest to organized medicine.

The annual meeting of the *Atlantic County Medical Society* was held at the Ambassador Hotel, Atlantic City, Friday, May 10th, at 8:45 p.m., President Edward F. Uzzell presiding.

There was no scientific program. The business consisted of final reports from all the committee chairmen and the election of officers for the following year.

The following officers were unanimously elected:

President, Dr. V. Earl Johnson
Vice-President, Dr. Harry Subin
Secretary, Dr. J. Carlisle Brown
Treasurer, Dr. David B. Allman
Reporter, Dr. Charles Hyman
Historian, Dr. Halvor L. Harley

Delegates to State Society: Dr. H. S. Read
Alternates: Drs. Lawrence Wilson and W. S. Stewart
Board of Censors: Dr. E. F. Uzzell
Executive Committee: Dr. Bernard Crane
Nominating Committee of State Society: Dr. D. W. Scanlon; and Dr. D. B. Allman as alternate

The annual outing of the society will be held on June 21.

BERGEN COUNTY

A. T. V. Brennan, Jr., M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Englewood Hospital, Englewood, New Jersey, on the evening of April 9th, 1940. The meeting was called to order by the President, Dr. G. Milton Knowles, at 9:03 p. m.

DISCUSSION ON OFFICE PROCEDURE

Preceding the business meeting, and starting at approximately 8:45 p.m., was an informal discussion of office procedure as concerns the care of traumatic conditions and fractures. This discussion was led by Dr. William K. Harryman, of Hackensack.

OSTEOPATHS

The society voted that it does not wish to accept osteopaths as members in any classification.

SCIENTIFIC

Dr. S. T. Snedecor presented a motion picture prepared by the Aetna Casualty and Surety Company on the "Emergency Treatments of Fractures". This picture was intensely interesting and illuminating in describing the application of splints to the upper and lower extremities for all types of fractures involving same. The picture had been prepared by the Aetna Company in coöperation with the Fracture Committee of the American College of Surgeons.

Dr. Fenwick Beekman, Attending Surgeon at Ruptured and Crippled Hospital, and Professor of Surgery at New York and Bellevue Medical College, gave an address on "Osteomyelitis and Pyarthrosis". He gave an intensely interesting discussion of these infections and covered various aspects of diagnosis and treatment including the use of bacteriophage, sulfanilamide, sulfa-methathiazol, the Orr margot treatment, and closed methods of treatment in bone infections.

Dr. Herbert Bergamini, Attending Surgeon at Bellevue and Reconstruction Hospitals, and Assist-

ant Professor of Surgery at the New York Post-Graduate Hospital, gave a most interesting and enlightening talk concerning present-day concepts of the problem of *fracture of the neck of the femur.* As large experience in this problem has given him a wealth of material from which to draw conclusions, he gave us some excellent pointers on the various methods of reduction and fixation as concerns this type of fracture.

Both visiting surgeons supplemented their papers with lantern slides and both very kindly responded to numerous questions from the audience.

A collation was served after the meeting.

BURLINGTON COUNTY

Paul R. Sparks, M.D., Reporter

The regular monthly meeting of the *Burlington County Medical Society* was held at the Four Mile State Colony, New Lisbon, N. J., on April 11, 1940, at 4 p. m. Previous to the business meeting the members of the society toured the various class rooms, under the guidance of the Superintendent, Dr. C. T. Jones, and the colony's instructors.

At 5 p. m. a brief business meeting was held, matters of local interest being settled.

Following the business meeting, a group demonstration by a number of the patients was held, illustrating the training and abilities as brought out by adequate, painstaking instruction.

Dr. James Q. Holsoptle, Psychologist of the State Department of Institutions and Agencies, presented a clinic, demonstrating various types of mentally deficient boys, their diagnoses and prognosis as for training for the future. The psychologist stresses developmental training, rather than detention in a penal institution, for asocially retarded young; and points out the duty of the general practitioner in seeing that such individuals are properly cared for, rather than being penalized and "reformed".

Following the clinic, supper was served, and the society adjourned to meet in May at Moorestown.

The regular monthly meeting of the *Burlington County Medical Society* was held at the Moorestown Field Club May 9th, 1940. President Munro called the meeting to order at 9:30 p. m., welcoming as guests Drs. Diverty, Wood, and Ulmer, and the members of the Woman's Auxiliary.

The Program Committee was authorized to arrange a joint meeting with the Burlington County Bar Association to be held on September 19.

Dr. Tracy proposed an amendment to the By-Laws that fifteen members constitute a quorum, in order to facilitate an earlier beginning of our meetings. The matter was passed by the society on first reading.

ROCKY MOUNTAIN FEVER

Dr. Charles Munro gave the retiring President's customary address, speaking on Rocky Mountain spotted fever, with a presentation of three cases seen recently in our vicinity. His discourse was timely, and brought to our attention a clinical entity new to us.

ENTERTAINMENT

Dr. Shipps, Chairman of the Program Committee, presented Dr. Dean LeFavor, in charge of the entertainment portion of the session. Mrs. Allen Parker elaborated several original monologues. The second portion of the entertainment was a novel feature, an on-the-spot recording made by the individual members and the ladies, some highly amusing. Dr. LeFavor plans to preserve this recording for the future. Greetings and brief words of information were heard from Mrs. Gerald McDonnel, President of the State Woman's Auxiliary, and Mrs. Luis Viteri, President of the County Woman's Auxiliary. Refreshments were served during the informal get-together which concluded the year's official activities.

CAMDEN COUNTY

Harold D. Barnshaw, M.D., Reporter

The regular monthly meeting of the *Camden County Medical Society* was held at the West Jersey Homeopathic Hospital on April 2nd, 1940, at 9 p. m., with President I. E. Deibert presiding, and 86 members and guests present.

INSTALLATION OF MEMBERS

Drs. Price and West, recently elected members, took the oath of membership and were introduced to the society.

SCIENTIFIC

The following scientific program was presented by the members of the Staff of the West Jersey Homeopathic Hospital:

Case of Bowel Obstruction following a normal delivery, Samuel Goldman, M.D.

Staphylococcemia — Report of several cases, David L. Andrus, M.D.

The Klipple-Feil Syndrome, Stanley L. Brown, M.D.

A Case of Multiple Fibro-Myomata of the Uterus, Harry B. Umstead, M.D.

A Clinical Case of Embryonic Sarcoma (Wilms' Tumor), Ralph Warwick, M.D.

Dr. Goldstein spoke of the State Society meeting, and urged our members to be present.

The report of the meeting of the *Camden County Medical Society* that was printed in the Journal of April, 1940, page 180, contained a statement that a committee was appointed to prepare a memorial to Mr. George Pelouze because of his deep interest in local medical institutions. President Deibert has sent the following note:

"Mr. Pelouze, who was a resident of Haddon Heights, New Jersey, for a period of twenty-five years, died on January 15, 1940, at the age of sixty-five years. Mr. Pelouze for the past twenty-five years was a retired official of the Old Childs Grocery Company, and devoted a considerable amount of his time to medical activities.

"In 1921, he was appointed a member of The Board of Managers of The Camden County Tuberculosis Hospital, and served as Chairman of the Building Committee which was responsible for the present Institution for the Treatment of Tuberculosis. Mr. Pelouze was undoubtedly the guiding spirit in this project.

"Mr. Pelouze was a member of The Board of Managers of The West Jersey Homeopathic Hospital of Camden, and was very active in the affairs of the hospital. At the completion of The Camden County Tuberculosis Hospital in 1925-26, Mr. Pelouze was made an Honorary Member of the then existing Camden City Medical Society. He was the only layman on whom the honor was conferred.

"In view of the above activities, I feel it my duty, as President of the Camden County Medical Society, to make note of the passing of so worthy an individual."

CAPE MAY COUNTY

Clarence W. Way, M.D., Reporter

A joint banquet of the members of the *Cape May Medical Society* and the Cape May County Bar Association was held in the Ocean City Country Club on the evening of April 11, 1940, with an attendance of seventy physicians and lawyers. Judging by the voluminous press clippings, this was a highly successful affair, with the doctors, the lawyers, and the legislators each expressing their admiration for the other groups.

County Solictor Robert K. Bell presided, and said that the dinner was the first of its kind to be held in New Jersey and among the first in the country.

Dr. E. J. G. Beardsley, Professor of Clinical Medicine, Jefferson College, Philadelphia, gave an eloquent address on the human side of the practice of medicine; and the reasons for some of the strange attitudes of the public toward the medical profession.

Major General B. D. Foulois, Atlantic City, former commander of the U. S. Army air forces, spoke of the problems arising from efforts to keep the United States out of the European war.

Brief addresses were given by Dr. Hilton S. Read, Chairman of the Welfare Committee; Dr. Norman M. Scott, Executive Assistant; Dr. Chester I. Ulmer, Councilor; and Dr. Frederic J. Quigley, Secretary to the Committee on Legislation.

POST-GRADUATE LECTURES

The Spring Post-Graduate Course in Medicine conducted by the Cape May County Medical Society in connection with Rutgers University Extension Division, was as follows:

March 12—"Clinical Aspects of Hypertensive and Arteriosclerotic Heart Disease", William Goldring, M.D., Associate Professor of Medicine, New York University Medical College.

March 19—"Classification of Arthritis; Diagnosis and Treatment of Rheumatoid Arthritis", Dr. Russell L. Cecil, Professor of Clinical Medicine, Cornell University Medical College.

March 26—"Degenerative Forms of Arthritis (Osteoarthritis); Diagnosis and Treatment of Gout; Brief Discussion of Other Joint Disabilities", Dr. Russell L. Cecil.

April 2—"Diagnosis and Treatment of Common Skin Diseases", Dr. Frank C. Knowles, Professor of Dermatology, Jefferson Medical College, Philadelphia.

April 9—"Diagnosis and Treatment of Common Skin Diseases" (continued), Dr. Frank C. Knowles.

April 16—"Differential Diagnosis of Cardiac Disease from Upper Abdominal Pathology", Dr. William D. Stroud, Professor of Cardiology, University of Pennsylvania, Philadelphia.

SOCIAL

Cape May County physicians were guests Friday evening, March 29, 1940, at a dinner and gala social affair given at the Ocean City Golf Club by the Cape May County Medical Society's Woman's Auxiliary.

Mrs. Harry Joseph, of Court House, offered much of the humor of the evening, reading original jingles relating to the individual tastes and habits of the doctors.

Mrs. John B. Townsend, Ocean City, President of the Auxiliary, welcomed the guests; and Dr. Aldrich C. Crowe, President of the County Medical Society, responded.

The annual meeting of the *Cape May County Medical Society* was held in Ocean County on May 14, 1940.

ELECTION

The following officers were elected:

President, Aldrich C. Crowe, Ocean City
Vice-President, Samuel Hughes, Wildwood
Secretary, C. W. Way, Sea Isle City
Treasurer, Warren D. Robbins, Cape May City
Reporter, C. W. Way, Sea Isle City

BANQUET

The principal event of the meeting was a banquet whose menu consisted of thitry-eight items, beginning with raspberry sherbet, running through five kinds of fish, and ending with milk.

CUMBERLAND COUNTY

E. C. Lyon, M.D., Reporter

The regular meeting of the *Cumberland County Medical Society* was held April 9th, at 2:30 p. m., at Ivy Manor, Roadstown, N. J., with the President, Dr. J. Franklin Reeves, presiding.

ELECTION OF OFFICERS

The following officers were elected:

President, Charles Butcher, Heislerville
Vice-President, Kenneth Corson, Vineland
Secretary, F. Muriel Ramsey, Millville
Treasurer, Herbert Wilson, Bridgeton
Reporter, E. C. Lyon, Birdgeton
Censor, Charles Sharp, Port Norris
Executive Committee:
Dare Woodruff, Vineland
Garrett Miller, Millville
Mary Bacon, Bridgeton

MEMBERSHIP

Dr. Sidney Siegel, Millville, was unanimously elected to membership in the Cumberland County Society on transfer from the Hudson Society.

FIFTY YEARS OF PRACTICE

Dr. Charles B. Neal, Millville; Dr. Edwin Van Deusen, Vineland, and Dr. Charles Wilson, Vineland, have practiced medicine for a period exceeding fifty years. A committee was appointed to decide on a plan for honoring these members.

CONSTITUTION

An amendment to the Constitution was placed on record and will be voted upon at the next regular meeting, dealing with eligibility for membership to the society. It was brought out that one must have his American citizenship, as well as the other qualifications before he can submit his name for consideration.

SCIENTIFIC

Dr. Stanford W. Mulholland, Philadelphia, spoke on "Pyelitis and the Problems of Renal Infection". Dr. Mulholland presented his paper in a very commendable manner.

ESSEX COUNTY

Paul H. Hosp, M.D., Reporter

The regular monthly meeting of the *Essex County Medical Society* was held at the Academy of Medicine, April 11th, 1940, at 9 p. m., with the President, Dr. Royal A. Schaaf, presiding.

SCIENTIFIC

The Lung Committee of the society had prepared a full evening's program. Never before in the history of the society had such a panel of speakers been assembled for one meeting. Those assembled heard masters in their field speak on "The Clinical Aspects of Pulmonary Disease". The auditorium was filled to overflowing, and not until after midnight when the last speaker finished was there a second of interest lost in the attention given by the listeners.

Dr. George G. Ornstein, Director of Sea View Hospital and Professor of Medicine, Flower Medical College, spoke on "The Clinical Aspects of Carcinoma of the Lung".

Dr. James B. Amberson, Jr., Director of Tuberculosis Service, Bellevue Hospital, and Professor of Medicine, Columbia University, New York City, took for his topic "Clinical Aspects of Bronchiectasis".

Dr. Harry Wessler, Chief of Lung Division of New York Beth Israel Hospital, New York City, spoke on "Clinical Aspects of Abscess of the Lung".

Dr. William F. Reinhoff, Jr., Associate Professor of Surgery, Johns Hopkins University, Baltimore, Maryland, took for his subject "Surgical Aspects of Pulmonary Disease".

Dr. Henry B. Orton, of our own society, gave his views on "Bronchoscopic Importance of Lung Diseases".

Dr. Richard A. Dieffenbach, also of our society, spoke on "Lung Conditions in General", but laid stress on lung surgery and abscesses of the lung.

THE MILK PROBLEM

A very important and helpful discussion of the milk problem was held this month. Dr. W. W. Cox, our Second Vice-President, sat as chairman. The general discussion for and against the grading of milk as "A" and "B" was well taken by those present. The points brought out will be carefully weighed, and will be very helpful in assisting the committee in making its report. There is still much to be said and the committee is making headway to give the society a report in the near future.

HOSPITAL INSURANCE PLAN

The Hospital Insurance Plan for county members is going over the top this time. Already enough members have signed up to put it over. This is a most worthy project, and the committee members who have made it possible by their earnest zeal and endeavor are entitled to all of the credit that can be given them. They contacted each member personally. Those who have not availed themselves of this opportunity of protection should reconsider if they do not carry this kind of protection; and they should sign up before it is too late.

The Babies' Hospital-Coit Memorial Mother's Breast Milk Station is going forward. Big progress is being made. There is a real need for mother's milk. Phone Babies' Hospital-Coit Memorial.

MEMBERSHIP

The following physicians were elected to membership:

Active—
A. M. Altounian, Newark
John F. Kearney, Maplewood

Associate—
R. A. Johnson, Belleville
H. M. Moser, Belleville
Michael Permison, Newark
Alfred Tibor, Newark
Jack S. Yoskalka, Newark

OSTEOPATHS

The Council considered the question of permitting fully licensed osteopaths to attend the society's meetings and post-graduate courses. A motion was made, seconded and passed that fully licensed osteopaths be invited to attend the society's post-graduate courses and other educational activities. It was decided to notify the Board of Trustees of The Medical Society of New Jersey of this action immediately.

ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

Franklin J. Tobey, M.D., Secretary

The twenty-ninth anniversary stated meeting of the *Academy of Medicine of Northern New Jersey* was held on Thursday, March 21st, 1940, in the auditorium of the Academy, 91 Lincoln Park, South, Newark. President Charles M. Robbins called the meeting to order at 9 p. m.

Nominations of officers were made.

The guest speaker was Dr. Leon Herman, Professor of Urology, University of Pennsylvania, who reviewed the subject of tuberculosis of the kidney, illustrating his case with lantern slides. His subject was of great interest both to the general practitioner and the urologist.

The Academy of Medicine, under the guidance of Dr. Robbins and Dr. Clarence R. O'Crowley, inaugurated a new policy in teaching and entertaining the profession. Thursday, March 21st, was known as "Urology Day" in Newark. Urologists of New Jersey were invited to attend a clinic given by Dr. Leon Herman, at the Newark City Hospital at 11 a. m. Dr. Herman consulted with the Urology Staff of the hospital regarding the following cases: Tubercular kidney, tubercular testicle and epididymis, auto-nephrectomy, pelvic stones, stag-horn stone, polycystic kidney, nephrotomy, large hydronephrosis, heminephrectomy, and pelvic kidney.

Seventy-five physicians from various parts of the State attended. The clinic was followed by luncheon, and a meeting at the Academy in the evening.

PROGRAM OF THE ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY, MAY, 1940

Obstetrics and Gynecology, Thursday, May 2, 8:45 p. m.

Paper: "Present-Day Status of the Value of Endocrines in Sterility", Theodore Neustaedter, M.D., Post-Graduate Hospital, New York City.

Eye, Ear, Nose and Throat, Monday, May 13, 8:45 p. m.

Clinical Meeting, Orange Memorial Hospital, 188 South Essex Avenue, Orange, N. J.

Medicine and Pediatrics, Tuesday, May 14, 8:45 p. m.

Paper: "Some Endocrino-pathies for Which we Have Successful Specific Treatment", James H. Means, M.D., Jackson Professor of Clinical Medicine, Harvard University; Chief of Medical Services, Massachusetts General Hospital.

Stated Meeting—Annual Election—Thursday, May 16, 8:45 p. m.

The stated meeting of the *Academy of Medicine of Northern New Jersey* was held on Thursday, April 18, 1940, in the auditorium of the Academy, 91 Lincoln Park, South, Newark, at 9 p. m., with President Charles M. Robbins presiding.

SCIENTIFIC

Dr. Robbins welcomed the visiting orthopedists and their friends to the Academy and introduced the guest speaker, Dr. Frank R. Ober, Clinical Professor of Orthopedic Surgery, and Assistant Dean, Harvard University Medical School. Dr. Ober's paper, "Lame Backs", was a thorough discourse of the causes, symptoms and treatment, illustrated by lantern slides. Dr. Ober demonstrated the proper method to examine a patient's back, using a living model.

The paper was discussed by Drs. Watson B. Morris, Henry Kessler, Weigel, Fort, Szerlip, Flannagan, Nicola, and Toye.

In accordance with the policy adopted this year by President Robbins, Dr. Ober gave an operative clinic in the Hospital and Home for Crippled Children in the morning, and also held a round table conference. About fifty orthopedists from various parts of New Jersey were present.

A luncheon to the visiting physicians was given under the direction of Mrs. Adelaide H. Guthrie, R.N., superintendent of the hospital.

ELECTION OF OFFICERS

The following officers were elected:

President, Walter B. Mount, Montclair

Vice-President, Arthur W. Bingham, East Orange

Trustees—

E. LeRoy Wood, Newark
Benjamin Saslow, Newark
Charles F. Rathgeber, East Orange
Victor B. Seidler, Montclair
William H. Huber, Maplewood
Julius Gerendasy, Elizabeth
Henry B. Orton, Newark

Committee on Admission, C. Abbott Beling, Newark

Library Committee, William H. Huber, Maplewood

Chairman, Surgical Section, Daniel E. Kavanaugh, Newark

Committee on Admission, B. E. Failing, Newark

Library Committee, C. Abbott Beling, Newark

Chairman, Surgical Section, William H. Huber, Maplewood

Secretary, Surgical Section, Daniel E. Kavanaugh, Newark.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

The regular meeting of the *Gloucester County Medical Society* was held on Thursday evening, April 18, 1940, at the Homestead, Woodbury, with President Herman W. Wright presiding.

There was a large attendance of members, also the following guests: Drs. Newcomb, Busanshy, and Gruenwald, from the New Lisbon Sanitarium; Dr. Church, from Salem County Society; Dr. Diebert, of Mantua; Dr. Kandle, of Pitman; and Mr. Butler, Pathologist at the Underwood Hospital.

PUBLIC RELATIONS

Dr. Collins reported for the Public Relations Committee, that Dr. Crain had spoken to the Bridgeport Parent-Teacher Association at a recent meeting.

LEGISLATION

Dr. Burkett presented a very fine and comprehensive report on legislation. He spoke particularly concerning the Medical Service Plan, and the Chiropody Bill. He also stated that Dr. Quigley was doing a commendable job as Executive Secretary for the State Legislative Committee.

MATERNAL WELFARE

Dr. Underwood reported for his Maternal Welfare Committee. He stated that Gloucester County is the twentieth county in the State in number of hospitalized maternity cases. In 1938 there were 902 births in the county, 50 per cent of which were born in hospitals. In 1938 Gloucester County was

next to the highest county in number of maternal deaths. In 1939 it was seventh. Dr. Underwood stated that he had discussed with Drs. Bingham, Levy, and Wilkes the matter of the care of indigent prenatal cases. Dr. Wilkes had stated that he thought that Federal funds were available for some suitable building, provided the county would match the appropriation.

In a short speech Dr. Ulmer proposed the nomination of Dr. Ralph K. Hollinshed for the office of Second Vice-President of the State Society. Dr. Ulmer stated that Gloucester County had not furnished a State President since Dr. James Hunter in 1922, and that this year seemed to be the opportune year for us to present a candidate. Dr. Hollinshed has served faithfully and efficiently as Secretary of our County Society for a period of thirteen years; he has served for many years on important committees of the State Society; and is now ably acting as Chairman of the Board of Trustees. Not alone would our society honor Dr. Hollinshed by nominating him as Second Vice-President, but he in turn would honor us. Dr. Ulmer's motion was seconded in an appropriate speech by Dr. Wendell J. Burkett, and unanimously carried. Our member of the State Nominating Committee, Dr. Livengood, was accordingly instructed to nominate Dr. Hollinshed for Second Vice-President of the State Society.

SCIENTIFIC

Dr. Underwood introduced the speaker of the evening, Dr. Ralph M. Tyson, Pediatrician, Philadelphia Lying-In Hospital, who spoke on the subject "Tuberculosis in Children". His talk was illustrated with lantern slides.

Dr. Tyson began his talk by stating that there are two forms of tuberculosis infection: 1, Primary; 2, re-infection. In Pennsylvania, in 1915, the death rate from tuberculosis was 245 per 100,000; in 1936 it had fallen to 79 per 100,000, and in 1937 it had fallen lower to 48 per 100,000. The slowness of tuberculous infection is due to the fatty capsule that surrounds the bacillus. Tubercle bacilli enter the body through the respiratory trace by inhalation; they lodge in the terminal portion of the lungs. In children the tubercle bacilli often get into the blood stream, some reach the brain, and some lodge in the bone or other structure.

HUDSON COUNTY

John N. Connell, M.D., Reporter

The regular monthly meeting of the *Hudson County Medical Society* was held on Tuesday, April 2, 1940, at the Carteret Club. The meeting was called to order by the President, Dr. James F. Norton, at 9:30 p.m.

HOSPITAL SERVICE PLAN OF NEW JERSEY

Dr. A. C. Ruoff stated that he had been in conference with the officers of the Plan, and within ten days they would circularize the members of the society. They feel that we now have the necessary number to make the plan successful. The Hudson County Society plans to have the Medical Directors of the hospitals as a sub-committee to work on this plan.

BANK LOANS

Dr. A. C. Ruoff stated that he took the matter up with the Bankers' Group of Hudson County, telling them that if they would adopt the plan of the Hudson County National Bank (published in March Bulletin, page 9), the Hudson County Medical Society would endorse it. They apparently missed the point of the interest rate, and it will be probably another month before a report can be made on this.

BOARD OF CENSORS

It was moved and seconded that the election of two doctors who had been proposed for membership be referred to the Board of Censors due to the fact that we had no ruling on them from the American Medical Association.

MEMBERSHIP

President Norton announced that word had just been received of the death of Dr. James J. Hagan, Jr., who had been proposed for membership. On motion of Dr. A. Weiss, the society elected Dr. Hagan to membership posthumously.

Drs. George A. Bradasch, Union City, and J. Kenneth Catlaw, Jersey City, were elected to membership.

MAY MEETING

Dr. Norton stated that we have used no local speakers for the meetings this year; but that we are going to digress for the May meeting. A symposium on "Appendicitis" will be arranged by the staff members of the various hospitals of Hudson County.

President Norton made the following announcement: Tonight we have the largest membership in the history of the society. It is now 455. We will augment that later. I take a pardonable amount of pride in making this announcement.

SCIENTIFIC

Dr. Norton presented the guest speaker of the evening. Dr. Foster Kennedy, Professor of Clinical Neurology, Cornell University Medical College, New York, and Director of Department of Neurology at Bellevue Hospital, New York, who spoke on the subject "A Critique of Present Trends in Medical Education".

MERCER COUNTY

A. Dunbar Hutchinson, M.D., Reporter

A regular monthly meeting of the *Mercer County Medical Society* was held in the Trenton Country Club on March 13, 1940, with President E. J. Elias presiding.

SCIENTIFIC

Dr. Francis E. Proctor introduced the guest speaker, Dr. Thaddeus L. Montgomery, Clinical Professor of Obstetrics of the Jefferson Medical College, who spoke on the subject "Obstetrical Anesthesia and Analgesia". His address was a warning against four conditions:

1. Excess in the use of the barbiturates.

2. Excess of drugs before cesarean section and other grave conditions.

3. Unusual susceptibility to certain drugs which produce dermatitis, and the dangers of deep anesthesia.

4. Improper preparation of the patient, such as food in the stomach producing vomiting, inhalation, and strangulation.

Discussion by Drs. Rowen, Purcell, Sommer, Poyas, and Fine.

MEMBERSHIP

Dr. J. Thomas James was elected an active member, and Drs. R. S. Gorber and William Carroll were admitted to associate membership.

Dr. David W. P. Magee was accepted an active member by transfer from Monmouth County.

POST-GRADUATE LECTURES

Dr. Purcell announced a series of graduate lectures beginning on April sixteenth.

OUTING

Thursday, June 13, was announced as the date of the annual outing of the society.

LEGISLATION

Dr. Haggerty reported on the current progress in legislation.

MIDDLESEX COUNTY

J. J. Jablonski, M.D., Reporter

The March meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, N. J., Wednesday evening. March 20, 1940, with Dr. B. F. Slobodien, President, presiding.

MEMBERSHIP

The following associate members were elected to full membership privileges:

Dr. Reuben Levinson, Perth Amboy
Dr. Jerome Ulan, Spotswood

Elected to associate membership were:

Dr. Stanley A. Gadek, Perth Amboy
Dr. Leon Tisch, Piscatawaytown, Raritan Township

SCIENTIFIC

Dr. Irving Graef, Associate Professor of Pathology, and Assistant Director of the Pathological Laboratories of the New York University College of Medicine, addressed the members on the subject: "Pathological Basis of Renal Hypertension".

BABY KEEP-WELL STATIONS

Dr. Calvin presented his report on the Maternal Welfare Committee, stating that there are twenty-three Baby Keep-Well Stations in Middlesex County and that at present there are only two physicians in attendance. The State Committee wishes the remaining vacancies filled, and pays a fee of $5.00 an hour for such services. The society voted not to appoint physicians to the stations.

DUES

Dr. Hofer made a motion to have the dues of Middlesex County Medical Society reduced next year. This motion was seconded and passed.

The April meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, N. J., Wednesday, April 17th, 1940. President B. F. Slobodien presided.

NEW MEMBERS

The following were elected to associate membership:

Dr. Otto Walker, Carteret
Dr. Oscar J. Sokoloff, New Brunswick

Dr. Frank Henry, Sr., Perth Amboy, was elected to honorary membership.

SCIENTIFIC

Dr. Joseph I. Echikson, of Newark, N. J., Internist, spoke on the subject "Hypertension from a Clinical Aspect". His address was warmly received, and copies are available at the office—Room 319, Raritan Building. Anyone desiring a copy will please contact the Secretary.

WOMAN'S AUXILIARY

Dr. Faulkingham reported for Dr. Rothfus, Chairman of the Woman's Auxiliary Committee, stating that to date sixty-seven members have definitely decided to attend the entertainment affair sponsored jointly by the Middlesex County Medical Society and its Woman's Auxiliary.

DUES OF NEW MEMBERS

Dr. Rowland made a motion not to require associate members, who become regular members after June, to pay full membership dues until the following year, beginning with January. This motion was seconded and passed.

The news of the death of Dr. Barnett Sirrott was referred to the proper committee.

An invitation was received from the Passaic County Medical Society inviting the members of the Middlesex County Medical Society to attend its annual meeting to be held on Thursday, May 9th, 1940, at 9 o'clock at the Eastside Presbyterian Church, Paterson. Dr. Temple Fay, Professor of Neurology and Neurosurgery at Temple University Medical School, will speak on "Refrigeration for the Control of Cancer".

After the meeting adjourned, the members were invited for refreshments in the cafeteria.

MONMOUTH COUNTY

Samuel Edelson, M.D., Reporter

On March 5th, 1940, the Maternal Welfare Committee of the *Monmouth County Medical Society,* Dr. William Heatley, Chairman, held a round table conference at Monmouth Memorial Hospital. The following papers were presented:

1. Newer Aspects of Obstetrical Anaesthesia and Analgesia, Dr. William Shanik.

2. Discussion of Oxytoxics, Dr. Frank J. Goff.
3. Importance of diet regulations during pregnancy, with reference to calcium and vitamin therapy, Dr. J. W. Hardy.

The Executive Committee meeting was held at Fitkin Memorial Hospital on March 11th. After the regular routine business, reports were received from the following committees:

Dr. Blaisdell, Chairman of the Public Relations Committee, spoke regarding the State Seven-Point Program.

Dr. Graves spoke regarding the activities of the Mental Health Committee.

Dr. Watkins reported on the Legislative Committee.

On March 21st, a Joint Conference was held at Fitkin Memorial Hospital, at which time papers were presented as follows:

"Gout", Dr. Samuel Edelson.
"Hypoproteinemia", Dr. Stephen Sewell.
"Allergy", Dr. A. Downey Osborn.
"Case Report of Meningioma", Dr. C. A. Pons and Dr. Victor Knapp.

The regular monthly meeting of the *Monmouth County Medical Society* was held at Fitkin Memorial Hospital on Wednesday evening, March 27th. President R. A. MacKenzie presided.

The guest speaker, Dr. Richard A. Kern, Professor of Clinical Medicine of the University of Pennsylvania, gave a very comprehensive and interesting talk on "Clinical Allergy". The interest was reflected by the number of questions asked and the discussions which followed.

CANCER CONTROL

Dr. Kazmann, Chairman of the Cancer Control Committee, spoke regarding the formation of a Central Hospital in Newark, N. J., for treatment of cancer. This plan emanated from The Curie Institute. It was requested that Curie Aid Units be formed in this county, to help raise funds.

NOMINATING COMMITTEE

Dr. Blaisdell, Chairman of the Nominating Committee, reported a list of nominees to be considered at the annual meeting on April 24.

MEMBERSHIP

Dr. Franklin J. Pattenden was elected to active membership in our society; and one application was received.

It was reported that Dr. Robert C. Clothier of Rutgers University would be our next guest speaker.

The April meeting of the Executive Committee of the *Monmouth County Medical Society* was held at Monmouth Memorial Hospital, Long Branch, on Monday evening, April 8th, at which the regular business of the society was transacted.

STAFF MEETINGS

On Thursday, April 18th, the Joint Staff Meeting of the Monmouth Memorial Hospital and Fitkin Memorial Hospital was held at Monmouth Memorial Hospital. At this meeting, two interesting papers were read, "The Story of Vitamin K and Its Clinical Application", by Dr. Joseph F. Raffetto; and "Mycotic Infections of the Skin", by Dr. W. F. Jamison.

ANNUAL DINNER MEETING

The Annual Meeting and Dinner of the Society was held on April 22nd, at the Berkeley-Carteret Hotel, when the ladies were also present. The total attendance was about one hundred.

Dr. Robert C. Clothier, President, Rutgers University, was the guest speaker. He spoke on the subject of "Health-Building Pursuits of the Youth of the Country". He paid especial tribute to Dr. Stanley Nichols and Dr. William G. Herrman for their coöperation with Governor's Moore's Health and Welfare Conference.

Dr. E. Zeh Hawkes, President, Medical Society of New Jersey, and Dr. LeRoy A. Wilkes, Executive Officer, each made a short address.

ELECTION OF OFFICERS

The following officers were elected for the year 1940-1941:

President, Dr. Daniel F. Featherston
President-Elect, Dr. Barclay W. Moffat
Secretary-Treasurer, Dr. W. F. Jamison
Assistant Secretary-Treasurer, Dr. George McDonnell
Reporter, Dr. Murray Woronoff
Board of Censors:
3 years—Dr. Martin W. Quirk
2 years—Dr. F. J. Altschul
1 year—Dr. K. G. Brown

Delegates to State Convention:

3 years	Alternates
Dr. W. F. Jamison	Dr. Albert Schmidt
Dr. Harold Kazmann	Dr. Howard Pieper
Dr. Sarita de Pons	Dr. Victor Knapp
Nominating Delegate	Alternate
Dr. C. B. Blaisdell	Dr. George McDonnell

Following the election of officers, Dr. L. F. Albright entertained with some fine motion pictures of big-game fishing near Cat Cay in the Bahamas.

MORRIS COUNTY

F. Clyde Bowers, M.D., Reporter

A regular meeting of the *Morris County Medical Society* was held on March 21, 1940, at Greystone Park, New Jersey.

A report by the Post-Graduate Committee revealed that sixty members of the County Society had attended a series of lectures sponsored by the County Society. It was considered so successful that it was suggested that a similar course be given next year.

After a report by the Executive Committee had been received and approved, the evening was devoted to a paper given by Dr. Paul Geary, whose topic was "Non-Tuberculosis Pulmonary Abscesses". His remarks were well received and the interest in the lecture was proved by the many questions that followed.

The members then adjourned to the Cafeteria for refreshments.

The regular monthly meeting of the *Morris County Medical Society* was held at Greystone Park, the New Jersey State Hospital, on April 18, 1940.

SCIENTIFIC

Dr. McElroy, the President, introduced Dr. S. A. Cosgrove, Medical Director of the Margaret Hague Maternity Hospital, Jersey City, who delivered an excellent paper on "Management of Prolonged Labor". Dr. Cosgrove stressed the importance of certain procedures, especially the time element, in the handling of abnormal obstetrical patients. His paper was most instructive.

After an unusually long question and answer period, the members adjourned to the cafeteria for refreshments.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

The *Passaic County Medical Society* held its regular monthly meeting on Thursday, April 11, at 9:00 p.m., at Hope Dell, Preakness, with President Wayne W. Hall presiding.

MEMBERSHIP

The following new members were elected:

To active membership—
- Frank Fred Becker, Hawthorne
- Anthony Esposito, Clifton
- Sidney A. Gladstone, Paterson
- Dora Joelson, Paterson
- Henry Michelson, Paterson
- Elroy Pasternack, Passaic
- Marguerite Schafer, Hawthorne
- Louis Small, Passaic
- M. Edward Tell, Passaic

To associate membership—
- Alphonse M. Brancone, Paterson
- David Saxe, Passaic

SCIENTIFIC

The meeting was then addressed by Dr. Armitage Whitman, Consultant Orthopedic Surgeon, Ruptured and Crippled Hospital, and Associate Orthopedic Surgeon, Post-Graduate Hospital, New York City. The subject was "Common Disorders of the Feet and Their Treatment". The paper was discussed by the following local orthopedic surgeons: Drs. James Morrill, H. Eugene Reading, Raphael Goldenberg, Samuel Yachnin, Roy Schubert and Frederick Schwartzberg. Many questions were asked and the talk was interesting to all those present.

Following the meeting a buffet supper was served. One of the largest audiences ever present at a society meeting turned out to hear this splendid program.

The regular meeting of the *Passaic County Medical Society* was held at St. Paul's Protestant Episcopal Church, Paterson, Thursday, May 9, 1940, at 9:00 p.m., with President Wayne W. Hall presiding.

ELECTION

The following officers were elected for the coming year:

President, Dr. Frank W. Ash
First Vice-President, Dr. Sigurd W. Johnsen
Second Vice-President, Dr. Thomas A. Clay
Secretary, Dr. J. Allen Yager
Treasurer, Dr. Harry Wolfson
Reporter, Dr. Irving Okin

Member of the Board of Censors (three years):
Dr. Wayne W. Hall

MEMBERSHIP

The following new members were accepted:

For active membership—
- Benjamin B. Burrill, Pompton Plains
- Samuel Della Penna, Pompton Lakes
- F. Albert Graeter, Passaic
- Joseph F. A. RuBacky, Passaic

For associate membership—
- Harry Capell, Paterson

DUES

Dr. Wolfson, Treasurer, reported that because of economies during the past year, the dues will not have to be increased, but will remain at $25.00. Dr. Wolfson referred to his report as published in the May issue of the Bulletin of the County Society.

SCIENTIFIC

The scientific session was held with the coöperation of the Passaic County Unit of the American Society for the Control of Cancer. Dr. William Spickers, chairman of that committee, introduced the speaker, Dr. Temple Fay, Professor of Neurology and Neurosurgery at Temple University Medical School. His topic was "Refrigeration for the Control of Cancer". Dr. Fay has been a leader in developing the refrigeration treatment of cancer, and gave the following conclusions regarding its value:

1. It definitely relieved pain for a period of two days or more.

2. It had a definite bacteriastatic effect, in that there was less infection, and less odor following the use of refrigeration in cancer.

3. Biopsy tests on cancer tissue after refrigeration showed definite changes in the cancer cells, causing them to become less active. Refrigeration also tends to control the growth of the cancer.

Dr. Fay believes that the combination of surgery, x-ray treatment, and refrigeration are the methods for the treatment of cancer; and that the future will produce more results and more knowledge about the uses of this agent. He said that 100 years ago, an English doctor had reported the use of the refrigeration type of treatment in 2,000 cases, but apparently this work has been overlooked.

SUSSEX COUNTY

Edward K. Hawke, M.D., Reporter

The *Sussex County Medical Society* met at the Cochran House, Newton, on Monday, January 15, 1940. Thirteen members attended.

POST-GRADUATE COURSE

President Groeschel, on behalf of the society, expressed appreciation of Dr. Longnecker's fine management of the recent Post-Graduate Lecture Course.

AVAILABILITY OF MEDICAL CARE

As a result of the recent broadcast by the State Society for information concerning any indigents lacking medical care, five people responded. The cases were investigated by the President and Dr. Morrison, and none had just complaints for inadequate care.

ATTITUDE OF LEGISLATORS

Questionnaires were sent to legislative candidates before the last State election, but only one reply was received—that from Assemblyman A. B. Littel. His response was commented upon favorably.

POPULAR ADDRESSES

The society voted that Dr. Hawke should form a committee to arrange plans for physicians in the county to give talks to lay groups on medical subjects.

EXAMINATION OF SCHOOL CHILDREN

Dr. Drake reported that little progress had been made in putting into effect the State health laws pertaining to examination of school children and school employees, because the Commissioner of Education had not issued rules under which the examinations were to be conducted. The matter of charges by school doctors for such examinations was felt not to be a matter for society consideration.

Adjournment was voted at 11:15 p.m., and a collation followed.

UNION COUNTY

C. C. Carpenter, M.D., Reporter

The annual meeting of the *Union County Medical Society* was held in the Muhlenberg Hospital in Plainfield on April 10th, 1940, and was started at 9:00 p.m., with about fifty per cent of the members present. The retiring President, Dr. Rowland P. Blythe, was in the chair.

Dr. J. B. Harrison, of Westfield, was on hand to begin his sixty-fourth year in our county activities, and was elected a Trustee for the coming year. Dr. Harrison was made an honorary member of The Medical Society of New Jersey in 1936.

VENEREAL DISEASE CLINIC

The communications for appointments to the Venereal Disease Clinic in Elizabeth were received and there had been a total of nine such applications. It was unanimously carried that these names be forwarded to the State Board of Health in order that two men may be selected for work in the Elizabeth Venereal Disease Clinic.

MEDICAL SERVICE BUREAU

Very encouraging to note that there has been a profit of approximately $25.00 for each of the past three months in the activities of this Bureau. Also, twelve new cases have been signed during the past eight weeks, which totals almost $1,600.00. Because of collection of past accounts, the summarizing of doctors' cases has had to go at a slower pace.

BOARD OF CENSORS

At the present time there are 331 members in good standing in the County Society, and eighteen not in good standing. The names of the men who were in arrears in their dues from one to over two years were presented, and after discussion it was decided to contact these individual doctors and try to make some arrangements so that they may pay their dues by April 10th, at which time their names would be read to the County Medical Society meeting, when they would be dropped.

CONSTITUTION

The Committee on Revision of the Constitution and By-Laws read the revision which they had prepared. This was punctuated by many interruptions and was adopted section by section. On motion of Dr. Carpenter, the Board of Censors was given the additional power to act in advisory capacity in interpreting the laws of the society and the principles of medical ethics.

NEW MEMBERS

New candidates elected to membership were:

Vito F. Cangemi, 30 Kent Place Boulevard, Summit

Joseph F. Whinery, 18 Hobart Avenue, Summit

Orring E. Crankshaw, 133 Summit Avenue, Summit

Arthur A. Nadler, 532 W. Front Street, Plainfield

R. T. Tomlinson, 445 E. Broad Street, Westfield, by transfer from New York County Society.

PRESIDENT'S ADDRESS

Dr. Rowland P. Blythe, the retiring President, gave a very short address because of the great length of time that had been consumed in the business meeting. The theme was to urge more active part being taken by members in the society, pointing out that less than 10 per cent of the men were active in the county affairs, and that through ignorance many of our efforts were ineffective.

NOMINATING COMMITTEE

The following officers were elected:

President, George Knauer, Elizabeth

First Vice-President, Lorrimer Armstrong, Westfield

Second Vice-President, George A. Seymour, Elizabeth

Secretary, Frederick Lathrop, Plainfield

Reporter, C. C. Carpenter

Trustee, J. B. Harrison (1943)
Board of Censors, Harry V. Hubbard (1945)
Committees and Delegates—
Public Health Committee, Joseph Lepress (1945)
Public Relations Committee, Abe Rose (1945)
Legislative Committee, William B. Fort (1945)
Finance Committee, Arch M. Paulson (1943)
Committee on Scientific and Literary Work: Paul Kreutz, C. H. Berry, D. Spivak
State Nominating Committee, C. A. Brokaw; Alternate, Norman W. Burritt.

The President-Elect, Dr. George Knauer, of Elizabeth, was then introduced by Dr. Blythe, the retiring President.

Following adjournment, refreshments were served by the hospital.

SUMMIT MEDICAL SOCIETY

Elwood H. Macpherson, M.D., Secretary

The regular monthly meeting of the *Summit Medical Society* was held in the Library of the Summit Medical Group on Summit Avenue, Tuesday evening, April 30th, with twenty-three members and ten guests present. Dr. Milligan, the President, presided.

The speaker of the evening was Professor A. F. Marquier of New Jersey College of Pharmacy, who spoke on "Therapeuptics in U. S. P. National Formulary and N. J. Formulary".

Following the meeting a collation was served in the dining room of the lower floor.

WARREN COUNTY

H. B. Bossard, M.D., Reporter

The Spring meeting of the *Warren County Medical Society* was held in the club rooms of the First National Bank Building in Washington, N. J., on April 16th, at 4:00 o'clock, with fifteen members present. The meeting was called to order by the President, Dr. William Bostwick, of Blairstown.

Communications from the Sterilization League of New Jersey, the Curie Institute of Cancer Control, and the National Physicians' Committee were read and deferred for later consideration.

SCIENTIFIC

The society was shown moving pictures of Dr. Cutter's diagnosis and treatment of cancer of the cervix; and Dr. DeLee's method of treatment of eclampsia, which were greatly appreciated by the members present.

Dr. William Varney was recommended for the Baby Keep-Well Station at Washington.

OBITUARIES

DR. ALDEN R. HOOVER

Dr. Alden R. Hoover, an active member of the Union County Medical Society, died in his home in Elizabeth on April 29, 1940, from coronary thrombosis. He graduated from the University of Iowa Medical School in 1905, and after an interneship, he practiced as a medical missionary in Turkey. On the entry of the United States into the World War, he returned to America and entered the Army and was stationed at Camp Dix, where he served as Assistant in the Surgical Service under Dr. James S. Green. He later served in France, and after the war he served as Dean of the Medical College at Constantinople until the Turkish government took over the school.

Dr. Hoover came to Elizabeth in 1925; and became prominently identified with the Elizabeth General Hospital. He was Treasurer of the County Medical Society for fifteen years.

Memorial resolutions attesting his high character and his service to his fellowmen were adopted by the Union County Medical Society, the Medical Board of the Elizabeth General Hospital.

DECEASED PHYSICIANS — NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
William S. Applegate	87	Feb. 6	Parsippany-Troy Hills	Same	Arterio sclerosis.
Frank Devlin	73	Feb. 23	Newark	Same	Auto accident.
D. Louis Ireton	76	Feb. 27	Collingswood	Same	Coronary thrombosis.
Earle C. Reynolds	53	Feb. 19	Passaic	Same	Coronary occlusion.
William J. Scruggs	41	Feb. 19	Camden	Collingswood	Essential hypertension.
Frank O. Stem	70	Feb. 6	Berlin	Same	Respiratory infection.
Arthur C. Wilkes	59	Feb. 2	Newark	Same	Sigmoid cancer.
Josephine I. Burpeau	82	Mar. 25	East Orange	Newark	Cerebral hemorrhage.
Vernon DeGrofft	62	Mar. 12	Camden	Swedesboro	Empyema.
Hugh Halsey	75	Mar. 21	Montclair	Same	Arterio sclerosis.
William S. Hayling	45	Mar. 19	Trenton	Trenton	Broncho pneumonia.
Gustav P. Hoffmann	68	Mar. 25	South Orange	Same	Carcinoma of stomach.
Selden T. Kinney	56	Mar. 31	South Amboy	Same	Chronic myocarditis.
Frank B. Mitchell (Osteopath)	40	Mar. 3	Bloomfield	Bloomfield	Coronary thrombosis.
Barnett H. Sirott	56	Mar. 24	Perth Amboy	Same	Myocarditis.

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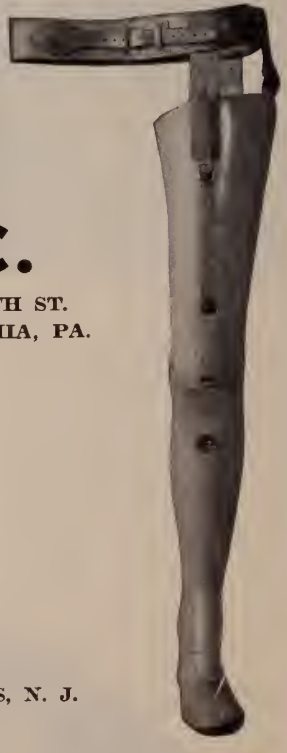

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Treasurer, GEORGE J. YOUNG ..... Morristown

TRUSTEES

WILLIAM F. COSTELLO, *Chairman* (1941) ..... Dover
ALDRICH C. CROWE, *Secretary* (1941) ..... Ocean City
WATSON B. MORRIS ..... Springfield
THOMAS K. LEWIS ..... Camden
ELIAS J. MARSH ..... Paterson
RALPH K. HOLLINSHED ..... Westville
ALFRED STAHL ..... Newark
GEORGE J. YOUNG ..... Morristown
JAMES F. NORTON (1942) ..... Jersey City
THOMAS B. LEE (1942) ..... Camden
E. ZEH HAWKES (1943) ..... Newark
ANDREW F. MCBRIDE (1943) ..... Paterson
J. HOWARD HORNBERGER (1943) ..... Roebling
GEORGE W. FITHIAN (1941) ..... Perth Amboy
HARRY R. NORTH (1942) ..... Trenton
SAMUEL ALEXANDER (1941) ..... Park Ridge
DAVID W. GREEN (1941) ..... Salem

COUNCILORS

First District (Union, Warren, Morris and Essex Counties) ..... CHRISTOPHER C. BELING, Newark (1942)
Second District (Sussex, Bergen, Hudson and Passaic Counties) ..... VINCENT P. BUTLER, Jersey City (1941)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties) ..... BARCLAY S. FUHRMANN, Flemington (1943)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties) ..... S. EMLEN STOKES, Moorestown (1942)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties) ..... CHESTER I. ULMER, Gibbstown (1941)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

ANDREW F. MCBRIDE, Paterson ..... Term expires 1941
LUCIUS F. DONOHOE, Bayonne ..... " " 1941
WELLS P. EAGLETON, Newark ..... " " 1942
HILTON S. READ, Atlantic City ..... " " 1942

Alternate Delegates

SPENCER T. SNEDECOR, Hackensack ..... Term expires 1941
RALPH K. HOLLINSHED, Westville ..... " " 1941
ELMER P. WEIGEL, Plainfield ..... " " 1942
LANCELOT ELY, Somerville ..... " " 1942

OFFICERS OF SCIENTIFIC SECTIONS

Medicine

DEAN W. MARQUIS, *Chairman,* 144 Harrison St., East Orange
CLARENCE W. WAY, *Sec.,* Landis Ave. & 46th St., Sea Isle C'y

Surgery

C. ABBOTT BELING, *Chairman* ..... 111 Clinton Ave., Newark
WILLIAM W. COX, *Secretary* ..... 79 S. Fullerton Ave., Montclair

Radiology

JAMES G. BOYES, *Chairman* ..... 912 Prospect Ave., Plainfield
W. JAMES MARQUIS, *Secretary* ..... 198 Clinton Ave., Newark

Gastro-Enterology

CARROLL D. SMITH, *Chairman* ..... 320 Broadway, Paterson
JACOB L. MATHESHEIMER, *Sec.,* 280 Old Bergen Rd., Jer. City

Pediatrics

VINCENT DEL DUCA, *Chairman* ..... 527 Cooper St., Camden
HARROLD A. MURRAY, *Sec.* ..... 624 Mt. Prospect Ave., Newark

Obstetrics and Gynecology

HARRISON B. WILSON, *Chairman,* 430 Union St., Hackensack
ROBERT A. MACKENZIE, *Sec.,* 501 Grand Ave., Asbury Park

Eye, Ear, Nose and Throat

EDGAR P. CARDWELL, *Chairman* ..... 47 Central Ave., Newark
WRIGHT MACMILLAN, *Sec.* ..... 4 Duryea Rd., Upper Montclair

CO-OPERATING ORGANIZATIONS

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Tel. 2-2131, Ext. 541

State Crippled Children's Commission

J. G. BUCH, *Chairman and Director*
732 Broad Street Bank Building, Trenton
Tel. 2-2131, Ext. 785

State Board of Children's Guardians

JOSEPH E. ALLOWAY, *Executive Director*
163 West Hanover Street, Trenton
Tel. 2-2131, Ext. 308

State Board of Medical Examiners of New Jersey

EARL S. HALLINGER, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

New Jersey Health Officers' Association

MR. WILLIAM C. BLAKE, *Secretary*
Thomson Hall, Princeton, N. J.
Tel. Princeton 1005

New Jersey Health and Sanitary Association

JOHN HALL, *Executive Secretary*
Freehold, N. J.
Tel. 65-W

Department of Institutions and Agencies

WILLIAM J. ELLIS, Ph. D., *Commissioner*
State House Office Building, Trenton
Tel. 2-2131, Ext. 737

New Jersey State Nurses' Association

MISS JESSIE M. MURDOCH, *President*
Jersey City Medical Center, Jersey City
Tel. Bergen 3-7000

New Jersey Hospital Association

DR. GEORGE O'HANLON, *Executive Secretary*
Medical Center, Jersey City
Tel. Bergen 3-7000

State Board of Pharmacy

ROBERT P. FISCHELIS, Phar. D., *Secretary*
Trenton Trust Building, Trenton
Tel. 2-2131, Ext. 546

Department of Motor Vehicles

ARTHUR W. MAGEE, *Commissioner*
State House Office Building, Trenton
Tel. 2-2131, Ext. 208

STANDING COMMITTEES

Meetings at the call of the Chairmen

Finance and Budget

Harry R. North, *Chairman* (1945) ..... Trenton
Herschel Pettit (1942) ..... Ocean City
Andrew F. McBride (1941) ..... Paterson
David B. Allman (1944) ..... Atlantic City
Henry Spence (1946) ..... Jersey City
George J. Young, *Ex-Officio* ..... Morristown

Honorary Membership

Edward J. Ill, *Chairman* (1942) ..... Newark
Lancelot Ely (1941) ..... Somerville
E. Zeh Hawkes (1943) ..... Newark

Medical Defense and Insurance

Christopher C. Beling, *Chairman* (1943) ..... Newark
J. Wallace Hurff, *Vice-Chairman* (1941) ..... Newark
William Wescott (1941) ..... Atlantic City
Charles F. Baker (1942) ..... Newark
Charles J. Larkey (1943) ..... Bayonne
E. Zeh Hawkes, *Consultant* ..... Newark

Publication

Henry C. Barkhorn, *Chairman* (1942) ..... Newark
Edward J. Ill (1943) ..... Newark
J. Lawrence Evans (1941) ..... North Bergen
Watson B. Morris, *Ex-Officio* ..... Springfield
Alered Stahl, *Ex-Officio* ..... Newark
Frank Overton, *Editor* ..... Trenton

Woman's Auxiliary

Richard J. McDonald, *Chairman* (1942) ..... Paterson
Gustav A. Braun (1941) ..... Newark
Harrold A. Murray (1941) ..... Newark
Hammell P. Shipps (1942) ..... Delanco
Ily R. Beir (1943) ..... Atlantic City
Andrew F. McBride, *Consultant* ..... Paterson

Post-Graduate Education

Stuart Z. Hawkes, *Chairman* (1943) ..... Newark
David F. Bentley, Jr., *Vice-Chairman* (1943) ..... Camden
Sloan Stewart (1941) ..... Atlantic City
Hammell P. Shipps (1941) ..... Delanco
Albert W. Pigott (1942) ..... Skillman
Thomas K. Lewis, *Consultant* ..... Camden

Annual Meeting

J. Carlisle Brown, *Chairman* (1943) ..... Atlantic City
William J. Carrington (1942) ..... Atlantic City
Clarence L. Andrews (1941) ..... Atlantic City
William W. Hersohn (1943) ..... Atlantic City
Thomas McG. Brennock (1941) ..... Jersey City

Scientific Program

Clarence L. Andrews, *Chairman* (1941) ..... Atlantic City
Stuart Z. Hawkes ..... Newark
George N. J. Sommer, Jr. ..... Trenton
Thomas B. Lee, *Consultant* ..... Camden

Scientific Exhibits

William W. Hersohn, *Chairman* (1943) ..... Atlantic City
Robert B. Durham ..... Ventnor
Sloan G. Stewart ..... Atlantic City
Harry R. North, *Consultant* ..... Trenton

WELFARE COMMITTEE

Meetings in Trenton at 2:00 p. m. on October 13; December 8; February 9; April 13

Hilton S. Read, *Chairman* ..... Ventnor
Herschel S. Murphy, *Vice-Chairman* ..... Roselle
Watson B. Morris, *Ex-Officio* ..... Springfield
Alfred Stahl, *Ex-Officio* ..... Newark

David B. Allman (Atlantic County) ..... Atlantic City
William J. Carrington ..... Atlantic City
Samuel Barbash ..... Atlantic City

G. Barton Barlow (Bergen County) ..... Englewood
Joseph R. Morrow ..... Ridgewood
Spencer T. Snedecor ..... Hackensack
William K. Harryman ..... Hackensack
Frederick C. Dilger ..... Hackensack

S. Emlen Stokes (Burlington County) ..... Mcorestown
Joseph M. Kuder ..... Mt. Holly

Ernest G. Hummel (Camden County) ..... Camden
Reuben L. Sharp ..... Camden
Thomas M. Kain ..... Camden
Henry B. Decker ..... Camden
Harold D. Barnshaw ..... Camden

Clarence W. Way (Cape May County) ..... Sea Isle City

Millard F. Sewall (Cumberland County) ..... Bridgeton
Leslie E. Myatt ..... Bridgeton
H. Burton Walker ..... Vineland

Arthur W. Bingham (Essex County) ..... East Orange
E. Zeh Hawkes ..... Newark
Harry N. Comando ..... Newark
J. Irving Fort ..... Newark
Julius Levy ..... Newark
A. Charles Zehnder ..... Newark
Royal A. Schaaf ..... Newark
Frank Bien ..... Irvington
Edgar P. Cardwell ..... Newark
Wright MacMillan ..... Upper Montclair
H. Roy Van Ness ..... Newark
Edgar A. Ill ..... Newark
Elbert S. Sherman ..... Newark
Chester R. Brown ..... Arlington
Charles M. Robbins ..... Newark

Wendell J. Burkett (Gloucester County) ..... Pitman
Chester I. Ulmer ..... Gibbstown
Louis K. Collins ..... Glassboro

Reeve L. Ballinger (Hudson County) ..... Arlington
Abraham E. Jafein ..... Jersey City
Joseph F. Londrigan ..... Hoboken
Berthold S. Pollak ..... Jersey City
Frederic J. Quigley ..... Union City
William W. Maver ..... Jersey City
Andrew C. Ruoff ..... Union City

Samuel B. English (Hunterdon County) ..... Glen Gardner

D. Leo Haggerty (Mercer County) ..... Trenton
Allen G. Ireland ..... Trenton
Joseph E. Raycroft ..... Princeton
Charles H. Mitchell ..... Trenton

Edward F. Klein (Middlesex County) ..... Perth Amboy
Joseph H. Kler ..... New Brunswick
Jacob J. Mann ..... Perth Amboy
William C. Wilentz ..... Perth Amboy
Henry Haywood ..... New Brunswick

C. Byron Blaisdell (Monmouth County) ..... Long Branch
Stanley Nichols ..... Long Branch
Robert E. Watkins ..... Belmar

Byron G. Sherman (Morris County) ..... Morristown
Franklin W. Rice ..... Morristown

Adolph Towbin (Ocean County) ..... Lakewood
J. Edwin Obert ..... New Egypt

Sigurd W. Johnsen (Passaic County) ..... Passaic
J. Allen Yager ..... Paterson
Thomas E. Manly ..... Paterson
Thomas A. Clay ..... Paterson

C. Spencer Davison (Salem County) ..... Salem

Frank L. Field (Somerset County) ..... Far Hills

James H. Spencer, Jr. (Sussex County) ..... Franklin
August W. Groeschel ..... Sussex

C. Hartley Berry (Union County) ..... Summit
Frederic W. Lathrop ..... Plainfield
Norman W. Burritt ..... Summit
Lorrimer B. Armstrong ..... Westfield
Cedric C. Carpenter ..... Summit
Elmer P. Weigel ..... Plainfield
Frank H. Warncke ..... Elizabeth

William H. Varney (Warren County) ..... Washington

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Meetings in Trenton at 11:00 a. m. on October 13; December 8; February 9; April 13

Legislation

BERTHOLD S. POLLAK, *Chairman* ..... Jersey City
WENDELL J. BURKETT, *Vice-Chairman* ..... Pitman
WILLIAM C. WILENTZ ..... Perth Amboy
ROBERT E. WATKINS ..... Belmar
H. ROY VAN NESS ..... Newark
THOMAS E. MANLY ..... Paterson
JOSEPH M. KUDER ..... Mt. Holly
THOMAS A. CLAY ..... Paterson
CHARLES H. MITCHELL ..... Trenton
FREDERIC J. QUIGLEY, *Executive Secretary* ..... Union City
SAMUEL ALEXANDER, *Consultant* ..... Park Ridge

Medical Practice

REUBEN L. SHARP, *Chairman* ..... Camden
HENRY B. DECKER, *Vice-Chairman* ..... Camden
SIGURD W. JOHNSEN ..... Passaic
CHESTER I. ULMER ..... Gibbstown
SAMUEL BARBASH ..... Atlantic City
CEDRIC C. CARPENTER ..... Summit
WILLIAM K. HARRYMAN ..... Hackensack
A. CHARLES ZEHNDER ..... Newark
ANDREW C. RUOFF ..... Union City
HERSCHEL S. MURPHY ..... Roselle
THOMAS K. LEWIS, *Consultant* ..... Camden

Public Health

STANLEY NICHOLS, *Chairman* ..... Long Branch
FREDERIC W. LATHROP, *Vice-Chairman* ..... Plainfield
ABRAHAM E. JAFFIN ..... Jersey City
ARTHUR W. BINGHAM ..... East Orange
EDGAR A. ILL ..... Newark
JULIUS LEVY ..... Newark

Public Health—Continued

ELBERT S. SHERMAN ..... Newark
C. BYRON BLAISDELL ..... Long Branch
ALLEN G. IRELAND ..... Trenton
FREDERICK G. DILGER ..... Hackensack
ELMER P. WEIGEL ..... Plainfield
JOSEPH E. RAYCROFT ..... Princeton
THOMAS M. KAIN ..... Camden
MILLARD F. SEWALL ..... Bridgeton
FRANK H. WARNCKE ..... Elizabeth
CHESTER R. BROWN ..... Arlington
WILLIAM H. VARNEY ..... Washington
ALDRICH C. CROWE, *Consultant* ..... Ocean City
ROBERT P. FISCHELIS, Phar. D., *Technical Adviser*, New Jersey Pharmaceutical Association ..... Trenton
MARGARET ASHMUN, R.N., *Technical Adviser*, New Jersey State Nurses' Association ..... Orange
WALTER G. ALEXANDER, M.D., *Technical Adviser*, New Jersey State Medical Association ..... Orange
J. M. WISAN, D.D.S., *Technical Adviser*, New Jersey State Dental Society ..... Elizabeth

Public Relations

CHARLES M. ROBBINS, *Chairman* ..... Newark
G. BARTON BARLOW, *Vice-Chairman* ..... Englewood
EDGAR P. CARDWELL ..... Newark
LOUIS K. COLLINS ..... Glassboro
HAROLD D. BARNSHAW ..... Camden
AUGUST H. GROESCHEL ..... Sussex
ROYAL A. SCHAAF ..... Newark
J. EDWIN OBERT ..... New Egypt
RALPH M. L. BUCHANAN ..... Phillipsburg
HENRY A. DAVIDSON ..... Newark
GEORGE W. FITHIAN, *Consultant* ..... Perth Amboy

ADVISORY COMMITTEES TO PUBLIC HEALTH SUB-COMMITTEE

Meetings at the call of the Chairmen

Adult Health Supervision

WILLIAM H. VARNEY, *Chairman* ..... Washington
EDWARD C. KLEIN, JR. ..... Newark
LEE C. HUMMEL ..... Salem
FRANCIS R. MEYERS ..... Paterson
IVAN V. SMITH ..... Pittstown
HAROLD A. KAZMANN ..... Long Branch
GEORGE J. MCDONNELL ..... Freehold
RALPH K. HOLLINSHED, *Consultant* ..... Westville

Cancer Control

EDGAR A. ILL, *Chairman* ..... Newark
OTTO R. HOLTERS, *Vice-Chairman* ..... Asbury Park
WILLIAM G. HERRMAN ..... Asbury Park
CHARLES B. WOODMAN ..... Morristown
THOMAS J. SUMMEY ..... Moorestown
WILLIAM O. WUESTER ..... Elizabeth
PHILIP AVERY ..... Bound Brook
WILLIAM ANTOPOL ..... Newark
NICHOLAS M. ALTER ..... Jersey City
LEONID S. SNEGIREFF ..... Trenton
WILLIAM SPICKERS ..... Paterson
F. E. KEIR ..... Englewood
THOMAS B. LEE, *Consultant* ..... Camden

Child Health

CHESTER R. BROWN, *Chairman* ..... Arlington
STANLEY NICHOLS, *Vice-Chairman* ..... Long Branch
WALTER B. STEWART ..... Atlantic City
ARTHUR F. ACKERMAN ..... Summit
ERNEST G. HUMMEL ..... Camden
L. CHARLES ROSENBERG ..... Newark
FREDERIC W. LATHROP ..... Plainfield
IRVING OKIN ..... Passaic
ARTHUR HEYMAN ..... Newark
J. PHILLIP STOUT ..... Jersey City
ALDRICH C. CROWE, *Consultant* ..... Ocean City

Conservation of Vision

ELBERT S. SHERMAN, *Chairman* ..... Newark
GEORGE J. HOLMES, *Vice-Chairman* ..... Newark
HALVOR L. HARLEY ..... Atlantic City
WALLACE PYLE ..... Jersey City
ENOCH BLACKWELL ..... Trenton
CHARLES H. SCHLICHTER ..... Elizabeth
JAMES S. SHIPMAN ..... Camden
JOSEPH H. KLER ..... New Brunswick
WILLIAM E. BOOZAN ..... Elizabeth
DAVID C. BRAUN ..... Newton
ELIAS J. MARSH, *Consultant* ..... Paterson

Crippled Children

ELMER P. WEIGEL, *Chairman* ..... Plainfield
TOUFICK NICOLA, *Vice-Chairman* ..... Montclair
FREDERICK G. DILGER ..... Hackensack
SETH B. SPRAGUE ..... Jersey City
OSWALD R. CARLANDER ..... Merchantville
JAMES P. PREGNALL ..... Asbury Park
JOHN E. TOYE ..... Arlington
WILLIAM F. COSTELLO, *Consultant* ..... Dover

Maternal Welfare

ARTHUR W. BINGHAM, *Chairman* ..... East Orange
J. CARLISLE BROWN, *Vice-Chairman* ..... Atlantic City
SAMUEL A. COSGROVE ..... Jersey City
WALTER B. MOUNT ..... Montclair
ROBERT A. MACKENZIE ..... Asbury Park
J. HARRIS UNDERWOOD ..... Woodbury
HARRISON B. WILSON ..... Hackensack
MAYNARD G. BENSLEY ..... Summit
CARL H. ILL ..... Newark
JULIUS LEVY ..... Newark
HAMMELL P. SHIPPS ..... Delanco
WILLIAM M. SULLIVAN, JR. ..... Passaic
WILLIAM HEATLEY ..... Red Bank
GEORGE B. GERMAN ..... Camden
WILLIAM K. PUDNEY ..... Montclair
THOMAS B. LEE, *Consultant* ..... Camden

Mental Hygiene

JOSEPH E. RAYCROFT, *Chairman* ..... Princeton
JOHANNES F. PESSEL, *Vice-Chairman* ..... Trenton
CLARENCE M. TRIPPE ..... Asbury Park
HENRY A. DAVIDSON ..... Newark
WILLIAM M. DOODY ..... Jersey City
ELIC A. DENBO ..... Camden
ARTHUR C. ZUCK ..... Washington
J. BERKELEY GORDON ..... Marlboro
JULIUS LEVY ..... Newark
ALLEN G. IRELAND ..... Trenton
CARL H. ILL ..... Newark
KARL ROTHSCHILD ..... New Brunswick
AMBROSE DOWD, *Technical Adviser*, representing Institutions and Agencies ..... Newark

Pneumonia Control

THOMAS M. KAIN, *Chairman* ..... Camden
FRED VOSBURGH, *Vice-Chairman* ..... Passaic
CHARLES F. RATHGEBER ..... East Orange
CLAUDE E. MCNENNEY ..... Jersey City
LEONARD M. BERMAN ..... Summit
FRANK J. ALTSCHUL ..... Long Branch
SAMUEL ALEXANDER, *Consultant* ..... Park Ridge

Tuberculosis

Abraham E. Jaffin, *Chairman* ..... Jersey City
Joseph R. Morrow, *Vice-Chairman* ..... Ridgewood
John E. Runnells ..... Scotch Plains
Harold S. Hatch ..... Morristown
Samuel B. English ..... Glen Gardner
Clyde M. Fish ..... Pleasantville
Leo B. Drake ..... Franklin
Thomas H. McGlade ..... Camden
Norman W. Burritt ..... Summit
J. Earle Stuart ..... Plainfield
Martin H. Collier ..... Grenloch
George J. Young, *Consultant* ..... Morristown
Henry H. Kessler, *Technical Adviser*, representing Department of Labor ..... Newark

Traffic Accidents

Millard F. Sewall, *Chairman* ..... Bridgeton
Christian P. Segard, *Vice-Chairman* ..... Leonia
Thomas S. P. Fitch ..... Plainfield
Philip W. Baker ..... Highbridge
Clarence P. Lummis ..... Pennsgrove
LeRoy W. Black ..... Rutherford
William Callery ..... Weehawken
J. Howard Hornberger, *Consultant* ..... Roebling
Arnold Vey (Mr.), *Technical Adviser*, representing Department of Labor ..... Trenton

Venereal Disease

C. Byron Blaisdell, *Chairman* ..... Long Branch
Joseph E. Higi, *Vice-Chairman* ..... Orange
John S. Kessell ..... East Orange
Baxter A. Livengood ..... Woodbury
Irving Lerman ..... Elizabeth
Arthur J. Casselman ..... Camden
William F. Costello, *Consultant* ..... Dover
Daniel Bergsma, *Technical Adviser*, representing Department of Health ..... Trenton

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ADVISORY COMMITTEES TO MEDICAL PRACTICE SUB-COMMITTEE

Meetings at the call of the Chairmen

Auxiliary Medical Services

Sigurd W. Johnsen, *Chairman* ..... Passaic
Arturo R. Casilli, *Vice-Chairman* ..... Elizabeth
Eugene G. Herbener ..... Lakewood
Walter A. Taylor ..... Trenton
Jerome H. Samuel ..... Newark
W. James Marquis ..... Newark
Asher Yaguda ..... Newark
Alfred Stahl, *Consultant* ..... Newark

Contract Practice

Andrew C. Ruoff, *Chairman* ..... Union City
Harvey T. Herold, *Vice-Chairman* ..... Newark
Henry Haywood ..... New Brunswick
Edward F. Klein ..... Perth Amboy
J. Howard Hornberger, *Consultant* ..... Roebling

Hospital Relationships

Henry B. Decker, *Chairman* ..... Camden
Spencer T. Snedecor, *Vice-Chairman* ..... Hackensack
George O'Hanlon ..... Jersey City
Charles Hyman ..... Atlantic City
Earl H. Snavely ..... Newark
James H. Spencer, Jr. ..... Franklin
Edward A. Y. Schellenger ..... Camden
Thomas K. Lewis, *Consultant* ..... Camden

Industrial Health and Hygiene

Cedric C. Carpenter, *Chairman* ..... Summit
Leslie E. Myatt, *Vice-Chairman* ..... Bridgeton
H. Irving Dunn ..... Elizabeth
Donald O. Hamblin ..... Bound Brook
James M. Carlisle ..... Westfield
William F. Costello, *Consultant* ..... Dover

Medical Care of the Indigent and Low-Wage Group

Herschel S. Murphy, *Chairman* ..... R selle
David W. Green, *Vice-Chairman* ..... Salem
D. Leo Haggerty ..... Trenton
Frank L. Field ..... Far Hills
Wilbur Watts ..... Trenton
Thomas A. Clay ..... Paterson
Byron G. Sherman ..... Morristown
Edward J. Callahan ..... Westfield
George W. Fithian, *Consultant* ..... Perth Amboy

Nursing and Nursing Education

A. Charles Zehnder, *Chairman* ..... Newark
George M. Knowles, *Vice-Chairman* ..... Hackensack
Henry Subin ..... Atlantic City
Victor Knapp ..... Asbury Park
H. Wesley Jack ..... Camden
David W. Green, *Consultant* ..... Salem

Pharmaceutical Problems

Chester I. Ulmer, *Chairman* ..... Gibbstown
Reeve L. Ballinger, *Vice-Chairman* ..... Arlington
Irving Okin ..... Passaic
Jacob J. Mann ..... Perth Amboy
Daniel W. Teller ..... Morristown
Ralph K. Hollinshed, *Consultant* ..... Westville

Workmen's Compensation

William K. Harryman, *Chairman* ..... Hackensack
Joseph F. Londrigan, *Vice-Chairman* ..... Jersey City
Daniel F. Featherston ..... Asbury Park
Henry H. Kessler ..... Newark
Clarence W. Way ..... Sea Isle City
Edwin R. Ristine ..... Camden
Andrew F. McBride, *Consultant* ..... Paterson
Stephen Lorenz, *Technical Adviser*, representing N. J. Department of Labor ..... Trenton

WOMAN'S AUXILIARY

President, MRS. RICHARD J. MCDONALD, 80 Park Avenue, Paterson

President-Elect, MRS. O. R. CARLANDER.....Merchantville
First Vice-President, MRS. A. W. BICKNER.....Rutberford
Second Vice-President, MRS. F. B. GILPIN .....Cranford
Recording Secretary, MRS. BANKS BAKER .....Camden
Treasurer, MRS. T. P. MCCONAGHY .....Camden

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	V. Earl Johnson, Atlantic City...	J. Carlisle Brown, Atlantic City... Tel. 5-4979	Charles Hyman, Atlantic City
BERGEN	Russell K. Tether, Closter	G. Barton Barlow, Englewood ... Tel. 3-7121	Calvin S. Bump, Ridgewood
BURLINGTON..	George T. Tracy, Beverly	E. Warren Rodman, Beverly ..... Tel. 32	T. Bruce Dickson, Riverton
CAMDEN	Robert S. Gamon, Camden	George B. German, Camden ..... Tel. 7522	Harold D. Barnshaw, Camden
CAPE MAY	Aldrich C. Crowe, Ocean City ...	Clarence W. Way, Sea Isle City.. Tel. 55	Clarence W. Way, Sea Isle City
CUMBERLAND .	Charles Butcher, Heislerville	F. Muriel Ramsey, Millville ..... Tel. 31	Earl C. Lyon, Bridgeton
ESSEX	Harry N. Comando, Newark	Marcus H. Greifinger, Newark ... Tel. Market 3-1918	Paul H. Hosp, Newark
GLOUCESTER ..	Henry B. Diverty, Woodbury.....	Chester I. Ulmer, Gibbstown .... Tel. Paulsboro 18	Clarence A. Bowersox, Woodbury
HUDSON	George Ginsberg, Hoboken	Thomas McG. Brennock, Jer. City. Tel. Journal Square 2-0787	John N. Connell, Jersey City
HUNTERDON ..	J. J. Cartisser, Sergeantsville	E. W. Lane, Bloomsbury ..... Tel. Phillipsburg 10-R-13	A. M. Jenkins, Frenchtown
MERCER	Elmer J. Elias, Trenton	A. D. Hutchinson, Trenton Tel. 3-5542	A. D. Hutchinson, Trenton
MIDDLESEX ..	B. F. Slobodien, Perth Amboy....	Edward F. Klein, Perth Amboy.. Tel. 4-1903	J. J. Jablonski, Sayreville
MONMOUTH ..	D. F. Featherston, Asbury Park..	William F. Jamison, Asbury Park. Tel. 5031	Samuel Edelson, Asbury Park
MORRIS	William B. Gibb, Morristown	George J. Young, Morristown .... Tel. 4-0662	F. Clyde Bowers, Mendham
OCEAN	William E. Dodd, Beach Haven...	Carl Menge, Toms River ..... Tel. 204	Raymond A. Taylor, Lakewood
PASSAIC	Francis W. Ash, Paterson	J. Allen Yager, Passaic ..... Tel. Armory 4-2222	Irving Okin, Passaic
SALEM	Wilbur S. Davison, Pennsville ...	John S. Dunn, Salem ..... Tel. 201	L. C. Hummel, Salem
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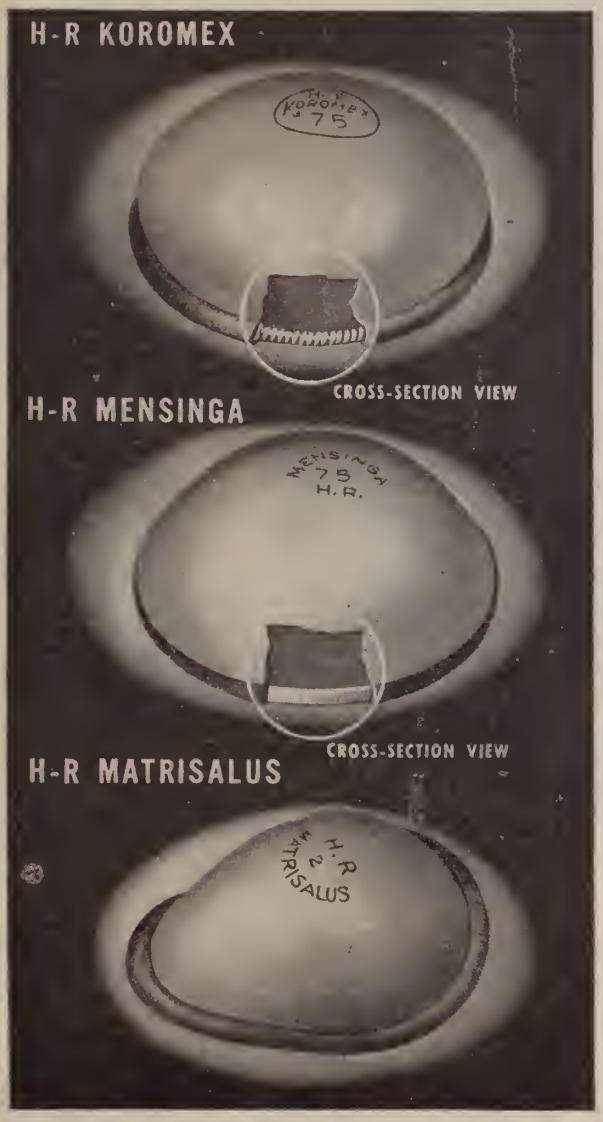

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The H-R Koromex diaphragm (coil spring type) is available in sizes from No. 50 to No. 105 mm., and is indicated for use in all normal anatomies.

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Send for copy of "Physician's Diaphragm Chart and Fitting Technique"

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Yes, Some Fats Do Upset Them. Yet a proper fat is an essential part of every infant's diet. The addition of carbohydrate cannot compensate for the absence of a sufficient amount of a suitable fat.

SMA fat resembles human milk fat—has the same chemical and physical characteristics. And because SMA fat is like human milk fat the SMA carbohydrate is lactose, the only sugar present in human milk.

The percentages of fat, protein, carbohydrate and ash are the same as those in human milk and when prepared according to the physician's directions SMA is essentially similar to human milk.

Therefore, SMA may be fed to normal full-term infants without modification or change for the same reason that it is not necessary to modify human milk.

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Won't you read our "Pledge of Purity"? It tells what is in BREYERS Ice Cream—and what *isn't*. For nearly 75 years Breyers Ice Cream has been made in strict conformity with this pledge. That is why Breyers Ice Cream is used in so many hospitals and schools. That is why so many physicians recommend Breyers for children and convalescents.

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ICE CREAM

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THE ICE CREAM PROTECTED BY A WRITTEN PLEDGE OF PURITY

RABBITS *and* RAGWEED

Rabbits may look alike, but when used to produce antipneumococcic serum the titre may differ widely from animal to animal. Likewise, two lots of ragweed (or any other pollen) may be identical weight for weight, yet differ in content of active principle.

To assure uniformity of activity from lot to lot and season to season, the Squibb Laboratories use the *protein nitrogen unit* to express the content of active principle in their pollen extracts. This unit has been shown by Cooke and Stull[1] to be a very close measure of allergenic activity.

All Squibb Pollen Extracts are glycerol solutions and retain their potency for more than 18 months. They are available in a variety of dosage forms to suit the needs of individual patients.

Use *Ragweeds Combined* for late Summer and early Fall Hay Fever. "Ragweeds Combined" Squibb Pollen Extract contains equal parts of giant and dwarf ragweed.

[1] Cooke, R. A., and Stull, A.: *J. Allergy* 4:87, 1933 and previous papers.

"Ragweeds Combined" Available in These Convenient, Economical Packages

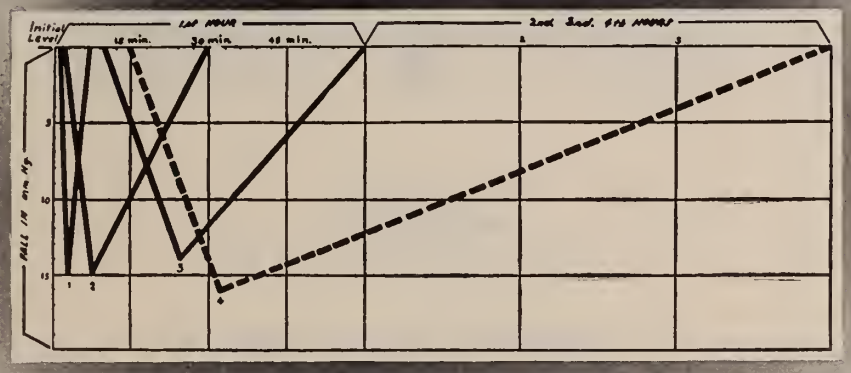
Package	Contents	Total Protein Nitrogen units Supplied	Advantages
Three-Vial Package	Three—3.5-cc. vials—containing 100, 1000, and 10,000 protein nitrogen units per cc. respectively.	**38,850**	1—Convenience—no diluting or mixing necessary. 2—Economy—enough material for from 15 to 19 doses for one patient. 3—Flexibility of dosage—dosage may be adjusted to suit individual requirements.
5-cc. Vials	One 5-cc. vial supplying 10,000 protein nitrogen units per cc.	**50,000**	Most economical when used with the Special Diluent Package of 2 x 9 cc. vials of sterile 50% Glycerin solution. In a few minutes you can easily prepare enough material for 15 doses for two patients.
15-Dose Treatment Set	15 vials in graded doses plus 15 vials of diluent .	**17,040**	Each dose is pre-measured, ready for injection after mixing with diluent.

We also offer a large variety of Squibb Pollen Extracts in 5-cc. vials for treatment and in capillary tubes for diagnosis.

For literature address the Professional Service Department, E. R. Squibb & Sons, 745 Fifth Avenue, New York, N. Y.

SQUIBB POLLEN EXTRACTS

For Prolonged Vasodilatation



Comparative effects on systolic blood pressures falling within the normal ranges produced by: 1. Amyl Nitrite; 2. Nitroglycerin; 3. Sodium Nitrite; 4. Erythrol Tetranitrate. The diastolic pressure undergoes a similar proportionate change.

Erythrol Tetranitrate Merck

The vasodilator action of Erythrol Tetranitrate Merck is slower and more enduring than that of other commonly used nitrites.

Vasodilatation usually begins within about fifteen minutes after administration and persists for 3 to 4 hours.

Sustained effect may be obtained by careful adjustment of dosage in each individual case.

Literature on Request

ERYTHROL TETRANITRATE MERCK

(Erythrityl Tetranitrate)

For Prolonged Vasodilatation in Hypertension

COUNCIL ACCEPTED AMERICAN MEDICAL ASSN. ACCEPTED

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for Keratoconus and High Myopia

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"Have Your Eyes Examined" presents both an **opportunity** and the **satisfaction** that comes with referring patients to a professional man who really **knows** the eye, as well as its **refraction**—an opportunity to **recommend** a fellow Doctor, an Oculist (in Guild terms an Eye Physician).

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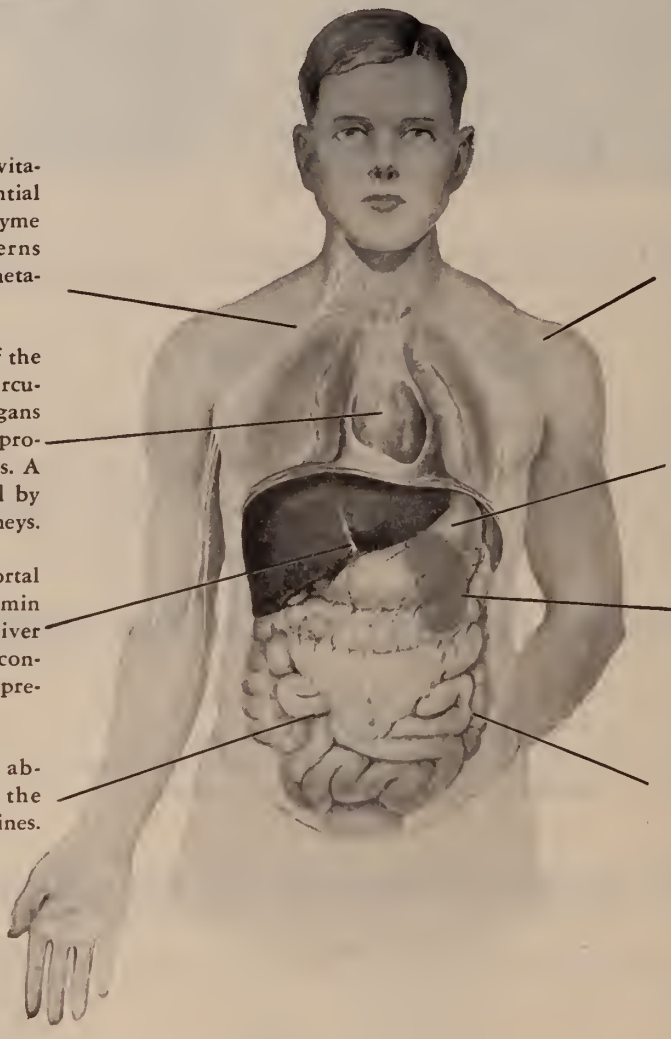
EYE PHYSICIANS: *Your coöperation can be concretely expressed by recommending a GUILD OPTICIAN — where quality and accuracy protect you and your patient.*

STUDIES IN THE AVITAMINOSES

This page is the seventh of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A full color, two-page insert on the same subject appears in the June 22 issue of The Journal of the American Medical Association.



(4) In nerve tissue, vitamin B_1 is an essential component of an enzyme system which governs one phase of the metabolic process.

(3) The remainder of the vitamin enters the circulation, the various organs removing thiamin in proportion to their needs. A large amount is used by heart, liver, and kidneys.

(2) By way of the portal circulation the vitamin is carried to the liver which under normal conditions retains an appreciable amount.

(1) Vitamin B_1 is absorbed from both the large and small intestines.

(5) In skeletal muscle, vitamin B_1 also forms a part of an essential enzyme system governing a phase of the oxidative process.

(6) The secretory and motor function of the stomach may be affected by involvement of the gastric nervous mechanism as a result of B_1 deficiency. This may account for the anorexia in this condition.

(7) If excessive quantities of vitamin B_1 are ingested and absorbed, they are not stored for future use but are excreted by the kidneys; during periods of diuresis considerable quantities of the vitamin may be lost.

(8) Vitamin B_1 found in the feces is largely the result of bacterial growth. Coprophagy provides a source of B_1 for some species of animals.

The Metabolic Fate of Vitamin B_1

In the tissues, vitamin B_1 is an essential part of an enzyme system governing one phase of cellular metabolism. Vitamin B_1 appears to be converted to co-carboxylase, which is essential for the oxidation of pyruvic acid, one of the intermediary products of carbohydrate metabolism.

UPJOHN

The Patient With Mild Depression

THE patient with mild depression usually presents a clinical picture characterized by the following symptoms:

(1) apathy, discouragement and undue pessimism; (2) subjective difficulty in thinking, in concentrating and in initiating and accomplishing usual tasks; (3) subjective sensations of weakness and exhaustion; (4) hypochondria (undue preoccupation with vague somatic complaints such as palpitation or gastro-intestinal disorders which may have no organic basis).

If, in the judgment of the physician, such a patient will be benefited by a sense of increased energy, mental alertness and capacity for work, the administration of 'Benzedrine Sulfate Tablets', with their striking effect upon mood, will often accomplish the desired result. In favorable cases, the drug will also make the patient more accessible to the physician.

'Benzedrine Sulfate Tablets' should, however, be used only under the direct supervision of the physician, and their use by normal individuals to produce the above effects should not be permitted. In depressive psychopathic states the patient should be institutionalized.

Initial dosage should be small, ¼ to ½ tablet (2.5 to 5 mg.). If there is no effect this should be increased progressively. "Normal Dosage" is from ½ to 2 tablets (5 to 20 mg.) daily, administered in one or two doses before noon.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

BENZEDRINE SULFATE TABLETS

Each 'Benzedrine Sulfate Tablet' contains amphetamine sulfate, S.K.F., 10 mg. (approximately 1/6 gr.)

SMITH, KLINE & FRENCH LABORATORIES • PHILADELPHIA, PA.

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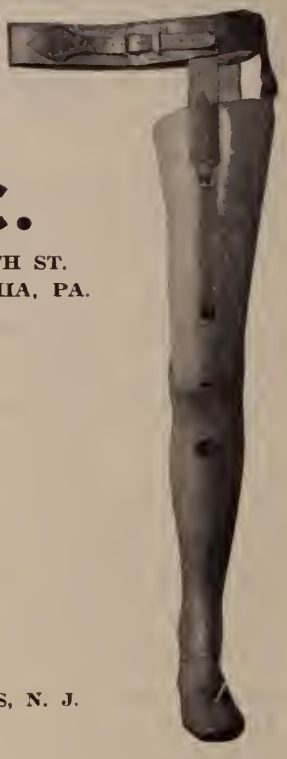

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ENGLISH WILLOW AND DURAL LIGHT METAL ARTIFICIAL LIMBS

Hip control, with the new safety friction knee, gives above knee walkers full knee action, and utmost safety. Catalogue and booklet on amputations, furnished upon request.

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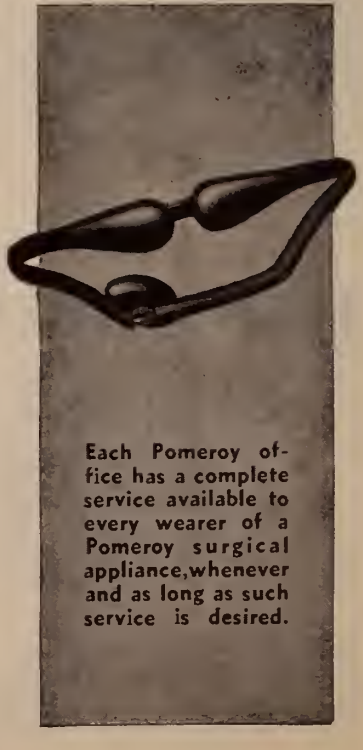
"POMEROY FRAME TRUSS" means the Pomeroy method of frame truss fitting. The POMEROY FRAME TRUSS holds by passive resistance rather than pressure—and the degree of resistance is always under complete control. It is light in weight and, combined with the POMEROY WATER PAD, is undoubtedly the most effective, as well as the most comfortable appliance used to maintain reduction of hernia. But to realize these advantages it is essential that the truss be carefully and accurately fitted. POMEROY FRAME TRUSSES are fitted only at POMEROY shops.



Each Pomeroy office has a complete service available to every wearer of a Pomeroy surgical appliance, whenever and as long as such service is desired.

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DETROIT — SPRINGFIELD — WILKES-BARRE

IRON IN HUMAN NUTRITION

● Like certain other essential minerals, iron performs several vital physiologic functions in the human body. Certainly the best-known, as well as a most important role of iron, is in the formation of hemoglobin, the blood constituent which effects oxygen transport.

The destruction and regeneration of hemoglobin is a continuous process. It has been estimated that daily the adult human destroys and regenerates 29 grams of hemoglobin, an amount containing about 90 milligrams of iron (1). It is a fortunate circumstance that most of this iron is conserved for re-use. However, iron lost in the regeneration process must be supplied by foods or from body stores of this element made possible by a liberal supply of iron in the diet.

Dietary iron deficiency may produce a definite type of anemia due to inability of the organism to elaborate an adequate amount of hemoglobin. This kind of anemia is not uncommon in infants, or in older individuals during periods in the life cycle in which body demands for iron are unusually heavy. Balance studies have permitted the following estimates of daily iron requirements for normal persons (2):

Infant (per pound body weight)	0.36 mg.
Preschool child (per pound body weight)	0.27 mg.
Boys and girls, 5-11 years	9–11 mg.
Boys over 11 years	13 mg.
Girls over 11 years	13–15 mg.
Man	12–15 mg.
Woman before menopause	17 mg.
Pregnant woman	20 mg.
Nursing woman	17–20 mg.
Woman after menopause	12–15 mg.

In securing these necessary daily supplies of dietary iron, unfortunately we cannot be solely guided by the total iron content of the diet. It should be remembered that probably not more than about 60 per cent of the total iron present in a mixed diet can be diverted to the body's uses (2), even though with individual foods this percentage of "ionogenic iron" may be quite high (3). Consequently, in practical nutrition, to obtain an adequate intake of this essential mineral about twice the estimated daily requirement of iron should be received by way of the daily ration.

By intelligent diet planning, the normal individual can readily attain an optimal supply of iron. Foods rich in content of this mineral (2) should be given a prominent place in the ration. It is perhaps needless to state that the canned varieties of these foods will also prove both valuable and convenient in the attainment of the daily amounts of this essential element now considered to be necessary for complete nutrition.

AMERICAN CAN COMPANY
230 Park Avenue, New York, N. Y.

REFERENCES

(1) 1939. Mineral Metabolism, Alfred T. Shohl, Reinhold, New York, N. Y.

(2) 1939. Food & Life, Yearbook of Agriculture, U. S. Dept. of Agriculture, U. S. Govt. Printing Office, Washington, D. C.

(3) 1940. J. Nutrition 19, 449.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-first in a series, which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

In Congestive Heart Failure

Theocalcin

(theobromine-calcium salicylate)

To diminish dyspnea, reduce edema and increase the efficiency of the heart action, prescribe Theocalcin in doses of 1 to 3 tablets, t. i. d., with meals. It acts as a potent diuretic and myocardial stimulant.

Tablets 7½ grains each, also Theocalcin powder.

Literature and samples upon request.

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RADON SEEDS

FOR safety and reliability use composite Radon seeds in your cases requiring interstitial radiation. The Composite Radon Seed is the only type of metal Radon Seed having smooth, round, non-cutting ends. In this type of seed, illustrated here highly magnified, Radon is under gas-tight, leak-proof seal. Composite Platinum (or Gold) Radon Seeds and loading-slot instruments for their implantation are available to you exclusively through us. Inquire and order by mail, or preferably by telegraph, reversing charges.

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Karo in Infant Diarrhea

1. *Diminishing Diarrhea*	KARO prevents the flooding of the intestinal tract with excessive amounts of easily fermentable sugars because the dextrose and maltose components are quickly absorbed and the difficultly fermentable dextrin is gradually transformed into monosaccharides.
2. *Treating an Attack*	KARO may be added in suitable amounts to acidified, skimmed or evaporated milk without any tendency for fluid to be drawn into the intestines or be increased in the stools.
3. *Feeding in Convalescence*	KARO is gradually increased in the formula, according to individual indications, in order to provide the high energy requirement necessary to combat exhaustion. KARO is well tolerated, easily digested and non-irritating to the intestinal tract.

IN HIGH CALORIC DIETS
your patients will appreciate knowing the many ways in which Karo can be served. We will send to physicians copies of "49 Delightful Ways to Enjoy Karo"—please specify the quantity you require . . . Address

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★ ★

Grapefruit and the Growing Child

A GROWING CHILD requires twice as much calcium, and twice as much Vitamin C per kilo of body weight, as a normal healthy adult.

While milk is undoubtedly the best food source of calcium, the addition of citrus fruit to the diet causes an increased assimilation and retention of the calcium contained in milk and other foods.

Citrus fruits in generous quantities supply the abundance of Vitamin C required by the growing child, as well as other vitamins, mineral salts, citrates, and easily digestible sugars, in a form which appeals to all children alike.

Grapefruit, long considered a luxury, is now within the means of the greater part of our population. As a variant and supplement to other citrus fruits, grapefruit juice increases the child's intake of vitamins and minerals which are essential to the growth of straight, strong bones and sound teeth.

Once a child acquires the taste for grapefruit juice it is relished at all times. It is a palatable, healthful beverage, and in canned form is high in all the values attributed to fresh fruit. Furthermore, canned grapefruit juice is economical, convenient to use and readily available the year around.

The Citrus Commission of the State of Florida has just issued a treatise on the subject of citrus fruits in their relation to health; a copy will be sent to any member of the medical profession upon receipt of the attached coupon.

FLORIDA CITRUS COMMISSION
STATE OF FLORIDA

Florida Citrus Commission
Lakeland, Florida Dept. 29G

Gentlemen:
Please send me your book, CITRUS FRUITS AND HEALTH.

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The statements in this advertisement are based on the following numbered references in "Citrus Fruits and Health": 8, 47, 51, 56, 59, 60.

Research philosophy is different

The "bird in the hand" idea may often be sound policy. But research has a different philosophy. It is looking for the "two birds in the bush." The true scientist isn't content with what's already been done. He is deliberately searching into the unknown.

This philosophy has motivated many Parke-Davis contributions to modern medicine. For example—Adrenalin, Pituitrin, Pitocin and Pitressin, Mapharsen, Meningococcus Antitoxin. Each of these has enabled the physician to treat his patients more effectively, more safely, and with more confidence.

This philosophy constantly directs Parke-Davis research toward discovery and development of new and better therapeutic agents.

PARKE, DAVIS & COMPANY

PIONEERS IN RESEARCH ON MEDICINAL PRODUCTS

"Look for the Name GOLDEN GUERNSEY and the Trade Mark."

THE GUERNSEY COW

Is a Specialist in Nutrition

The Guernsey cow is distinctive among dairy cattle for her ability to put into her milk a substantially higher percentage of nourishing butter-fat, and valuable body-building minerals. Hundreds of years of selective breeding and mating have intensified and stabilized this trait, and today Guernsey Milk is recognized as one of the world's finest foods.

GOLDEN GUERNSEY is "top-flight" Guernsey Milk, produced by a nation-wide association of farmers who subscribe to the ultra-high standards set up by GOLDEN GUERNSEY, INC., a non-profit, governing organization formed to uphold the premium quality of GOLDEN GUERNSEY Milk.

When special nourishment is indicated, and milk is approved, GOLDEN GUERNSEY may be recommended with complete assurance.

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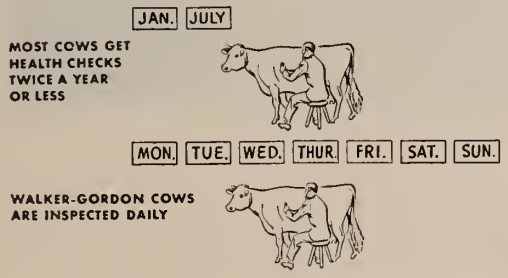
Clinton
Producer for Supreme Milk & Cream Co.
Visitors Welcome

Why are 54% of our customers sent to us by doctors?

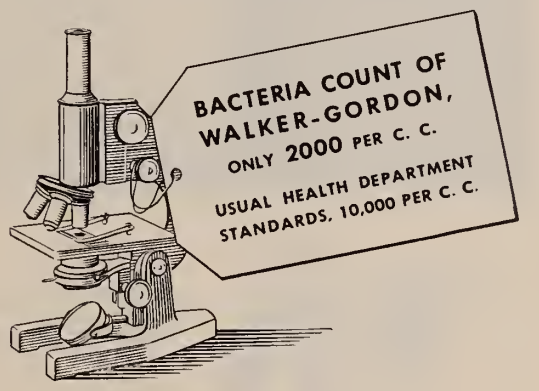
• It may seem surprising that 54% of our customers have come to us on their doctors' recommendations. Surprising, that is, until you consider the facts.

After all, the extraordinary purity precautions taken on our "clinically controlled" farms are well known to the medical profession. For example, Walker-Gordon cows are given *daily* health checks, instead of semi-annual.



Too, their udders are washed, and dried with sterilized towels, before each milking. And instead of being milked by hand, they're milked on the famous "Rotolactor" . . . an exclusive Walker-Gordon development. Walker-Gordon Milk actually goes from cow to consumer without coming in contact with the outside air!

All of which helps explain why Walker-Gordon Milk is *five times as pure,* bacterially, as health departments require even under the high standards set for certified milk.



. . . And all of which helps explain, too, why Walker-Gordon is so widely recognized and recommended by doctors as *the world's finest milk.*

Walker-Gordon Certified Milk

THE WORLD'S FINEST MILK

AMYTAL (Iso-amyl Ethyl Barbituric Acid, Lilly)
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EDITORIAL

Recognition of County Societies

Since the May and June Journals, as well as this, the July issue, are devoted largely to Society activities, and to projects in which every member is interested, the Publication Committee has suggested the usual editorials in this issue be omitted. But particular attention is called to the report of the Conference on the coöperation of the State and county society officers held on June 16, as recorded on page 384. To interest and inform the officers and members of County Societies in State-wide projects will be one of the major objectives during the coming administrative year.

The Transactions of the House of Delegates

The stenotypist's report of the proceedings of the House of Delegates has been completed, and four copies have been made. The proceedings are in two parts:

1. The reports of all motions made and addresses given before the House of Delegates.
2. The supplementary reports which the officers and committees gave before the House of Delegates, including the resolutions which were contained in the reports.

All this material will be collected in the executive and editorial offices, in collaboration with Secretary Stahl. Cross-references will be inserted in order to promote ease of reading and identification. The completed Transactions will be published as a supplement to the August issue of The Journal.

The reports are unusually clear and concise, and will enable every member to obtain accurate information regarding the decisions and recommendations of the House of Delegates.

MEDICAL CARE PROGRAMS SPONSORED BY THE FARM SECURITY ADMINISTRATION

By R. C. Williams, M.D., Washington, D. C.
Chief Medical Officer, Farm Security Administration

Close coöperation with the organized medical profession is the keystone of the policy of the Farm Security Administration in coping with the health problems of low-income farm families. Successful working agreements are already in effect between the Farm Security Administration and thirty-eight State Medical Associations; and health programs are conducted in over five hundred counties in thirty-one states; and approximately 80,000 medically indigent families are receiving medical services. In addition, several hundred thousand farmers are receiving advice and instruction regarding poor farm practices, depleted soil, meager equipment, inadequate diets, unsanitary conditions, and lack of marketing facilities—all of which affect health, as well as economic conditions.

The rehabilitation program is fundamentally a *self-help* program, as distinguished from *direct relief*. Loans are made which must be *repaid* to the Federal Government. Before a loan is approved, a detailed farm and home management plan is prepared by the farmer and his wife, with the help of the local rehabilitation supervisors. Continuous help and advice are extended by agricultural and home management experts during the life of the loan, to the end that intelligent planning and a sense of responsibility may lead to economic rehabilitation and self-sufficiency.

The Farm Security Administration is not placing undue emphasis on medical care plans to the exclusion of other significant factors related to rural health. The basic program is one of *economic* rehabilitation. Self-sufficiency would minimize the medical care problem for many families. Education in dietetics, sanitation, and the intelligent utilization of the services of modern medicine and public health, contribute to solving the problem of medical care.

The Administration recognizes the fact that good health is fundamental in economic rehabilitation. The failure of many farmers is the result of inability to do a good day's work; and failure to meet loans on schedule has often been due to illness, or to the expenditure of the family's limited funds to meet urgent medical bills. The unpredictability of sickness is a factor which has often nullified carefully worked-out plans of rehabilitation.

With this condition as a background, the Farm Security Administration has coöperated with the medical profession in spreading the cost of illness over an entire group of these families in a county or district. Each Farm Security Administration borrower budgets a certain amount for medical care expenses; in other words, the borrowers as a group take out a kind of *voluntary insurance* against the bankruptcy which might result from serious illness. The participating physicians receive prompt, if not always full, payment for services to families who in the past have been able to pay little or nothing.

The program in effect in Atlantic County since March 15, 1939—the first such plan in New Jersey—will serve as an example of existing plans. However, its provisions are limited to general practitioner care, whereas most plans also include emergency hospitalization, specialist care, and prescribed drugs. The Atlantic County Medical Society supervises the program, acting through a committee of three physicians. A bank official in May's Landing acts as Trustee of the fund into which families pay in advance annual dues ranging from $16 to $20, assisted by loans in most cases. Monthly bills, submitted to the Trustee and reviewed by the committee of physicians, are paid from monthly allotments, being subject to proportionate reduction if the funds available do not provide full payment.

During its first year this medical service plan provided 83 families with an average of 3.16 office and home calls per person, and paid 100 per cent of the bills submitted in accordance with the comparatively low fee schedule adopted by the Medical Society. Abuse of privileges was limited to one family, and was easily controlled.

In accordance with its policy of collaboration with the medical profession and its medical service organizations, the Farm Security Administration has requested *The Medical Service Administration of New Jersey* to administer a program which would be extended to approximately 1,000 rehabilitation borrowers in rural counties throughout the State, after their acceptance by the several county medical societies. It is expected that such a program will soon be drawn up. Like that in Atlantic County, it would be based on free choice of physician, local medical supervision, and the ability of the families to pay.

ORIGINAL ARTICLES

DRAINAGE OF CHRONIC FOCI OF INFECTION IN THE MOUTH AND THROAT

A PRELIMINARY REPORT

By Ily R. Beir, M.D., Atlantic City, N. J.

Read before the Staff of the Atlantic City Hospital, November 22, 1939.

The modern conception that infection in foci may cause disease localized in distant parts dates from the year 1912, when Dr. Frank Billings [1] published his original paper on the subject. It is now an accepted fact that arthritis, endocarditis, pyelonephritis, and other diseases may result from the absorption of the products of such foci; and that the disease often subsides when the source of such poison is eliminated. Following him, many others have endeavored to secure such benefits by the removal of teeth or faucial tonsils. I have included with these areas the gums, the lingual tonsil, and the faucial and post-nasal pharynx, but have used *adequate drainage* instead of surgery. This paper is a report on the results of such treatment.

THE TEETH

Extraction is recommended for teeth with apical abscesses, those completely ringed by infection of the peridental membrane,[2] and those with deep pyorrhea pockets. In the first two conditions the only avenue of drainage is into blood or lymph channels, while the third is seldom cured. Following extraction, diseased alveolar processes must be adequately drained to prevent retention of infected foci.

Pyorrhea has been little considered, but it is an important focus because of its large amount of tissue with an abundant blood supply; its daily injuries; and its resistance to treatment because of pockets and poor drainage of the more deeply affected tissues. Such resistance has frequently slowed improvement or demanded prolonged treatment to insure permanence of cures of secondary disease.

FAUCIAL TONSILS

The faucial tonsils are masses of non-sensitive lymphoid tissue, pierced by canals which frequently intercommunicate or join the supratonsillar space. This space lies back of the tonsil, with its meatus high and blocked by the anterior pillar. Infected detritus retained in the canals or space causes inflammation and absorption of bacteria and their toxins. In children especially, large or infected tonsils are routinely removed because this infection has been ascribed to the streptococcus non-hemolyticus, which is a frequent cause of chronic arthritis and endocarditis,[3] bacterial allergy, and that form of pyelonephritis [4] which is not due to an ascending infection. In twelve cases, cultures of pus *carefully* extracted from the faucial tonsils *gave streptococci in only four;* but staphylococci were found in all, sometimes in pure culture. Streptococci have been supposed to be invariably present. These findings seem to reduce the faucial tonsils to a minor rôle, so far as metastasis of bacteria is concerned, but they are sources of *toxins,* which seem to be far more important than bacteria as causes of distant disease.

OTHER THROAT FOCI

Though lymphoid tissue also composes the lingual tonsil and is abundant on the faucial and post-nasal pharynx, it seemed strange that no one seriously considered infection of these anatomical parts, for they are as important sources of infection as are the faucial tonsils, because of their large blood and lymph supply, considerable mobility, frequent infection, and inadequate drainage. Since infection of one focus quickly spreads to the others, all must be treated at the same time. *The main cause for the failure to cure distant disease by surgery of the teeth or faucial tonsils has been the neglect to prevent absorption from these additional foci.*

LINGUAL TONSIL

The lingual tonsil has been largely ignored, but in my opinion, it is the *most important focus of all.* It covers the base of the tongue, and is composed of a mass of lymph follicles that drain poorly, despite the mobility of the

tongue, because the terminal ducts of their deep, branching crypts are mainly vertical, and their openings are on top. I have removed a fish bone one inch long from one without subsequent bleeding. It has usually been found swollen and deeply congested, and streptococci

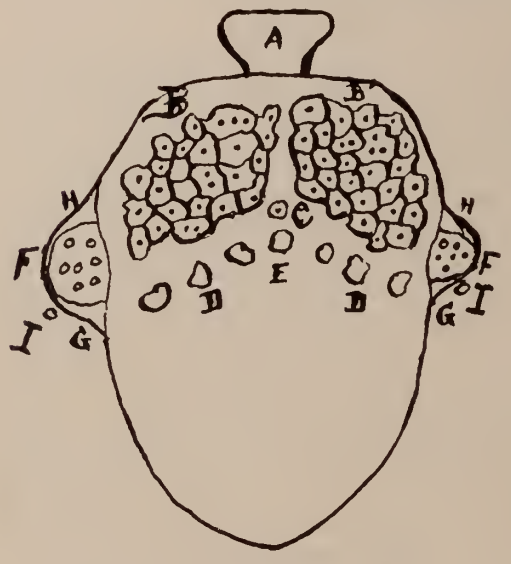

Fig. 1.—The Lingual Tonsil

A—Epiglottis
B—Lingual tonsil
C—Foramen caecum
D—Circumvallate papillae
E—Apex of dorsum of tongue
F—Faucial tonsils
G—Anterior pillars
H—Posterior pillars
I—Meatus of supra-tonsillar space

have been invariably present in pus from its crypts, either in pure culture or with staphylococci. In cultures made from thirty-six lingual tonsils, streptococci were found in all, while staphylococci were found in only twenty-nine. This seems to make them far more virulent foci than the faucial tonsils, since cultures from only one-third of these contained streptococci. In the author's series of cases were five with teeth and faucial tonsils out or negative, and with no pyorrhea. Treatment of these resulted in two cures, two much improved, and one moderately. It has been difficult to cure streptococcic throat infections, even when sulphanilamide has been used, because of speedy recurrence after this drug has been stopped,[5] yet with concurrent treatment of the lingual tonsil, rapid cure has ensued and without recurrence. Sulphanilamide is of great value in acute infections but probably does not sterilize chronic foci of infection.

THE PHARYNX

While in recent years the frequency and seriousness of *acute* streptococcic pharyngitis have been appreciated, but little attention has been given to *chronic* pharyngitis, either faucial or post-nasal. In most of the author's cases, because of infection of its lymphoid tissues and mucous glands, the pharynx has been found markedly congested, pebbled, or streaked, and in thyrotoxicosis, bright red. Ulcers of the dome have frequently been found to be the cause of an abundant post-nasal drip.

RESULTANT DISEASE IN DISTANT PARTS

It had been thought that bacteria caused disease in distant parts only after being carried there by the blood or lymph; but Kinsella and Muether,[6] by experiments on dogs, showed that *swallowed pus* caused similar effects. When they gave streptococci in the food, or introduced cultures directly into the stomachs, positive blood cultures developed, endocarditis followed within a short time, and pure cultures of streptococci were recovered from valve leaflets that had been mechanically injured some time previously in order to provide an initial injury. Though bacteria in primary foci, when carried by blood or lymph, may cause many diseases of the gastro-intestinal tract through allergy or the elective affinity of Rosenow[7, 8] or by the establishment of secondary foci, it now appears that such disease may also be caused by the direct infection of *swallowed pus,* and may be a channel of entrance for bacteria and their toxins.

Irritation may be caused in distant parts by toxins that are carried by the blood or lymph from primary foci. Besides bacterial exotoxins[9] are the toxalbumens that are formed in focal tissues by the action of bacteria upon them, and which are responsible for the Burky allergic phenomena[10] on similar tissues elsewhere. Such toxin allergy and its removal by these treatments provide a logical explanation of the many cures of non-infectious arthritis;[11] of the dramatic returns to normal of blood

pressure and kidney function in many cases of so-called essential hypertension that had shown low kidney function without evidence of its inflammation; of the cures of thyrotoxicosis, without recurrence; of the increase of sugar tolerance in diabetes; and of the great improvement of allergic asthma, angina pectoris, chronic glomerulonephritis, and menapausal symptoms.

DRAINAGE VERSUS SURGERY

Though the degree of infectivity of foci is largely influenced by the amount of their blood supply and mobility, of more importance is the adequacy of their drainage. Surgery has been considered the only method of removing such infection, with the exception of drainage of sinuses or massage of the prostate. The benefits obtained by such drainage were suggestive that *adequate drainage* might be as effectual as *removal* of foci; and that all should be treated simultaneously, since it seemed impossible to determine which was the main focus. Improvement from these treatments has been so usual and so great that, when it has seemed slow, some infected area has not been adequately treated. Dramatic improvement frequently followed drainage of pus from some blocked area.

Surgery is necessary only when adequate drainage cannot be secured by these methods. Of course, teeth that are infected, or subject to severe pyorrhea, or that block alveolar abscesses, must be extracted to provide adequate drainage. In children, when adenoids accompany large or infected faucial tonsils, all should be removed. Older children, without adenoids, may be efficiently treated if they coöperate. In the adults of this series, twenty-nine of the thirty-one pairs of faucial tonsils treated became atrophic or small, one became medium sized, and one stayed small. Twenty-one of the twenty-two large or medium-sized pairs became atrophic or small, and one became medium-sized.

RELATION OF FOCI OF INFECTION TO HYPERTENSION

Bacteria and toxins found in foci of infection frequently cause pathology or functional changes in the kidneys or blood vessels, often resulting in hypertension. In the kidneys, bacteria may cause pyelonephritis through the formation of secondary foci; either bacteria or their toxins may cause glomerulonephritis through irritation, or may cause lessened function without inflammation through allergy.

In the blood vessels, bacteria may cause arteritis or phlebitis. Both bacteria and their toxins may cause arteriosclerosis through degenerative changes, or spasm through allergy. Spasm may be general and long continued, resulting in arteriosclerosis; or it may be localized and occasional and be the basis for angina pectoris, intermittent claudication, transient paralysis, erythromelalgia, Raynaud's disease, Buerger's disease, etc.

RELATION OF FOCI OF INFECTION TO ARTHRITIS

Chronic arthritis has been ascribed to foci of infection; or to diminished local blood supply; or to an initial injury; or to general metabolic changes. But toxins from foci of infection, especially those in the mouth and throat, may, through arterial spasm, cause the diminished local blood supply. Through sensitization they may cause the initial injury that is followed by the allergic or irritative signs of chronic arthritis; and also may cause the local or general metabolic disturbance.

RELATION OF FOCI OF INFECTION TO THYROTOXICOSIS

In thyroid disease there seems to be no sign of inflammation. It is my belief that *toxins* from foci of infection in the mouth and throat *combine with normal thyroxin to form a new toxalbumen that is responsible for all the toxic manifestations and increased metabolism.* When there is only thyrotoxicosis, enough thyroxin is left uncombined to supply bodily needs; but when signs of hypo-thyroidism are added, too much thyroxin combines.

METHODS OF TREATMENT BY DRAINAGE

The present methods of treatment have been used by the author for eight years, after over fifteen years of experimentation. They were designed to clear up foci in poor surgical risks, in those who refused operations, and in cases where removal of teeth or faucial tonsils had

been without benefit or with recurrence of the disease condition.

The object of these treatments is the *adequate drainage of bacteria and their toxins from all foci in the mouth and throat at the same time.* These methods are simple, painless, and take but a few minutes. The rapidity and security of benefits are in proportion to the frequency and thoroughness of treatments, and

Fig. 2.—Instruments Used in Treating Chronic Infections of the Mouth and Throat.
From top to bottom they are:
Three c.c. Luer-Lok syringe.
Applicators for lingual tonsil scale.
Hook for opening crypts.
Canula or needle for post-nasal space.
Needles for faucial tonsils
Needle for pyorrhea.

to the *resistance of the individual.* In the clinic, a maximum of only two treatments weekly is possible. They may be done daily, with more advantage. As benefits were secured, intervals between treatments were lengthened. Each area must be examined and all infected foci thoroughly treated, opened, or drained. Blocked crypts in small or dessicated faucial tonsils, the supratonsillar spaces, and tonsillectomy shreds, must not be overlooked.

INSTRUMENTS AND METHODS USED

The basic instruments used in the author's series of cases have been four in number:

1. The three-c.c. Luer-Lok syringe of Becton, Dickenson, with finger rests.
2. For the faucial tonsils: Silver needles, one and a half inches in length, flexible, and probe-pointed.

For the post-nasal space: Similar ones, three and a half inches in length.

For pyorrhea: Blunt, bent needles of rustless steel.

3. For the lingual tonsil: An applicator that is stiff enough to subject the lingual tonsil to considerable pressure; that exactly follows the curve of the dorsum of the tongue; and that is grooved from the beginning of the curve to its end, in order to retain a thick swab of absorbent cotton which is wet with the germicide.
4. To open blocked crypts in the faucial and lingual tonsils, a slightly hooked, medium-pointed instrument is used. This will find and enter the depressions which mark sealed crypts, but will not pierce sound tissue.

In treating *pyorrhea,* each tooth is ringed as deeply as the separation of the gum will permit, constituting a mild debridement; and the germicide is forced in simultaneously. There is little discomfort, after two or three treatments. By the use of this method nearly all cases, except those with deep pockets, have been greatly improved or cured.

In the treatment of the *faucial tonsils,* every crypt and the supratonsillar space must be irri-

gated until no detritus returns. Blocked crypts must be opened. Even huge faucial tonsils soon become small or atrophic under this treatment.

The *lingual tonsil* is treated with two sweeps of the applicator from side to side, upward and forward; and, at the same time, the *faucial pharynx* is treated by one sweep upward and backward. As pressure is relieved, suction draws germicide into the mouths of the crypts.

To effectually treat infections of the posterior wall and dome of the nasopharynx, secretions must first be removed. This cannot be done with atomizers, nasal douches, vapors, or applicators, no matter in what manner they be bent; but when the syringe is introduced through the mouth, with the end of the longer silver canula bent to a right angle and directed vertically behind the soft palate, a stream of germicide will wash away secretions, bathe all parts, and will not harm the eustachian orifices.

To facilitate comparison of results, only one germicide could be used. *Tincture of Mercresin* was selected because Maddock, Boyden and Malcolm [12] have shown that it has far greater rapidity of action, and germicidal value, with less toxicity, than any other of the mercurial agents. These are important factors. It will destroy staphylococcus aureus in eleven seconds in one to six dilution. This strength is used in the postnasal space; equal parts with water in the fauces; and pure in pyorrhea areas. It has a transient sting, possibly due to alcohol, but it is not escharotic or irritating. Pus is more easily detected with the colorless type.

ACCESSORY TREATMENT

Because these treatments were *given under test conditions,* no other measures or physiotherapy were used except that, to the many patients in serious condition, laxatives were given; small doses of salicylates and soda were given to relieve arthritic pain; nitrites, until the systolic pressure fell to 170; theobromine, until angina was relieved; digitalis for the heart; and bromides or phenobarbital to control nervousness. Doses were lessened or stopped as symptoms were relieved.

RESULTS

The following description constitutes a preliminary report of the work begun on February 11, 1939, in the out-patient department of the Atlantic City Hospital. Nearly all cases were referred by other services, after ineffectual treatment by other methods over long periods of time. Nearly all were of poor physique, past middle age, on relief, with insufficient or improper food, and subject to many hardships. There was poor coöperation in their regularity of visits, their following of directions, and during treatments.

It was a great advantage that they were required to take the freely available tests, dental aid, and examinations. There has been *no selection of cases.* All referred cases have been treated with the exception of luetics with positive Wassermanns. Some have dropped out or have come in but seldom. All others are included in this report.

This report is based on the treatment of 67 diseases in 42 patients. A later report will be made on the final results in these and additional cases. Results are titled as symptomatic cure; and great, moderate, slight, or no improvement. The main groups are hypertension, arthritis, thyrotoxicosis, and miscellaneous. Many patients had both arthritis and hypertension.

Of 22 *hypertension* cases, 15, or 68 per cent, now have normal pressures, and are classed as cured; six, or 27 per cent, are greatly improved; and one, with malignant hypertension and signs of possible carcinoma, is slightly improved.

Thus 95 per cent were cured or greatly improved. As blood pressures lowered or became normal, there was a lessening or disappearance of many objective and subjective signs of heart, kidney, and vascular complications, such as angina pectoris, cardiac irregularity or enlargement, cardialgia, nocturia, pre-uremic symptoms, abnormal urinary findings, or lessened kidney function.

Among the 23 cases of atrophic and hypertrophic *arthritis,* taken as one group, 10, or 44 per cent, are cured; 12, or 52 per cent, are greatly improved; and one, or four per cent, shows moderate improvement. There have been no failures in either type of arthritis.

Among the 18 atrophic cases, eight, or 44 per cent, are cured; and all of the others are greatly improved. Among the five hypertrophic cases, two, or 40 per cent, are symptomatically cured; two, or 40 per cent, are greatly improved; and one, or 20 per cent, is moderately improved. Nearly all cases were severe, of long duration, and with many joints affected; and had been resistant to previous therapy.

Only three cases of *thyrotoxicosis* have been treated sufficiently to be reportable, for this disease is of uncommon origin in Atlantic City. One is cured, and two are much improved.

SUMMARY OF RESULTS IN 67 DISEASES OF 42 PATIENTS

	Symptomatic		Improvement				(Cured or
	Cases	Cure	Much	Moderate	Slight	No	Much Improved)
Hypertension	22	15 (68%)	6 (27%)	1 (5%)	0	0	95%
Arthritis	23	10 (44%)	12 (52%)	1 (4%)	0	0	96%
Thyrotoxicosis	3	1 (33%)	2 (67%)	0	0	0	100%
Miscellaneous	19	11 (58%)	4 (21%)	2 (11%)	1 (5%)	1 (5%)	79%
Total	67	37 (55%)	24 (36%)	4 (6%)	1 (2%)	1 (1%)	91%

CASE REPORTS

CASE ONE

Herbert B., colored, aged 39. Diagnosis: Cardiac hypertension with coronary arteritis. Cardiac pains and oppression were present since August, 1938. As a result of a series of swabbings of the faucial tonsils and pharynx with silver nitrate, blood pressure fell from 174/120, to 146/96; but angina and oppression were still severe when treatments were begun on February 21, 1939. At this time there were severe pyorrhea, apical abscesses, and infection of the pharynx and the faucial and lingual tonsils; a pure culture of hemolytic streptococci was found in pus from the lingual tonsil; and two electrocardiograms showed myocardial changes due to coronary arteritis. Theobromine was given for the relief of severe angina but was stopped on March 18th, after but five treatments, for there was no angina, and blood pressure was down to 126/84. There has been no recurrence of the hypertension or angina in over one year. The previously large faucial tonsils are now atrophic, and the only infection remaining is a slight pyorrhoea.

CASE TWO

James F., colored, aged 41. Diagnosis: Cardio-renal-vascular hypertension with arrested lues. There had been cardiac decompensation and nephritis. When these treatments were begun on June 20, 1939, blood pressure was 176/108; the pulse was 110; the urine contained pus; the heart was huge; and a pure culture of nonhemolytic streptococci was found in pus from the lingual tonsil. There were pyorrhea, an apical abscess, huge, infected faucial tonsils, pus in the lingual tonsil, and pharyngitis.

In August the blood pressure was 132/94, and has stayed down; the pulse became regular in the seventies; the urine cleared; the heart became of normal size, and without murmur or accentuation of the second sound. Only slight pyorrhea and occasional faucial tonsil pus remain. He has been doing hard labor for some time, and without apparent harm.

CASE THREE

Emma McD., white, aged 54. Diagnosis: Hypertrophic arthritis of all fingers; and atrophic of the hands, wrists, elbows, shoulders, knees, and ankles. When treatments were begun on May 23, 1939, all teeth had been removed; the faucial tonsils were huge and contained much pus; the lingual tonsil was large, red, and infected with the streptococcus viridans and staphylococcus albus; and the pharynx was infected. On June 17, after but six treatments, all joints but the fingers were normal and have remained so. On January 27, 1940, the hypertrophic arthritis of the fingers was symptomatically cured. Pus still drains from the faucial tonsils.

CASE FOUR

Mary P, white, aged 63. Diagnosis: Osteo-arthritis of both sacro-iliac joints and of the lumbar spine, with bridging of the vertebrae; neuritis and neuralgias. When treatments were begun on May 6, 1939, she was in constant pain, and wore a steel back brace; all teeth had been removed; there was pus in the faucial and lingual tonsils; and there was pharyngitis. On September 5, despite only three treatments a month, she had discarded her brace; was free of sacro-iliac arthritis, neuritis, and neuralgias; and could bend forward over 90 degrees without pain. Only slight infection of the faucial tonsils and pharynx remain.

CASE FIVE

Mae J., white, aged 46. Diagnosis: Thyrotoxicosis and hypo-thyroidism. These conditions had existed since 1933. When treatments were begun on April 4, 1939, the pulse was 111; tremor was marked; the thyroid was large; and there were nervousness, weakness, mental torpor, depression, the hypo-thyroid build, and a broad face. All teeth had been removed; the faucial tonsils were large,

red, and contained pus; and the lingual tonsil and pharynx were infected. On May 9, after but five treatments in five weeks, the thyroid was of normal size; the pulse was 74; there was no tremor or nervousness; the face had narrowed; the basal metabolism was plus seven; and she was bright and cheerful. There has been no recurrence. Pus is occasionally drained from the faucial tonsils.

CASE SIX

Lucinda M., colored, aged 52. Diagnosis: Toxic adenoma. A large colloid goitre had existed for ten years. In 1937 it became toxic. In August, 1939, basal metabolism was plus thirty-three. When treatments were begun on October 14, 1939, there were tremor, exophthalmos, nervousness, and the thyroid was the size of a small orange; there were apical abscesses; marked pyorrhea; the faucial and lingual tonsils contained pus; and the pharynx was infected. On January 30, 1940, the thyroid was hardly noticeable; the pulse was 70; there were little exopthalmos or weakness, and no tremor or nervousness; and basal metabolism was plus sixteen. *The thyroid is much smaller than it was before it became toxic.* Moderate pyorrhea and postnasal pharyngitis remain.

SUMMARY

1. Absorption of infection from foci, especially those in the mouth and throat, may cause arthritis, hypertension, nephritis, allergy, heart, thyroid, and other diseases.

2. When such absorption is sufficiently lessened, infection in other foci may be cured or rendered impotent through the resultant increase in bodily resistance.

3. The lingual tonsil is the chief focus of infection. Streptococci were invariably found in cultures of its pus; while they were present in only one-third of those from faucial tonsil pus.

4. Surgery of the teeth or faucial tonsils frequently fail to secure benefits, because the infections of the gums, lingual tonsils, and pharynx are neglected.

5. Tonsillectomy will seldom be needed, except in young children. In this series, 29 of the 31 pairs of faucial tonsils treated have rapidly become atrophic or small. As the adequate drainage and attenuation of bacteria reduced the local infection, so did they lessen the absorption of bacteria and their toxins. Other foci are similarly helped.

6. The results here shown, and the simple, painless, safe, and non-operative features of these treatments, should induce many people to undertake them for the prevention of disease, or its improvement at an early stage.

7. These treatments will considerably lessen the morbidity and probable mortality of many diseases such as arthritis, allergy, hypertension, heart, kidney, vascular, and thyroid disease, together with their complications and sequellae.

8. Bacterial toxins or those responsible for the Burky phenomena, cause an irritation or allergy that may be the etiologic agent for many diseases and metabolic disturbances of cryptic origin. These toxins are a much more frequent cause of disease than are foci secondary to the metastasis of bacteria.

9. The exact bacterial factor responsible for the allergic disease in each case may be identified through reactions in the skin and diseased parts, following intra-cutaneous injections that are made separately and on different days, of autogenous bacteria, their exotoxins, and the toxalbumens responsible for the Burky phenomena.

10. These results have been secured under test conditions and with great handicaps. Better results, and in a shorter time, should be had in private practice with patients in better circumstances, and more easily controlled.

A later report will be made on the progress of these and other cases, and on improvements of technic, and on case records that further support the theories herein stated.

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3900 Atlantic Avenue
Atlantic City, N. J.

WHAT IS NEEDED NOW

By Arthur T. Vanderbilt, Esq., Newark, N. J.

Member of the New Jersey Bar, Chairman of the Judicial Council of New Jersey, Past President of the American Bar Association, Professor of Law at New York University.

An address before the General Session at the Annual Meeting of The Medical Society of New Jersey on the evening of June 4, 1940, in Atlantic City.

I welcome the opportunity to address your Society because the bench and bar of this country, in their efforts to improve the administration of justice in the United States, owe much to the medical profession by way of inspiration.

I have often thought what it would mean to the country at large if our professional men, particularly those in medicine and the law, in journalism and in teaching, were so organized as to give the nation the benefit of their combined experience. In their respective communities, the physicians and the lawyers, the journalists and the teachers, have had a predominant part in moulding popular opinion. Their views have been sought because, by and large, they have been disinterested. In the national field, however, and to a somewhat less degree in the sphere of the several states, their influence has not been so potent because of inability to work in coöperation with their fellows, though of all these groups the medical profession has made the most progress.

MEDICAL PROGRESS

Let us take a bird's-eye view of the history of medicine in America. As this country has developed over the last three centuries from a sparsely inhabited strip along the Atlantic seaboard to a teeming nation of 130,000,000 souls spread across a vast continent, the physician—first on horseback, then with his horse and buggy, more recently with his automobile, and now occasionally, in emergencies, with his airplane—has placed his skill and his devotion to duty at the service of his community. It is not necessary for me to indulge in any panegyric on the American physician. Suffice it to say that our nation and our time has been better served by its physicians than has any other nation in the world or any other time in the course of history. The honor and the respect and the affection which has been traditionally accorded to the physician in his community is the best proof that one could want of the realization by those he has served of his usefulness and of his devotion to the needs of mankind.

But more inspiring even than the influence of the practitioner in his community is the record in the field of medical discovery and scientific research. There is no book on the history of the world so fascinating as the story of the development on this continent of the world's greatest experiment in democracy and human liberty, and in that book there is no chapter so full of romance, of courage, and of far-reaching victory for humanity as the history of medicine in America. The use of anaesthesia is so taken for granted by all of us that it is difficult to comprehend the suffering which has been obviated since the discovery in this country, in 1846, of its use for surgical purposes. From then on not only had surgery new possibilities, but the entire field of experimental research was uncovered. The long history of the conquest of one disease after another—cholera, bubonic plague, typhoid fever, hookworm, and malaria—has no story more dazzling with high courage and scientific intelligence than that of Dr. Walter Reed and his human guinea pigs who discovered the cause of yellow fever. Their high courage and scientific intelligence vanquished a perennial threat to the health of all mankind.

Diphtheria and the diseases of children generally have yielded to scientific assault, with the result that infant mortality is now in many communities one-fifth of what it was at the turn of the century. Although much remains to be done and although the millennium from the standpoint of public health has not yet been attained, here surely is a record of which any profession or any nation may be proud. Here are men who in our day have caught the vision and have lived the life of which Kipling so nobly sang:

When only the Master shall praise them,
And only the Master shall blame,
And no one shall work for money,
And no one shall work for fame,
But each for the joy of doing,
And each in his separate star
Shall paint the Thing as he sees it
For the God of things as they are.

STANDARDS OF MEDICAL EDUCATION

The discoveries in medicine, which are legion in number, would be of no avail without practitioners, trained and skilled in applying them to human needs. As a result of the survey made by Dr. Simon Flexner and the work of the American Medical Association, the number of medical schools has decreased from 160 in 1904, to 77, I believe, at the present time. As the inferior medical schools have been weeded out, the standards of medical practice have been raised. Now there are but three states that do not require at least two years of pre-medical work in college, and there are over forty states that require graduation from an approved medical school. For this result, of which every man, woman and child in the United States is the beneficiary, full credit must be given to the American Medical Association.

I blush to tell you that during this same period of thirty-five years the number of law schools has increased from 102 to 180, and the increase in the number of law schools has been accompanied by no corresponding general increase in standards for admission to the bar, despite the tremendous growth in the field of the law. Legislators who can see the necessity of competent medical service shrink from according the privilege of the same sort of competent legal advice to their constituents in the fancied interest of some mute, inglorious Lincoln. Always when the bar desires to move forward, it is this imaginary Lincoln who must be met and vanquished. As a matter of plain historical fact, Lincoln, when he was admitted to the bar, had a better general education than most of the bright young men who are graduating from our best law schools these days. He could think; he could express himself on paper and in public debate; he understood men; and he knew much of the world's best literature. My respect for Lincoln the lawyer, as well as Lincoln the statesman, prompts me to do my bit here to dispel the myth of Lincoln the ignorant.

The medical profession, fortunately, has not had to cope with modern mythology in its effort to give the public the quality of medical service to which it is entitled and to extend medical education to the new and useful fields of public health and psychiatry.

LENGTHENED LIFE

Now, what are the results of all these things? In the first place, according to an account in the New York Times last September, the statisticians of the Metropolitan Life Insurance Company report that the expectation of life in the United States today is twelve years greater than it was at the turn of the century, and this despite the World War, the devastating outbreak of influenza twenty years ago, and the greatest economic depression this country has ever experienced. In 1901 the expectation of life at birth in this country was 49.24 years. By 1937 it had advanced to 61.48 years.

Considering only the white population, the statisticians point out that according to the mortality rate prevailing in 1901 almost half of the male babies born in that year would have died before reaching the age of 57, but in 1937, because of changed health conditions, the age would be advanced to 67, or a gain of ten years. The corresponding ages for girl babies are 61 years and 72 years. In short, every citizen owes at least one-fifth of his years of expectancy of life to the advances of medical science in the last half century, not to mention a much more comfortable living throughout his whole span of life.

Here is a record that one would think would have endeared the medical profession to every sane person. And yet we find, instead of gratitude, a vociferous, but fortunately not general, clamor of dissatisfaction, voicing a demand for the best of medical services for all at little or, according to some, at no cost whatsoever.

LONG LIFE AND UNEMPLOYMENT

Coupled with this agitation, which affects the medical profession directly and which has been, naturally enough, receiving its attention the

country over, are two other consequences of deepest significance in our social economy. The increase in life expectancy has not only vastly augmented the number of older people in the community, many of whom must be taken care of; but it has also, to a considerable degree, been responsible for the present unemployment throughout the nation. If the rules of the game of 1901 were in force today, there would be eliminated from the American scene the millions who are causing the unemployment problem in America, though I doubt if even the severest critics of the medical profession would hold it personally responsible for this unanticipated result.

A STATIC POPULATION

There is a second fundamental problem affecting our national economy in which the physicians of the country have played an important part. The economists tell us that our American civilization has been built up for at least a century and a half on the premise of a constantly increasing population. Now, due to the widespread practice of birth control and the substantial cessation of immigration, the statisticians tell us we are facing a static, if not a declining, population,—a condition which the economists assert calls for a social and business organization entirely different from that existing in the period of increasing population. A growing boy requires a different diet and regimen than a man either in full strength or in withering old age. Here are problems the social implications of which may well engage our attention.

CAUSES OF DISCONTENT WITH THE MEDICAL PROFESSION

Let us consider the alleged causes of the present discontent with the medical profession. First of all, it is said that the rich only can command the services of the best practitioners.

Next, it is alleged that the average doctor neglects his medical education after he leaves school, and that therefore a majority of the profession are not abreast of the times.

Again, it is asserted that professional etiquette stands in the way of a patient's rights, both with respect to hospitals and other branches of medical service.

Finally, it is charged that the average practitioner and the organized profession alike lack the social point of view in dealing with such national problems as abortion, birth control, and pure drugs. The remedy, of course, is "there ought to be a law", and that law, these critics would have us believe, is the entire control of medicine by the state.

DIAGNOSIS OF THE PROBLEMS OF DISCONTENT

Without entering a general denial to the indictment, or claiming perfection for a profession made up, after all, of human beings; without pleading in confession and avoidance the twelve years of added life and the immeasurably greater comfort that have been bestowed on the average citizen as a result of medical progress in the last half century; without claiming credit for the tremendous amount of charitable work done by the physician, both among his own patients and in the hospital clinics;—let us endeavor to diagnose our problem.

First of all, it is to be noted that the discontent is not limited to the medical profession alone. It extends to all professions and to all institutions. It seems to be universal. Imagine a nation with only six per cent. of the world's area, and seven per cent. of its population, owning 33 per cent. of its railroads, using 48 per cent. of its coffee, 56 per cent. of its rubber, owning 60 per cent. of its telephone and telegraph lines, consuming 70 per cent. of its oil, 72 per cent. of its silk, using 80 per cent. of its motor cars, having one-half of its monetary supply,—sixteen billions in gold, and two-thirds of its banking resources; and yet, due to obvious maladjustments, discontented and, in many quarters, bitter. Discontented ourselves, we have in turn become the cause of discontentment elsewhere. Not so long ago the Brazilian Ambassador ascribed the growth of Fascism in his country largely to the bitterness engendered there by the fact that American labor had twenty times the income of Brazilian labor. Discontented ourselves, we are of all nations the most envied.

We cannot but wonder how it all came about. The problem dates further back than the World War, and the great depression. In the last analysis, it has come from our habit of taking civilization, liberty, and democracy for granted. We have forgotten that the history of Western civilization has been essentially the history of the growth of human liberty and freedom. We have forgotten that every step in the progress of centuries has been attained only by heroic effort and suffering, and generally with much bloodshed. With the Renaissance came *intellectual* freedom. With the Reformation came *religious* freedom. With the American Revolution and the French Revolution came *political* freedom. With the Industrial Revolution and the development of natural science came a degree of *freedom from the forces of nature* theretofore unknown. This freedom, in all of its aspects, we have taken for granted.

NATURE OF LIBERTY

All too many of us have very little real conception of the nature of liberty. We like to declaim about "our ancient liberties", forgetting that, if our liberty is merely *ancient,* it is no liberty at all, because to be liberty for us it must be of the *present.*

We fail to remember that liberty, in its higher aspects at least, is not an incorporeal hereditament to be *handed down* by operation of law from generation to generation.

We fail to realize that liberty is something that must be positively and aggressively *achieved* by each successive generation, or else be lost to that generation, and probably to its successors.

One of the great grounds of discontent today is that liberty, freedom, and civilization are not automatic. We resent the fact that we, like our forefathers, must fight in our day for freedom.

The other ground is the world-wide struggle for economic freedom. Emerson puts it tersely:

"*Things* are in the saddle and ride mankind."

In some countries, the earlier aspects of freedom, attained by much toil and bloodshed, are being sacrificed in the struggle for *economic* freedom, a struggle which thus far has yielded anything but the desired result. In the struggle for things, greed and lust for power have bred intolerance,—and intolerance is forever incompatible with freedom. On at least four continents the forces of ignorance, tyranny, and oppression stand arrayed against the powers of reason, of law, and of human liberty, in preparation perhaps for the ultimate titanic conflict to decide the type of civilization, if any, that will survive. In bewilderment, the entire world seems to be dividing into two classes, one believing vainly that whatever is, is right; the other believing equally vainly that whatever is, is wrong. Strangely enough, most of these beliefs center around *material things.* The high domain of the intellect, of the conscience, of man's relation to his fellows and to his community are either taken for granted or treated with scorn. Reason and common sense, as well as the life of the spirit, are in danger of being crushed between the upper and nether millstones of the forces of materialistic *conservatism* and of materialistic *radicalism.*

CIVIC LEADERSHIP

Is it not obvious that what is most needed today in this enormously rich, but very discontented country of ours, is a clearer perspective of life as a whole? True, there are doubtless many things that need correction, in medicine and everywhere else. Manifestly, the milennium cannot be reached overnight. Perfection is not to be attained by legislative fiat. What is needed now, above all things, is unselfish, enlightened, *civic leadership.* Here is where, I submit, our professional men—our doctors and our lawyers, our journalists and our teachers—have a duty to perform that they cannot delegate to anyone else. They, above all others, are equipped to see the necessities of our situation, and to suggest appropriate remedies. And as we cast our eyes today toward Europe, can there be any doubt that our greatest duty is the preservation of our ancient liberties?

"For what avail the plough or sail,
Or land or life, if freedom fail?"

APPLICATION TO MEDICINE

You may ask what all this has to do with meeting subversive attacks on modern medicine. I give you my answer without hesitation.

The physician, like the lawyer, must be a citizen first or he will eventually find that he is not a physician at all.

If you doubt this, I ask you to look at the plight of professional men in the totalitarian states of Europe. Every physician, when he takes the Hippocratic oath; every lawyer, when he signs the roll of his court on admission to the bar, should also be obliged to take an oath like that taken by the boys of Athens on admission to the army:

"We shall never bring disgrace to this, our city, by any act of cowardice, nor ever desert our suffering comrades in the ranks.

"We will fight for the ideals and sacred things of the city, both alone and with many.

"We will revere and obey the city's laws, and do our best to incite a like respect and reverence in those above us who are prone to annul or to set them at naught.

"We will strive unceasingly to quicken the public's sense of civic duty.

"Thus, in all these ways, we will transmit this city not only not less, but greater, better, and more beautiful than it was transmitted to us."

Once the disinterestedness, the capacity for leadership, and the vision of our professional men have been accepted by their fellowmen, I have little concern as to the correct solution of purely professional problems. They will be solved the country over by patiently seeking out what is needed in each community, and then devising the best available ways and means of satisfying those needs, even though they may involve some departure from what has heretofore been done. Such methods cannot fail to carry their appeal to an intelligent public.

DISINTERESTED SERVICE

There is one word of caution, however, that must be uttered to physicians and lawyers alike; indeed, to all professional men. To be effective, your advice must be as *disinterested* as it is humanly possible for it to be. Lawyers and judges are all too prone to imagine that the courts exist for their benefit. They need to be reminded every so often that the courts exist—indeed, that the lawyers and the judges exist—primarily for the benefit of litigants and the state. Accordingly, it may not be amiss to ask physicians to keep constantly in mind that they exist primarly for the *benefit of their patients.*

During the year that I was President of the American Bar Association, the publications of substantially all of the bar associations and of many of the medical associations found their way to my desk. It did not take me long to tell in what States progress was being made. It was in those States, of course, where the public point of view was being emphasized. By that I do not mean either socialized medicine, or the regimentation of the bar—far from it—I mean the point of view that I have just been emphasizing,—that puts *service* first.

I am convinced that, if this point of view is predominant, the best interests of the public will be served by voluntary associational methods free from governmental regimentation.

It was only where I saw the suggestions and implications of the power of a profession as a pressure group that I became apprehensive. The public cannot be expected to understand the technical involvements of professional problems; but it is very quick to suspect and very eager to learn whether or not these involvements are in its interest, or are professionally selfish.

Whatever else it may be, a profession cannot become a *pressure group* and remain a *profession* in the true sense of the term. No, the professional man's interest in public affairs, if he is to be entitled to full faith and credit, must be distinguished by its disinterestedness,—its devotion to the public point of view. He must take the position that Lincoln characteristically took when he said:

"I do not have to win; but I do have to be right."

This attitude is not merely idealistic. I say to you, after twenty-five years in the game, that it is just *practical politics* in the best sense of the term. The man who is right can't be beaten in the long run; but how long,—how very long,—it seems to take the doubting Thomases among our professional brethren to understand this obvious political truth.

UNEMPLOYMENT AND LONGEVITY

There is another aspect of public relations that I desire to call to your attention. There are problems that cannot be solved by any one man, or any one profession, alone.

I have referred to the social and economic problem of unemployment resulting from the salutary increase in human life as a result of the medical progress of the last half century.

I have mentioned the problem of our national economy resulting in the change from an *increasing* population to a *static* population, with the prospect of a *declining* population, as a result of the practice of birth control and the cessation of immigration.

These problems are fundamental. They are of nation-wide importance. They cannot, I submit, be solved either by bureaucratic methods, or by debate in the halls of Congress. There is no limit to their variety.

Let me give you one more example. There can be no doubt that with the requirements of college education, professional school and interneship and clerkship, the entrance of our young men into the practice of their chosen profession is being too long delayed. They individually, as well as society, are being deprived of some of their best years. On the other hand, education for both professions is subject to the charge—and I think with a great deal of justice—that it is *too narrowly technical.*

We do not seem to be developing an overabundance of Sir William Oslers, or of lawyers of the type of Mr. Justice Holmes. I do not see that our students can work much harder than they do in our professional schools. I suspect that some of the difficulty is in our colleges, but most of it, I have no doubt, is in our secondary and primary education.

BROAD LEADERSHIP

Only coöperation of the best minds in all the professions can give us the answer to these intricate problems. I submit that each profession in a democracy owes it to the country to give the best of its leaders to the solution of these vital issues. Their task will be no easy one. Each of them, to quote Mr. Justice Holmes, himself the son of a great physician, must

> learn to lay his course by a star which he has never seen,—to dig by the divining rod for springs which he may never reach.

Each must be willing to pay the price, as Holmes then goes on to remark:

> For I say to you in all sadness of conviction, that to think great thoughts, you must be heroes as well as idealists.

Can there be any doubt, as we view the world today,—and I am not thinking of affairs abroad any more than I am of affairs at home —that we stand in need of such heroes and their heroic work? Where can such heroism and idealism be found better than among the leaders of our professions? Are we ready and willing to do our part?

VASCULAR PATHOLOGY OF THE DIGESTIVE TRACT

By Stuart Zeh Hawkes, M.D., M.Sc.D., F.A.C.S., Newark, N. J.

Read before the Section on Gastro-Enterology of the Annual Meeting of The Medical Society of New Jersey, June 8, 1939, in Atlantic City, N. J.

Let us consider a number of lesions that occur in the blood vessels of the digestive tract. Two arbitrary subdivisions have been made as shown in Tables I and II. On studying these tables it is evident that it is only possible to list these lesions rather than to classify them, because they are so dissimilar. Many of these lesions, however, must be considered daily in arriving at a diagnosis of abdominal pathology. This paper can do little more than catalogue such possibilities. It is impossible to consider any one condition in great detail; but it is hoped that this discussion may serve to stimulate further reading, thought, and study on a very interesting subject.

GENERAL CONSIDERATIONS

Several generalizations bear emphasizing before proceeding with the discussion.

1. There may be local lesions of only one portion of the vascular system of the gastro-intestinal tract. This statement is almost self-evident, as it is obvious that thrombophlebitis resulting from infected hemorrhoids may take place without involving all the parts of the portal system. Similarly, the ileocolic artery may be plugged by an embolus without affecting other portions of the superior mesenteric artery.

2. Some systemic diseases show predilection for the abdominal blood vessels, viz., polycythemia vera, and Buerger's disease.

3. The arterial and venous systems above the lower third of the esophagus can be fairly well eliminated from the discussion, as they are rarely involved.

4. There are many points of anastamosis between the circulation of the digestive tract and the systemic circulation. Oxygenated blood is provided through the esophageal arteries, the celiac axis, the superior and inferior mesenteric arteries, the superior hemorrhoidal artery, and the terminal branches of the internal iliac artery.

Arterial collateral circulation occurs between the esophageal vessels and the celiac axis.

The celiac axis communicates with the superior mesenteric artery through the superior and inferior pancreaticoduodenal branches.

The superior and inferior mesenteric arteries also overlap in the area of the transverse colon and splenic flexure; while the inferior mesenteric and systemic circulations have collaterals between the superior and inferior hemorrhoidal arteries.

In discussing the venous return, the portal system is all that needs to be considered, remembering that it includes the drainage of the lower esophagus, the stomach, and the spleen. The portal circulation also has collateral communications through the azygos vein, the esophageal veins, and the paraumbilical veins by way of the ligamentum teres, and through the hemorrhoidal plexus.

These anatomical considerations are important because a knowledge of the collateral and communicating channels, both arterial and venous, will clarify some of th epossible vascular entities to be discussed.

TABLE I—LESIONS OF ARTERIES

1. Aneurysms
   - a. Congenital
   - b. Syphilis
   - c. Trauma
   - d. Mycotic
   - e. Tuberculosis
2. Embolism
3. Thrombosis
   - a. Systemic disease
   - b. Local plaque
   - c. Stagnation
4. Occlusion
   - a. Gastromesenteric ileus
   - b. Pressure—volvulus
5. Arteriosclerosis
   - a. Ischemia
   - b. Apoplexy
6. Anomalies
7. Thromboangiitis obliterans
8. Periarteritis nodosa
9. Endarteritis
10. Raynaud's disease

The Medical Service Administration of New Jersey

Sponsored by The Medical Society of New Jersey

INTRODUCTION

Two years of intense, sustained effort by an appointed group of our members has resulted in what may rightly be termed an epoch-making development affecting the private practice of medicine in New Jersey.

Because of the work done by these members, we now have the legal provisions by which, and the authorized agency through which, physicians may control the solution of the problems involved in the distribution of medical care to the individual citizens of our State.

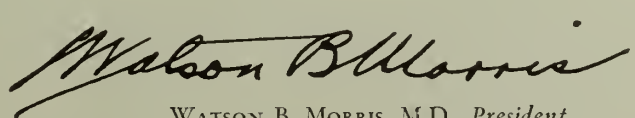
Economic changes affecting all classes of our people have had detrimental effects upon the practice of medicine, and have jeopardized the standards of medical care and the health of the people. It is therefore necessary that we, as physician-citizens, remain on the alert to guard the heritage entrusted particularly to us, and that we may be prepared at all times to adjust our activities to contingencies caused by circumstances beyond our control.

To assist us, the Governor and the Legislature of New Jersey have expressed their faith in our profession by entrusting to our care the provisions of a new statute. May we show our appreciation of these provisions in a spirit of honest sincerity which will warrant the trust placed in us, and result in an ever-increasing faith of the public in our profession during the very crucial years which may be ahead.

In conformity with this statute, and with the full co-operation of the profession, we are now in a position to control the demand for unnecessary free service and combat the challenge of "Socialized Medicine".

I commend to you, the members of The Medical Society of New Jersey, the Medical Service Administration. This agency is sponsored by your Society and administered by a group of members in order to carry out the provisions of the new statute.

I recommend that you become familiar with the purposes, organization, and functions of this agency, in order that you may lend effective support and assistance to its efforts in behalf of the physicians and citizens of this State.



WATSON B. MORRIS, M.D., *President,*
The Medical Society of New Jersey.

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY

Sponsored by

THE MEDICAL SOCIETY OF NEW JERSEY

Through the courtesy of the Publication Committee of this Society, the four center pages of this Journal for the months of July, August, and September, 1940, will be devoted to the affairs of the Medical Service Administration and to the medical service plans which the Administration proposes to operate.

The members of the Board of Governors of the Administration look upon the results so far obtained as the culmination of a sincere effort to fulfill a duty assigned to them by the House of Delegates and the officers of this Society. Each step in our progress has been preceded by continuous study and deliberation, aimed to assure logical conclusions upon which to base policies and decisions. Each important step has been presented to, and approved by, the Board of Trustees of this Society.

All decisions have conformed with the highest ethics of the profession, in our desire to promote the highest standards of medical care, to guard the welfare of the patient, and to protect the social and economic status of the private physician. We offer to the medical profession of New Jersey a means by which we believe the distribution of medical care to the low-wage group may be improved.

The Board of Trustees of this Society ruled that enabling legislation be prepared. This has been accomplished and is now Chapter 74 of "The Laws of 1940".

PROVISIONS OF THE STATUTE

The Statute allows for the organization of non-profit medical service corporations, to operate any type of medical service plan, financed by individual subscriptions, tax funds, public or private grants. It places all such corporations under the control of organized medicine. It accomplishes this by providing that the nomination of any person for the position of a trustee of any medical service corporation be approved by this Society. It further provides that no organization other than such a non-profit corporation shall operate a medical service plan. It allows for the operation of plans without supervision or control of official State departments excepting that those activities with insurance features must be supervised by the Commissioner of Banking and Insurance.

The approval and participation of 51 per cent of all the physicians of any county must be obtained before such corporations may operate plans in that county of the State.

It offers to the profession a means by which undue encroachment of lay and political agencies in the control of medical affairs may be prevented.

The organization sponsored by this Society to operate under the provisions of the new statute is the "Medical Service Administration of New Jersey".

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY

This organization is composed of a Board of Governors consisting of five physicians and three lay members, appointed by the Board of Trustees of The Medical Society of New Jersey. It will be assisted by advisory committees approved by county medical societies.

The functions of the corporation will be purely administrative and financing in character. It may operate any type of medical service plan approved by organized medicine in New Jersey. It will not practice medicine, will not interfere with the personal or professional activities of physicians nor interfere with patient-physician relationship.

Its activities will be in conformity with the "Platform of the American Medical Association". In conformity with these ethics, it will strive to accommodate new trends in the mode of medical

practice to the best interest of the public, the patient, and members of the profession.

The operation of two medical service plans by the Administration has been approved by The Medical Society of New Jersey. These are:

a. The Medical Service Plan of New Jersey, and
b. The Farm Security Administration Medical Care Plans of New Jersey.

THE MEDICAL SERVICE PLAN OF NEW JERSEY

This is a voluntary insurance plan supported by the prepayment of subscriptions on an insurance basis. Except for a minimum of necessary restrictions, this plan provides for the payment of a complete medical care program, adapted to persons of a selected, low income group.

It is not offered as a panacea for *all* the economic and professional problems of the physician and patient. It is an experimental approach made to solve some of the present problems in private practice. What the extent of the demand may be for such a plan, and the ability of the selected group to support such a plan remains to be seen. Its continuation will depend upon the sustained demand and established value which is demonstrated during the experimental period.

FARM SECURITY PLANS

The Board of Trustees of this Medical Society has approved the operation of Farm Security Plans under sponsorship of the Farm Security Administration of the Federal Department of Agriculture. Your attention is invited to the article by Dr. R. C. Williams on page 348 of this Journal.

Further details concerning this Plan will appear in the pages of this Journal in an early issue.

PRESENTATION TO ESSEX COUNTY

The Medical Service Plan was presented before a special meeting of the Essex County Medical Society on June 20, 1940. By vote of the members, the Plan was approved for operation during an experimental period in Essex County. The discussion which followed the presentation of the Plan centered largely about the economic provisions and the extent of benefit limitations of the Plan.

The fees paid physicians must, of course, depend upon the subscription rate of the Plan. The subscription rate, in turn, must depend upon the income of the group participating as beneficiaries and the estimated cost of medical service to this group.

The subscription rate is, we believe, sufficient to allow for fair compensation to physicians. By spreading the costs on the insurance basis, the subscribers will pay a subscription rate which provides an annual contribution totaling 25 per cent higher per individual than is now estimated as the amount paid by individuals of this group. If the subscription rate is extended too far beyond that estimated as their usual medical expense, the Plan will have no demand, or it will appeal only to that group of subscribers who have a high morbidity rate in their families. The rate as estimated allows for the care needed in a normal cross-section of ordinarily healthy people in this State and will not stand the burden of excessively heavy morbidity rates.

There is no clear definition of what constitutes "adequate" medical care. If adequate care is to be considered as the completely ideal type of medical care, this group of patients will not be able to pay at a rate allowing for 100 per cent payment of physicians' fees. They should, however, be able to pay fair fees for an essential, basic type of adequate medical care of high standards. The type of care we wish to furnish is the medical care given ordinarily by the general practitioner, supplemented when necessary with advice and treatment by men trained in the various specialties.

This Plan, if accepted by the county medical societies, is your Plan, operated for your benefit and for the benefit of your patients. The subscriptions received from beneficiaries represent their money entrusted to the Administration for the payment of the services you render to them. A fair distribution of this money to physicians depends largely upon the co-operative action of physicians to prevent abuse by either physicians or patients. As our knowledge increases, it may be possible to readjust the provisions of our plans to allow for more liberal inclusions.

PRESENTATION TO UNION COUNTY

On January 10, 1940, the Plan was presented to the Union County Medical Society. The Plan at that time was not completely formulated and was presented for the purpose of obtaining the reactions, suggestions, and criticisms of the Union County members. A motion was passed expressing confidence in the Board of Governors of the Medical Service Administration. By an unofficial written vote, the members present expressed themselves 100 per cent in favor of establishing the Medical Service Plan of New Jersey, on an experimental basis, for one year in Union County.

Many felt that the Plan gave preference to care by specialists, to the detriment of the welfare of the general practitioner. This is not the intent of the Plan. The Plan concentrates first upon the care by general practitioners. Care by specialists will be paid for when cases are properly referred to men practicing specialties, as is the custom in the present methods of the practice of medicine.

Considerable discussion centered about the payment of obstetrical care. The Administration hopes to pay obstetrical fees commensurate with good obstetrical care. These fees will be lower than the fees charged for care by a well-trained obstetrical specialist. They will be fair average fees for persons of this income class, many of whom at present are cared for at no expense to themselves in our voluntary hospitals. Obstetrical cases requiring the care of specialists will be referred for such care, and commensurate fees will be paid.

The Board of Governors of the Medical Service Administration is grateful to the members of Union and Essex Counties for the spirit of cooperation they have shown in the discussions of this subject.

The Essex County Medical Society has appointed an Advisory Committee, and this committee is making a poll of the members of the society as to their desire to be, or not to be participating physicians in the Medical Service Plans.

You are invited to ask for further information, render suggestions, or give constructive criticisms by communications addressed to the address of the Medical Service Administration, given below.

E. W. Lance, M.D., *President*
E. W. Sprague, M.D.
Augustus S. Knight, M.D.
William J. Carrington, M.D.
William G. Herrman, M.D.
John S. Thompson
Col. Joseph Bigley
George Merck

Norman M. Scott, M.D., *Acting Secretary*
143 East State Street
Trenton, New Jersey

You will be of assistance to us by returning over your signature the "Census of Opinion" submitted below.

CENSUS OF OPINION

I am / am not willing to become a participating physician of the Medical Service Administration of New Jersey.

(This is not a formal agreement.)

_____, M.D.
(Signature)

_____
(County Address)

11. Trauma
12. Erosion
    a. Ulceration
    b. Carcinoma

ANEURYSMS

It will be surprising to some to find reports of relatively large numbers of *congenital* aneurysms. In 1928 Thompson [1] was able to collect 65 cases from the literature; and in 1929 Anderson and Gray [2] found 58 cases of congenital aneurysm of the splenic arteries.

Congenital aneurysms do occur in other parts of the digestive tract, most frequently in subdivisions of the celiac axis and mesenteric arteries. The abdominal aorta is not considered to be part of this discussion.

Aneurysms occurring after birth also are caused by syphilis, tuberculosis, trauma and blood stream infections (mycotic). Small aneurysms may exist for years and at times are found only at autopsy, having caused no symptoms during life. However, some of them rupture and cause internal hemorrhage, necessitating early surgical intervention. A study of reported cases shows that, preliminary to rupturing, they simulate gall-bladder or gastric disease.

It is difficult to apply these facts clinically, except by eliminating stomach or gall-bladder pathology, as there is no method for localizing or diagnosing such aneurysms unless they are large enough and in a position to be palpated. They may then be determined to give an expansile pulsation.

EMBOLISM

Embolism occurs as the result of growths on the heart valves, or mural thrombi in the auricles. These are shaken loose into the blood current and distributed through the body. A patent foramen ovale, when present, will allow emboli to enter the left heart directly with venous blood from the periphery.

Emboli travel to all parts of the body with the blood current. A certain percentage are distributed to the vessels of the digestive tract. Because of the abundant circulatory anastamoses in this region, such as embolus, if small enough to plug only minor branches of the main vessel, leads to a *hemorrhagic infarct.*

If the embolus is larger, it will produce an *anemic infarct* by plugging the entire main vessel. The results are violent pain with digestive disturbances, nausea, vomiting, diarrhea, and blood in the stool. At the onset the pain is usually *not localized,* and there is *lack of muscle spasm.* These two points are of great diagnostic aid.

A history of auricular fibrillation, recent septicemia, coronary thrombosis with infarction and resulting mural thrombus at the site of infarction, or even acute decompensation with cardiac irregularity, may supply the focus for an embolus. Later, when peritonitis has developed, there naturally will be more localization of the pain, together with muscle splinting.

Small septic emboli have been blamed as the starting points for gastric ulcers. By plugging a small end artery in the gastric wall, an erosion of the mucosa is produced. Surely the etiology of peptic ulcers is no clearer than it was five years ago. We may soon have to revise our whole concept of the predisposing factors for peptic ulcer, and put a neurogenic origin at the top.

THROMBOSIS

Many causes are known for thrombosis, but in some instances there is no explanation to account for clot formation. Often no history of a systemic disease or trauma can be obtained to furnish a clue. In others, a localized atheromatous plaque causes a break in the intimal lining of the artery, and can be considered the starting point of the thrombus.

Other possibilties include slowing of the circulatory stream due to disease, cardiac weakness, or even bed rest following surgery. When complicating surgery, thrombosis is conceded to be most common following operations on the lower abdominal viscera.

OCCLUSION

Occlusion of a blood vessel in the past has been a term which has been used loosely. As used here, occlusion means the blocking of a vessel due to pressure from without, such as takes place in volvulus with torsion of a piece of bowel and the resulting strangulation.

Intestinal obstruction causes occlusion of the

capillary bed due to gas pressure in the bowel lumen. Both the venous and arterial circulations are affected, the arterial side being unable to carry in oxygenated blood, and the venous side being unable to carry away gas and digestive products.

Tumors, enlarged glands, foreign bodies in the bowel all may result in vascular occlusion.

ARTERIOSCLEROSIS

Degenerative narrowing of the lumen calibre from arteriosclerosis develops in the vessels of the digestive tract just as it does in the coronary vessels, or the vessels of the extremities. Ischemia is present, being more apparent after food is ingested, due to the greater demand for blood to the part.

Pain results similar to claudication in the extremities. This is due to a lack of oxygenaed blood in sufficient amounts to supply the demand.

Conner [3] concluded that *abdominal angina pectoris* is a common occurrence in later life in many patients with arteriosclerosis. He considers that a careful history will disclose this pain of undetermined origin which occurs in spasms following exertion. The pain is also present to a lesser degree following food. Dunphy [4] corroborates this supposition with a positive history in seven out of twelve patients, who were found at autopsy to have mesenteric thrombosis, and who had had chronic recurrent abdominal pain preceding the fatal attack by weeks, months, or years.

Seymour and Liebow [5] report a case of abdominal intermittent claudication in collecting other reports from the literature. Abdominal apoplexy may follow the rupture of a "pipestem" vessel in patients with hypertension. The sudden extrusion of blood into the peritoneal cavity is followed by rapid collapse. Buchbinder and Greene [6] cite three instances in discussing a case of their own, while Moorhead and McLester [7] add two cases. The former authors report successful surgical intervention.

ANOMALIES

There are many minor developmental differences in the blood vessels which are inconsequential. However, it is very important to understand the arterial abnormalities in performing surgery of the biliary tract where the relations of the right hepatic and cystic arteries may be inconstant. Care must be taken in ligating the cystic artery to first identify it, and not include the right hepatic artery which often lies close by, or gives off the cystic artery in an abnormal position.

Should the right hepatic artery be ligated we may produce necrosis of a portion of the liver with clinical manifestations of so-called "liver shock". In performing gall-bladder or common duct surgery, it is thus imperative that the individual ducts and blood vessels be identified before further steps in removal are undertaken.

THROMBOANGIITIS OBLITERANS

When first reported by Buerger in 1918, the disease was thought to be limited to the blood vessels of the extremities. However, continued study has shown that it attacks the walls of the vessels throughout the entire vascular system, the signs and symptoms depending on what regions or organs are involved. Cohen and Barron [8] have made a careful study of the literature in reporting fifteen collected cases of proven abdominal Buerger's disease. In each case there was an associated vascular disturbance in the extremities, indicating that the changes involve not alone the abdominal vessels, but also the peripheral vessels.

No typical signs or symptoms can be stated as diagnostic, but merely local pain in the affected blood vessel areas. It should be quite simple to diagnose this possibility especially when, from the history and on examination, Buerger's disease has been found to exist in the patient's extremities.

PERIARTERITIS

Necrosis of tissue contiguous to small abscess cavities and ulcers may cause periarteritis, which is often followed by endarteritis and subsequently thrombosis. These lesions are usually limited to small areas in the damaged blood vessel, and do not involve the main trunks with retrograde thrombus. However, such areas are a possible source of mesenteric thrombosis.

Endarteritis also may result from a syphilitic infection. Should the endarteritis progress, erosion of the vessel wall will result in hemorrhage. A typical example is the hemorrhage caused by the erosive action of a peptic ulcer. Carcinoma may also erode a blood vessel and lead to severe hemorrhage. This excessive bleeding will cause quick collapse. Such massive bleeding is not to be confused with the capillary bleeding which produces the repeated tarry stools found commonly in gastrointestinal carcinoma.

RAYNAUD'S DISEASE

Paraysympathetic imbalance may cause constriction of the intestinal vessels and cause pain. It is difficult to prove this statement inasmuch as the cases do not come to autopsy, and are probably of a sub-acute nature so that no lasting or permanent changes are produced. When present, the abundant collateral circulation of the alimentary tract brings in sufficient blood to carry on its function and without resulting gangrene. Therefore no proof of previous arterial spasm remains. However, in persons with Raynaud's disease of the extremities, there is often the complain of intermittent, colicky abdominal pains which occur concomitantly with similar attacks of local ischemia in the extremities.

TRAUMA

Direct or indirect *abdominal violence* may cause tearing of a viscus or the omentum, causing hemorrhage. A hematoma also may be formed causing peritoneal irritation which is, however, self-limiting.

Either active bleeding or a hematoma will result in localized pain with rigidity of the abdominal muscles. In the early stages it is very difficult to determine whether such cases need emergency surgery, or whether they have merely sustained a bruising blow. The leucocytic count, if raised, will point to the presence of blood in the peritoneal cavity.[9] Blood volume and hematocrit studies are also helpful.

The signs or marked hemorrhage with shock will leave little question as to the need of emergency surgery.

TABLE II—LESIONS OF VEINS

1. Thrombophlebitis
   a. Appendiceal
   b. Hemorrhoidal
   c. Splenic
   d. Extraportal sources
2. Varicosities
   a. Esophageal
   b. Gastric
   c. Hemorrhoidal
3. Thrombosis
   a. Unexplained
   b. Purpura hemorrhagica
   c. Banti's disease
   d. Trauma
   e. Polycythemia vera
4. Occlusion
   a. Carcinomatous plug
   b. Schistosomiasis
5. Hypertension—portal

1. THROMBOPHLEBITIS

Portal thrombophlebitis is produced when bacteria gain the lumen of a small vein, and produce a septic thrombus which gradually enlarges centripetally. Only too often pieces of this thrombus break off and are carried toward the liver. A large retrograde thrombus occasionally occurs involving all the venous radicles. The outcome is a liver abscess or multiple abscesses which eventually kill the patient unless appropriate measures are taken.

There are four main sources for the origin of such thrombi:

1. From the appendix in association with acute appendicitis. In these patients the acute attack is more fulminating than the usual case of appendicitis with high fever and the history of a chill.

The operative indication is to isolate the involved vein by ligating it, the site of ligation depending upon the extent of the venous involvement. Fourteen such cases have been collected during the past ten years from one of the services at the Newark City Hospital.[10]

2. Septic thrombi from the splenic veins.
3. Infected hemorrhoidal veins.
4. Extra-portal sources such as the umbilical vein, the esophageal veins, and the collateral veins of the general circulation. Baskt and Jeghers[11] reviewed the literature of these extra-portal sources in presenting a case originating from an epididymitis.

2. VARICOSITIES

Obstruction of the portal circulation is most often caused by cirrhosis of the liver. Obstruction may also occur from splenic vein thrombosis, thrombophlebitis of splenic veins, schistosomiasis, and that loosely classified group of hepto-ilienal disorders called Banti's disease. Enlarging varicosed veins form collateral channels which are needed to return the blood to the heart from the portal area without passing through the liver. As a result, we have three main areas of venous enlargement.

1. Gastric and esophageal veins;
2. Periumbilical veins, and
3. Hemorrhoidal veins.

Any of these may cause bleeding due to rupture.

3. THROMBOSIS

The five subheadings as listed in Table II may give thrombosis of any part of the venous bed, but most often in the veins of the *upper portal system.* This fact is contrary to arterial thrombosis where the involvement is most common in the vessels of the *lower abdomen,* after which enlargement of the spleen occurs with gastric hemorrhages, secondary to the increased back pressure and accompanied by rupture of small veins.

In thrombosis of the splenic vein there is commonly *hematemesis.* A group found in children is caused by phlebitis of the splenic vein with secondary phlebosclerosis, stasis, and splenic enlargement, resulting in hematemesis and splenic anemia. Freund and Schick [12] review the pediatric literature in collecting five cases and add one case they had observed.

Banti's Disease.—In the past, Banti's disease has included a heterogeneous group of splenic anemias with splenomegaly, which have gradually been pared down as more careful analysis allowed more and more cases to be placed in other categories. Serafin [13] presents a comprehensive summary on the differential diagnosis and treatment of Banti's disease. He also advances suggestions for the prevention of the accompanying gastrorrhagias.

Norman and Allen [14] have collected 98 cases of polycythemia vera, and summarized them most capably. In six of these collected cases, or approximately five per cent, intraäbdominal thrombosis was thought to occur, although definite proof by necropsy and operation was possible in only two cases. However, the clinical history and findings were similar to intra-abdominal thrombosis.

4. OCCLUSION

Acute venous occlusion may occur other than in thrombus formation, due to foreign bodies invading the vein lumen. The most common examples are: *carcinomatous plugs* and *parasitic infections.*

5. HYPERTENSION—PORTAL

Portal hypertension of undetermined origin, but suspected of being associated with Banti's disease, has been described. Whether it can be termed an independent classification or not has still to be determined. It gives rise to upper abdominal distress with an enlarging spleen; and later varicosities, hematemesis, and anemia.

Rousselot [15] has studied 31 cases, in 16 of which there was a definite obstruction to account for the portal symptoms; but in 15 others no obstructive factor could be found. In the 16 cases with a known cause, 11 occurred from cirrhosis of the liver, two from schistosomiasis; two from splenic vein thrombosis; and one from cavernous transformation of the portal vein.

Portal hypertension probably is present in all cases of Banti's syndrome. Splenic venous pressure determinations in these cases have been consistently higher than the peripheral venous pressure, even though an obstructive factor could not be found. In those cases not showing any obstructive factor the hypertension is thought to be a primary disturbance of the portal system. This portal hypertension produces venous congestion and splenomegaly due to retrograde venous engorgement. The question arises as to whether Banti's disease may not be a secondary manifestation of this primary portal system disturbance.

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FELLOWSHIP IN THE ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

By JAMES B. DAVIDSON, D.D.S., Newark, N. J.

In March, 1911, a group of doctors proposed to organize an institution in Newark whose membership was to include every reputable physician in Northern New Jersey. Dr. E. J. Ill recalled, "It was to be strictly a post-graduate institution in which every fellow might express his opinion and deliver his addresses on the subjects in which he was interested." To the building owned by the Academy Dr. William H. Disbrow brought his collections of old medical and surgical instruments and appliances and other curios; and other members gave of their mementoes. The building on Lincoln Park provides a place for meetings, a place which serves as an educational post-graduate institution in medicine, in dentistry, and in public health and nursing.

In the auditorium scientific meetings are held; and various sections confer and discuss papers. Here local, county, or State medical, dental, or associated societies have a meeting place. Experts in subjects of importance to all branches of medicine, and those who are outstanding in our profession, bring attention to the newest discoveries in scientific fields. Through these facilities the Academy disseminates medical knowledge and keeps the profession informed of the current progress in medicine, of important changes in viewpoint, and of incorrect observations and unsound claims. In the scanty time left to a busy doctor, and with the many problems confronting him day by day, he has difficulty in acquiring even a fair knowledge of new theories and practices. The interchange of ideas in the Academy serves as a stimulus to further study and diligent attention to books and journals.

An authentic library, which is a usual feature of Academies, is available to us. It is in the charge of a competent librarian, under the supervision of a very active Committee on Library. The library is at the service of every fellow, and is open to anyone of the public who may be called upon to study any particular medical subject. Many works from the year 1500 down to the present, including some invaluable volumes, are accessible to students. If the physician is to do justice to his patients, he must have entrance to "newer standardized methods of diagnosis and treatment".

The work of the sections of the Academy forms one of the most important elements in the educational program. There are four sections, namely, Surgery; Obstetrics and Gynecology; Ear, Eye, Nose and Throat; and Medicine and Pediatrics. As demand arises, more sections may be added. Regular scientific meetings of these sections are held (once a month, except the Sections on Surgery, and on Ob-

stetrics and Gynecology, which alternate monthly) from October to June.

EDUCATION OF THE LAITY

Under the auspices of the Committee on Public Health and Medical Education, lectures are scheduled for the laity at various times. Communications of progress in medical science are adapted to their understanding. The public should know what the doctors have done and are doing to contribute to good health. They should also know in what physicians have failed and why.

By an increase in medical knowledge the public is protected against the detrimental effects of error and against false doctrines and the machinations of quacks and imposters. Being better informed in matters concerning health and disease, the laity gains more confidence in the profession. Speaking of the New York Academy of Medicine, Dr. James Alexander Miller, in his address as retiring President, said that it was "destined to be increasingly valuable by fostering better mutual understanding between the physician and the public which they serve".

SUPPORT OF THE ACADEMY

Some Academies are so fortunate as to be endowed. The Academy of Medicine of Northern New Jersey is supported only out of the dues of the members. Its general financial status fluctuates with the number of members who support it. The programs of activity, however, can be continued only if the physicians of good repute and ethical practice support the organization. The coöperation of all doctors is desirable. Other Academies have made this possible by establishing a range of fees for the several types of membership.

The individual doctor derives many advantages from membership in the Academy. Contact with physicians in the different specialties broadens one's viewpoint. Discussion of current problems with one's colleagues sharpens the critical sense. Divergent opinions are coordinated and reconciled. Beside the duty to himself, the individual physician realizes a duty to his fellow practitioners. Membership in the Academy makes opportunities available for keeping up to date, for "keeping professionally fit". By participating in the many activities, attending meetings, frequenting the library to consult recent literature, the physician and the dentist are incited to practice better scientific medicine and dentistry, and render better service to their patients and the general public.

By being members of the Academy, we gain a certain prestige. There is a personal satisfaction in having the public look to us as members of the Academy "with assurance for adequate medical care". By joining in such an association with his fellow physicians, a doctor becomes progressive and forward-looking. If our extensive program is to be continued and expanded in accordance with the needs as they arise, every reputable physician and dentist should devotedly support the Academy.

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516 Broad Street

AN OPPORTUNITY AND OBLIGATION

MATERNAL WELFARE ARTICLE NUMBER FORTY-NINE

By S. A. Cosgrove, M.D., F.A.C.S.,

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Read before the Section on Obstetrics and Gynecology at the Annual Meeting of The Medical Society of New Jersey in Atlantic City, June 6, 1940.

Too often, we think of our professional brothers of a former day as lamentably ignorant in comparison with our own knowledge of all the things having to do with obstetrics. Perhaps we sometimes share the smug self-satisfaction Paré felt when he said he was sure that he had brought the art of surgery to so excellent a stage of final knowledge and accomplishment that it could hardly be expected that future generations would be able to add thereto.

If so, on what do we base our ideas of superiority? Do we know the answers to all the questions that puzzled the ancients? In regard to the beginnings of life, it is true that we can see the spermatozoa and the ova; we think we have very precise knowledge as to how the ovum is impregnated; we know the behavior of the endometrium in relation to menstruation; and we have a concept of what these changes may signify in regard to reproduction. Yet we are no more sure than he who first began to speculate about these matters, whether our concept of menstruation is valid; we do not know its relation to ovulation; we know nothing surely of the actual periodicity of ovulation; nor much of exactitude about the factors involved in the fertilization, nidation, and nutrition of the ovum.

Thousands of observations have been made of factual data in relation to endocrine substances which are so intimately related to the physiology and pathology which come within our purview. Some of these substances have been actually materialized as tangible, synthetic chemical entities. But many observed facts are contradictory; many of the potentialities of these substances concerned with their function and utilization both in nature and in therapy are still intangible. We are hardly more sure of our knowledge (and to our credit be it said, not nearly so secure in faith in our knowledge) than were the ancient apostles of the humoral theories, which were perhaps the first crude glimmerings of appreciation of the determining importance, to all the processes of life, which we at present believe the hormones to possess.

As Emil Novak has said "* * * Can we reasonably doubt that our present finely-spun theories * * * will excite among the medical historians of the future the same compassion which we now bestow upon the crude beliefs of our scientific forbears?"

And so it is with every phase of our science. Do babies deliver spontaneously in our hands? They have done so in the hands of someone since the very dawn of human existence. Can we turn babies by the head? Unlearned women of very olden times did this with alleged facility. Do we turn by the feet? So did the ancients. And there seems to be little doubt that men like Paré, many generations before our time, possessed such dexterity as to enable them to employ it in situations which would appal us. Do we do very clever things with forceps? We are but using an instrument invented nearly 400 years ago; even, according to some authorities, as many thousands of years. Moreover, we do not dare to use them today under the difficulties and handicaps in which our predecessors employed them, certainly not without some degree of success. Do we deliver by the abdomen, and pat ourselves on the back continually at the clever manner in which we do it? It has been done since very early periods; it has been performed by aboriginies in remotest parts of the globe; its initiation in the annals of modern medicine was by a swine-gelder in 1500; even the most recent of its many modifications was proposed in principle more than 100 years ago!

Do we know all about the greatest bugbear

of our daily existence—the toxemia of pregnancy? Bard, in 1807, said: "The state of the womb has great effect upon the female constitution * * * which is continued through every period of pregnancy * * *. Hence, at such times women are peculiarly liable to * * * convulsive diseases." City folk, those in the higher spheres of life, who have been delicately bred, and are dissipated, are "more liable to these complaints" than the more hardy country-bred, of good health and more robust constitutions. "The greatest * * * danger arises from * * * the injury the brain may * * * receive. Dangerous as puerperal convulsions always are, there is no acute disease, which * * * we have a greater probability of preventing * * *." Can any of us right now better this definition and discussion?

Do we know how to manage it? Yes, in the same groping, empirical fashion, and on the same broad general principles, as our fathers before us. Witness how they did it in 1819:

Encourage the timid.
Restrain the rash.
Warn the negligent of their danger.

Advise:

Abstemiousness of diet.
Open bowels.
Regular occupation.
Temperate amusement.
Moderate exercise in open air.

Use:

Venesection proportionate to strength of patient.
Purgation.
Aether and opium.
Induction of labor by rupture of membranes, *provided convulsions are not aggravated by this manipualtion.*
Digitalis!!

Do we do more?

Are we more humane in our attempt to cope with the pain of parturition? I hope so. Yet the ancients also attempted, not entirely without success, to alleviate and abolish human pain. In regard to modern agents of such pain relief, a physicist told us how to do it more than a half century before we actually accomplished it; it required a dentist and a surgeon to point the way, and one great-hearted Scotchman to force the rest of us, very much against our will, to really begin to do much about it.

Do we pride oureslves on our surgical cleanliness in robbing parturition of another of its great hazards? It was long after the surgeon recognized the contagiousness of infection that the men responsible for the safe launching of new human lives conceded it. One of them had to be driven insane and die wretchedly before his world of obstetrics should take the first great step toward the control of sepsis; they had to be led in the second by a patient layman engaged in the economic salvation of his country's most important fruit crop.

However, even if we are but doing the same things our forerunners did, we, in the aggregate, are doing them better than they, in the aggregate, did them. If there is among us no Paré, no Chamberlain, no Simpson, no Pasteur, we *are* doing a job which has on the whole better results than theirs. During the Renaissance, it is said that in normal labor a woman had but one chance in two of living; in complicated labors she had barely any chance; today she has 399 chances in 400.

We are thus able to do better things and obtain better results than they, only because of the better dissemination, in our day, to all of us, of the knowledge which each of us has. Foremost among the faciilties of this better dissemination of knowledge must of course be placed the invention of printing in about the middle of the Fifteenth Century. Following this was the establishment of publications, and their rapid multiplication. The first transactions of the Royal Society of London, one of the oldest scientific societies, was published in 1664, less than 300 years ago; today, there are published in this country alone 213 medical periodicals of recognized standing; there exist national, state and local associations for the dissemination of medical knowledge too numerous to estimate.

The multiplication of medical schools has also been such an influence. In our own country the first was founded in the latter half of the Eighteenth Century. Toward the end of the nineteenth they had multiplied by a kind of unhealthy mushroom growth. So it was necessary in the early years of our own period

to rather drastically purge their ranks. That process accomplished, however, there are at present seventy-seven approved medical colleges in the United States.

Coincident with, partly incidental to, partly independent of, and far outstripping the growth in the number of medical colleges, has been the phenomenal growth, especially in the last quarter-century, in the number and size of hospitals. There are now 2720 hospitals approved by the American College of Surgeons. They are a tremendous contribution to that broad dissemination of knowledge which constitutes medical education. But their *undeveloped* potential contribution thereto is even greater. And it is the individual interest of each one of you in taking up this slack which I hope my talk tonight will help to awaken.

For we must not be satisfied or self-complacent in having accomplished *some* degree of improvement. So long as women die of sepsis and toxemia and hemorrhage; so long as infants die of cerebral hemorrhage and asphyxia; so long as the ancient truism obtains, that a woman, literally, descends into the valley of the shadow of death to bring a new life into the world.—just so long must we struggle to do better than we have yet been able to.

To help in this struggle there must be a tremendous improvement in the *quality* of medical knowledge disseminated. For there is plenty of evidence that the qualitative effectiveness of education, especially as it applies to our own field of obstetrics, has not been commensurate with the extent of increase of facilities therefor.

For instance, Bard, author of the first American textbook of obstetrics, said in his preface 137 years ago: (I have frequently) "had occasion to observe how much * * * too many practitioners, who take on themselves the care of women in labour, stand in need of instruction, and how incapable most of such are, from deficiency of education * * *."

It might have been hoped that such statements were no longer true, yet only seven years ago the New York Academy of Medicine Committee on Public Health Relations stated in its report on maternal mortality in this city: "Sixty per cent of all the deaths which could have been avoided have been brought about by some incapacity in the attendant * * *. Most are plainly the results of incompetence."

So it does seem as though greatly increased facilities for educating physicians in obstetrics have not, so far, succeeded in greatly increasing their effective education.

During the past decade a wealth of speculation, investigation analysis and writing has centered around this acknowledged fact. Its purpose has been to assess the reasons for it, and to remedy it. The material so far adduced is so voluminous, contains so many bewilderingly contradictory statistics, and has led to such diverse conclusions, that I cannot hope to present them to you even in synopsis.

But this is the way it looks to me:

Undergraduate (medical college) training in obstetrics must of necessity be limited and inadequate. Even in relative curricular time allotted to it, it has hitherto been far too inadequate. That this is so is proven by the necessity which obtained in the school with which the Lying-In Hospital is affiliated, of increasing the actual college hours devoted to obstetrics *five-fold* in the past decade. Most colleges fall behind this standard, and probably the majority fail in sufficient practical content of the training. While a few leading schools have brought their contribution to the students' knowledge of obstetrics nearly as high as possible, there is much further work necessary to bring the program of *all* schools up to this plane. The primary responsibility for this, however, rests only on such of you as are engaged in undergraduate training.

Next in time in the sequence of educational progress is the internship. Too often is it forgotten by the hospitals and their staffs that the internship should actually be an integral part of both formalized and practical education. That it fails to be to the extent that it could and should, would appear to be justified general opinion. This phase of medical education is *most* important, for the majority of graduates do not carry their special obstetric training beyond it. While only three per cent of the graduates of the past twenty years specialize exclusively in obstetrics and gynecology,

Twenty-five per cent locate in communities of less than 5000, where presumably they will have to be obstetrically self-dependent;

Seventy-five per cent practice obstetrics at some time in their careers;

Sixty per cent remain general practitioners, and of these,

Eighty-five per cent include obstetrics in their practice.

But of all the internships upon which these large groups of practitioners have to mainly depend for their most important training, two-thirds lacked organized teaching in this field!

Now here is where primary responsibility touches every one of us. There is some way that we can all contribute to the education of doctors after the medical schools are through with them. We can all teach! It is enjoined on us in our Hippocratic oath. It will contribute more to us than to our students. Any individual on a hospital staff, or any staff-group can set up formal and practical training of interns and residents which will repay many fold the sacrifice that it costs! The recent report of the New York Committee on Internships and Residencies says:

"The hospitals for over a century have enjoyed the privilege of intern service as an aid to the care of their patients. In return for this privilege, the hospitals have a responsibility for intern education. The essence of the problem * * * is a realization on the part of the hospitals that this responsibility must be fully met. It is the due of the interns, and it is the duty of the hospitals."

If by awakening the teaching conscience of all who are or *might* be teachers, the entire material available for obstetric teaching were properly developed, the contribution to the competency of American practitioners would be tremendous, and the effect in better results of obstetric experience would save much unnecessary mortality and morbidity.

If we can achieve this, then, even though we do but stand on the shoulders of those who have gone before us, profiting by their work and experience, we shall have paid our debt to those from whom we have learned; we shall have passed on that learning to others; we shall have contributed to a wider and more efficient dissemination of knowledge.

May we not resolve to do this,—that each one of us constitute himself a channel through which there may pass to younger men, not so importantly the newer things from the experimental laboratories and pharmacologic testing rooms, but the great fundamentals which have been passed down to us from the hoary past, and which constitute the firm backbone of our service to humanity.

254 Union Street

LESSON FROM A DEATH CERTIFICATE

NUMBER TWENTY-ONE

Multipara. Prenatal care every month from third month. Gained 27 pounds. Ankle edema, headaches, albumin. One month ante partum, blood pressure 132/80. Two days ante partum, blood pressure 170/110.

Attempted medical induction in hospital with quinine and castor oil. Labor began in a desultory manner after 24 hours, and she was allowed to walk. Blood pressure 180/110. Three days later first convulsion. Cervix not completely dilated but forceps extraction attempted without success. Patient died undelivered.

Three questions arise:

1. Was prenatal care sufficiently preventive?

2. Was the method of induction the best for such a serious case? Would not a bag or rectal tube have brought on labor sooner?

3. Was it good obstetrics to apply forceps with the cervix incompletely dilated?

A. W. Bingham, M.D.

STATE SOCIETY ACTIVITIES

DR. WATSON B. MORRIS, 156TH PRESIDENT OF THE MEDICAL SOCIETY OF NEW JERSEY

Dr. Watson B. Morris

Dr. Watson B. Morris, of Springfield, N. J., was inaugurated the 156th President of The Medical Society of New Jersey on June 6, 1940. He was born in Utica, N. Y., on January 27, 1878, and was descended from Colonial ancestors including Gouverneur Morris, the financeer of the Revolution.

He attended the public schools, and then entered the Utica Academy, graduating in 1898. During his senior year he was editor-in-chief of the academy Observer.

In the Fall of 1898 he entered upon the study of medicine at the New York University and Bellevue Medical College; and after his graduation he served as interne at Bellevue Hospital until 1904.

From 1904 to 1906 he traveled extensively as the personal physician to Mr. Edmund Randolph, of New York City; and while in Europe spent much time taking special courses at the various foreign clinics.

In 1906 he joined with Dr. George Cobb in South Orange, and opened a small sanitorium for the practice of surgery; but in 1910 Dr. Morris opened a combined office and sanitorium at Springfield, where he still resides and practices medicine.

During the World War, he closed the sanitorium and spent his time on two draft boards, one in Summit, and the other in Irvington; and also carried on part of the surgery at Overlook Hospital in Summit, N. J. After the close of the war he was appointed to the surgical staff of the hospital, a position which he still holds.

In 1925 he was elected president of the First National Bank of Springfield, and served until 1935, when he resigned.

Most of his leisure time is spent in postgraduate work, either in New York, or in Rochester, Minnesota, at the Mayo Clinics. His relaxations are boats, coins, and movies.

In 1934 he served as president of the Union County Medical Society, and since that time has been a member of its board of trustees. He is president of the board of governors of the Union County Tuberculosis Hospital, and holds the same position in the Springfield Development Company.

His medical affiliations are: Fellow of the American College of Surgeons; Summit Medical Society; Clinical Society of Union County; Academy of Medicine of Northern New Jersey; and Alumni Association of Bellevue Hospital, New York City.

He has served as a member of the Board of Trustees of The Medical Society of New Jersey since 1936. In 1938 he was elected Second Vice-President of the Society; and on June 6, 1940, he took office as President of the Society.

INAUGURAL ADDRESS

By WATSON B. MORRIS, M.D., Springfield, N. J.

The 156th President of The Medical Society of New Jersey

Delivered before the House of Delegates, June 6, 1940.

It is with a sense of deep responsibility that I assume the duties as President of The Medical Society of New Jersey.

Of the three cardinal virtues—faith, hope, and charity—I believe I can claim the first as my own. As your President, I shall try to exemplify this *faith* in you, in the *hope* that you will exercise your *charity* in judging the results.

You have elected me, not for what I have done in the past, but for what you expect me to do in the future. I well realize that with this position, as with all duties of trust, there come many obligations and responsibilities. I am appealing to you for your generous support. Even as Aaron of old held of the hands of Moses, so do I expect you to hold up mine.

For nearly two centuries The Medical Society of New Jersey has been outstanding in its leadership in the fields of medicine and social progress. With the rise of new problems of national health, and their possible deleterious effects on the practice of medicine, the united support of the medical profession is now vitally needed.

I. OBJECTIVES AND PROGRAMS

The President's objectives and programs for the coming year will be discussed under four divisions:

1. Administrative.
2. Economic.
3. Legislative.
4. Educational.

1. ADMINISTRATIVE OBJECTIVES

A. To have the administrative year and the activities of each county society run *concurrently* with those of the State Society; and insofar as possible, each society to have the same list of committees, in order that there may be concerted action in all of our proceedings.

B. To enroll every eligible physician as a member of his county society, in order that there may be unity of action and opinion in all subjects connected with medical practice.

C. To provide medical fellowship by holding combined meetings of the societies in the respective Councilor Districts; and also to send invitations to the members of adjacent counties, when presenting interesting scientific programs.

D. To make each member feel that he is an integral part of the State Society, and is free to present his views to the Welfare Committee or to the Board of Trustees who represent the State Society in the interim between the meetings of the House of Delegates. However, it is to be understood that in all discussions, a majority rule shall prevail in an effort to carry on the policies of the State Society.

E. To hold an ad-interim meeting of the House of Delegates to be during the mid-year, the time and place to be chosen at the Annual Session.

F. To preserve the present form of practice with its free choice of physician.

2. ECONOMIC OBJECTIVES

I am heartily in favor of continuing the objectives which have been outlined by my predecessors, especially that of preserving the professional relationship between the physician and the patient, and to continue in an effort to make available to all *in need* the best possible care at the lowest cost, or if need be, gratuitous, to those who are unable to pay for it, and for whom no alternative is available.

We all realize that the burden of *free care* has become so great that some plan must be evolved which will relieve the physician of some part of this burden. It is a recognized obligation of the government to care for the indigent; and in providing that care, the profession will contribute in the form of lowered fees for the group, in accordance with established traditions of the medical profession.

We are all agreed that, so far as New Jersey is concerned, good medical care *is available* to all in need of it; and we as physicians are willing to do our share. This has been amply demonstrated during the years of the financial depression, as was shown in the A. M. A. Survey of 1938.

With approximately four thousand members of the profession, there can be organized provision for a service which will meet the demands made upon us, with the expected outcome of not only improved and better distribution of medical service, but a probable curtailment of hospital costs.

The prepayment plan for financing physicians' services has met the approval of the Society; and will insure certain wage groups against the unpredictable costs of medical care in the individual case. This plan assures the profession of its local control of the practice of medicine, its adaptation to local needs, and a free choice of physician by the patient. The Medical Society of New Jersey has coöperated in many forms of governmental aid, and this attitude still remains in the care of specified groups of cases.

3. LEGISLATIVE OBJECTIVES

A. Each county society is urged to meet informally with its legislators early in the Fall. Experience has proved that such gatherings not only promote friendship, but they also interest the legislators in the problems of the distribution of medical service to all in need of them.

This plan, plus more activity by the key men in each society, can do much to present and support our views. Choose the family physicians and members of the profession who are personal friends of this group; and if our cause be a just and worthy one, there will be no need for high pressure tactics when legislation is introduced.

B. Every proposed item of legislation should be presented, first, to the members of the county societies, and should have a majority approval before its introduction in the Senate or Assembly.

C. Meetings with all of the community agencies, including the dentists, pharmacists, nurses, hospital executives, and all other interested groups who contribute to the health of the people should be encouraged. It has been found that the legislators are interested in the opinions of *groups,* rather than individuals, and much could be accomplished by the exchange of views and the coöperation of such groups.

4. EDUCATIONAL OBJECTIVES

A. To continue the *Fall Clinical Congress,* not only as a means of improving one's knowledge in the ever-changing trends of medical and surgical practice, *but* also in promoting more intimate social relationships among the physicians of the State.

B. To promote post-graduate or refresher courses planned in coöperation with the State Society. Where the plan is not practical or feasible, the societies in the several Councilor Districts could provide such courses.

C. To establish a *Visiting Doctors' Day* in each hospital as often as seems advisable. Many physicians who are not regular members of the staffs would welcome the opportunity to observe the work of staff members, thereby promoting a more friendly relationship between the two groups.

Invitations to scheduled staff conferences, scheduled staff ward rounds, and scheduled operations, would serve as an excellent refresher course for many of those who are without hospital affiliations.

D. One meeting each year, in each county society, to be given over to a symposium on cancer, tuberculosis, syphilis, and cardio-renal disease, with outstanding speakers preferably from among our own members; and when possible, supplemented by moving picture films.

E. A State Society award for the best essay, by any member in good standing, on any medical or surgical subject that he may select. The winner to be awarded a cash prize of one hundred dollars ($100.00), and an invitation to present his contribution at the Annual Session of the State Society.

F. To create a *Regional Conference* such as is in existence in other parts of the United States. The scope of the group could well include the Middle Atlantic States and lower New England. If any of you have ever had the opportunity of attending such a meeting, you will realize the advantages of such an organization, all its members working with a common cause to attain certain ends which concern the profession. With all the many legislative, economic, and other medical problems in which all interested groups are vitally involved, it would seem that general discussions of the ways and means of meeting them would be not only desirable but necessary.

G. To increase the membership of the Society so as to include every ethical and duly licensed physician in New Jersey.

H. To reëstablish inter-county meetings in the judicial districts.

I. To promote mutual understanding between the profession and the public by active participation in civic, political, and welfare activities.

II. THE MEDICAL SERVICE PLAN OF NEW JERSEY

One of the most socio-economic problems confronting the nation today is that of the *distribution of adequate medical care*. Last year the House of Delegates gave its approval for a study of the subject, with the hope that some plan could be suggested to provide that care.

Extensive studies have been carried on by the Voluntary Insurance Committee, as well as by the Governor's committee appointed for that purpose; and both have agreed that the problem of the medical care to the indigent is a responsibility of the municipal, State, and Federal governments, as well as that of the medical profession.

Both committees also agree that the *low-wage groups* can assume the responsibility of payment for their medical care, provided a prepayment insurance plan is made possible, at a cost within their ability to pay. We feel that the plan which is suggested by the committee meets that need; and, if workable, will be the means of serving a self-respecting, deserving people. With the full coöperation of the profession, we feel it is a step in the right direction, for it will reduce the demand for free service, and will be a distinct challenge to the supporters of Socialized Medicine.

The bill provides that the patient shall have a free choice of physician from among the participating physicians; and also that there shall be no restriction upon the doctors as to their methods of diagnosis and treatment.

This plan, having been sponsored by the Society, must have the united endorsement of the county societies if it is to succeed. It is therefore recommended to you, for it meets a present need, and is in keeping with the trends of modern medicine of today.

"United we stand, divided we fall." That well-known adage is probably truer today than ever before in the history of medicine.

III. HOSPITAL RELATIONSHIPS

Two years ago the State Society attempted to make a survey of the hospitals of our State by sending a questionnaire to each institution. The questions were impartial and constructive in nature; and it was the desire of the committee to find some solutions for the many problems involved. The response and coöperation were not entirely satisfactory; but it gave a fair cross-section of the changes that might be made in improving the relations between the Governing Boards and the Medical Staffs, as well as providing means of improving the services rendered the patients.

There are many phases of the study which should meet with the approval of all interested groups; and in an attempt to meet these needs, may I suggest the following:

1. Standardization of rules and regulations for the attending staffs.
2. Standardization of rules and regulations for the courtesy staffs.
3. Socio-economic investigation of patients in an effort to correct the many abuses which exist in most of the hospitals at the present time.
4. Ways and means of obtaining contributions from the municipalities sufficient to pay for a larger part of the care of the indigent poor.
5. Readjustment and additional room space to provide for a greater number of patients who can pay a maintainance rate, thereby relieving the unfair burden which under the present plan is being carried by the private room patients.
6. Readjustment of fees for laboratory, x-ray, and various forms of therapy in order to provide for needed information in diagnosis, within the ability of the patient to pay. This should apply to both resident and out-patients.
7. Arrangements with the hospital trustees whereby the fees for medical and surgical compensation cases will be collected by the physician, who gives his service and assumes the responsibility, the hospital making a separate charge for materials only.

The questions which arise in our hospitals are many, and diverse; and with both the medical staffs and the governing boards coöperating, much can be done to improve our relations which are necessary to the welfare of the patient, and the success of the hospital.

IV. AN APPEAL

The recommendations contained herein meet most of the present-day needs in the practice of medicine in the State of New Jersey. I trust they will meet with your approval. I therefore earnestly ask your wholehearted and generous support.

OPPORTUNITIES FOR PUBLIC SERVICE

Two after-dinner addresses during the Banquet at the 174th Annual Meeting of The Medical Society of New Jersey on the evening of June 5, 1940, in Haddon Hall, Atlantic City, New Jersey.

1. RETROSPECTION

By E. Zeh Hawkes, M.D., Newark, N. J., on the eve of the close of his year of service as President of The Medical Society of New Jersey

First of all, I wish to express to the ladies of the Woman's Auxiliary our appreciation for the interest they have taken and the great effort made in perfecting arrangements for this most enjoyable occasion. Although it is called the President's Banquet, it, in fact—together with the ball which the ladies have also arranged to follow—constitutes the crowning social event of our convention for all of us. It marks the highest point in attendance at any feature of our annual meeting, which fact speaks more loudly in appreciation than anything I can say. May I ask that the men all rise as a slight gesture of appreciation of this work of the ladies.

Being President gives one a great opportunity to observe. One of his observations is that about himself. As he goes about the State, he receives much consideration on all kinds of occasions, both professional and lay; but the glamor of this soon wears off, as he comes to realize that it is not him for whom the homage is meant, but for the office which he holds. So that if he starts his administration with the idea that he is a high stepper, he soon learns that he is only a dray horse pulling in the traces. This is as it should be, for it makes us ordinary individuals who are raised to the high office of the presidency realize that it is our job not to step, but to pull. So we come to think less and less about the honor, and more and more of giving service. The real essence of the honor is that of being given the opportunity to serve.

The end of my year of office finds me divided in sentiment. There is a feeling of relief that the responsibilities are over. There is also a sense of ever-increasing regret that this opportunity for service also is over.

At one of the meetings last year, Dr. Carrington, my predecessor, said that he was considering running for a third term. At that time I thought it was merely a good joke; but I have come to wonder whether he too did not have a sense of regret that this great opportunity to serve was over.

PUBLIC SERVICE

If it be true, as has been said, that the value of any life can be measured by the service which it has given, then not only is the life of a physician of great value, but also his obligation is very great, for the opportunities for service which he has are many and important.

Public health, hospital administration, preventive medicine, health legislation—in fact, all of the many problems included in the general term "health and welfare",—make up a very large and necessary part in the life of the whole people. In all of these activities every member of the medical profession should serve.

There is much misunderstanding of all of these matters on the part of the people generally because of their lack of knowledge. There are many misrepresentations by those of limited knowledge who, for their own personal gain, seek to attract the public to themselves. There are many who seize upon every new advance in health science; and by clever advertising, deceive the public in order to sell their products. There are many in public life who mean well; and when they are elected to office, find it necessary to assume responsibility for many health matters about which they know little or nothing.

In the midst of all this, there is one group,—the members of the medical profession,—who by training and by experience, are fitted to understand and to solve the many problems involved. In the care of its individual patients, the profession does its full duty, and this of course is an indispensable service; but as citi-

zens possessed of expert knowledge of great value to the whole people, physicians often fall short of their opportunities. It is not enough that certain individual physicians give generously of their knowledge to public welfare, it is not enough that the officers and the committees make their contribution. The problems are so many, and the needs so great, that they require the participation of the whole profession.

One of the greatest public welfare needs today is that the whole medical profession shall take a more active part in public affairs. Happily, the history of The Medical Society of New Jersey during the past few years demonstrates that its members are making steady progress in attaining its ideals.

2. ANTICIPATION

By Watson B. Morris, M.D., Springfield, N. J., on the eve of his induction as President of The Medical Society of New Jersey

Mr. Toastmaster, Members of the Ladies' Auxiliary, Members of the Medical Society and Guests:

I appreciate the honor conferred upon me in my election as your President for the coming year, and as I enter upon the discharge of my duties I shall rely upon your counsel and friendly suggestions, in order that we may carry on the splendid work of my predecessors.

Our Society is built on *service*—service to home, service to man, and service to God. In carrying out these ideals of service to ourselves and one another, we unconsciously become one happy family working for a common worthy cause.

We are engaged in worthwhile achievements. Our Society has definite purposes and ideals. We have visions of accomplishment, and vision has ever been the guiding angel of mankind. Throughout history it has always been the man of vision who has led. No progress has ever been made without it, and a nation's greatest assets are its men of vision, whether educators, statesmen, inventors, physicians, or individualists.

I desire to help where and when I can, to hold fast to the traditions of the sound science and sensible practice of medicine in New Jersey. This is a wonder state, wholly in need of confidence in herself and all her people. She may call upon her doctors, and I pledge that she will find them able and willing. For our confidence in *her* welfare, we shall expect confidence in *our* organized profession. I pledge my interest in our problems. I enlist your future enthusiastic participation in organized medicine in New Jersey. If we stand together we can accomplish anything. Divided by silly differences we are all sure to fall heir to practices and policies that would modify the expression of the wonderful doctor of tomorrow. He is our responsibility. We shall not fail him.

We are here tonight through the splendid coöperation of our Ladies' Auxiliary, who have done much in making this annual meeting such a huge success. May I express my hearty congratulations to each and every one of you for the loyalty and service you are not only rendering the Society, but the public at large, and solicit your continued support which has been so generously given in the past.

We honor ourselves on this occasion, by honoring in a dignified and significant manner one of our members.

I am assuming the pleasant duty of expressing hearty appreciation and congratulations for valued services rendered. The words we offer are but a poor symbol of our feelings; but we know that they will be received kindly as a simple indication of the attachment which each one of us cherishes in his heart for one of our co-workers.

In every generation there are a few men and women who, because of some outstanding attribute, such as philanthropic aims, intellectual achievements, or unselfish service to humanity, have won the respect and love of all who know them. It is these men and women who raise the average of humanity and by their words and deeds brighten the world about them. Such a man is our distinguished citizen and retiring President, Dr. E. Zeh Hawkes. The story of his life is well known to all of us. We are familiar with his achievements and we know

how we have benefited through his faithfulness. All of this has won for him the warm place which he will ever hold in our hearts. Our lives are richer and fuller because he lives. It is natural that we should desire to give him some expression of our appreciation. We have, therefore, assembled here in his honor.

Dr. Hawkes, we have enjoyed the past months of close association with you. We have respected your ability and honored your integrity. Accept our esteem and good wishes. May the future bring you added honors and the opportunity to display the genius and ability which are yours in so large a measure.

This is an age of strenuous business and social activities, and men and women are very much engrossed in their own affairs, but not to such an extent as to be oblivious to the honorable and faithful services of a faithful and efficient man.

When one brings to an office great executive ability, keen judgment, intrepid honesty, and an ability to win friends, he should receive our wholehearted commendation. There is one thing which is admired above all others, and that is success. It does not so much matter along what branch of human endeavor a man's talents lay—whether art, literature, science, business, or medicine—the fact that he succeeds is all important, because the fact proves that in his particular field he has displayed unusual ability and accomplishment.

Many people insist that success is largely due to luck, to circumstances, not realizing that it takes genius to shape circumstances to the proper end. It is true that "There is a tide in the affairs of men which, taken at its flood, leads on to fortune," but how many of us know when the tide of our destiny is at its flood?

Our distinguished guest tonight has met with a large measure of success, but his success is not due to luck. It is a substantial edifice, founded on the solid rock of genius, integrity, and earnest endeavor, coupled with a keen perception which has enabled him to foresee opportunities and to grasp them as they appeared.

His success has been richly earned. He has already achieved true greatness, and we rejoice that this is so. We are honored by his presence, and hope that our very sincere welcome will give him pleasure and satisfaction.

President Hawkes, let me say in concluding:

When fulfillment has crowned every desire
you could wish;
When full to the brim and o'erflowing the
dish
Held out for your joys; when your every
prayer
Has brought in reply all you asked and to
spare;
When the world has done all the kind
things that it could to you—
May it then have but barely begun to be
good to you.

THE ANNUAL MEETING OF 1940

The three-day Annual Meeting of *The Medical Society of New Jersey,* which was held in Haddon Hall, Atlantic City, on June 4, 5, and 6, 1940, would have seemed an unattainable vision to the fourteen public-spirited physicians who founded the Society one hundred and seventy-four years ago. Yet the printed records of the meetings prove that the founders were men of vision who clearly discerned the medical needs of the times, and adopted the fundamental methods of organization which have remained unchanged throughout seventeen decades, save in their expansion in accordance with the development of the means of travel and communication.

The founders and early members of the State Society were men of wide learning and experience in public affairs. Many were judges of the courts, from local justices of the peace to the highest courts of the nation; and others were congressmen and United States senators, who understood human nature and practical methods of establishing a great organization which met the human needs of every inhabitant of the State.

The early methods of securing the passage of medical laws were exactly the same as those which are applied today by the Committee on Legislation. The founders and their successors would have felt entirely at home in the last

Annual Meeting of The Medical Society of New Jersey.

THE HOUSE OF DELEGATES

The plans and program of the 1940 Annual Meeting of The Medical Society of New Jersey were the perfected results of developments over a series of years. The essential feature of every annual meeting has been the meeting of the House of Delegates, in which the business of the Society has been transacted, including the reports of all the officers and committees, action on their recommendations, and the election of officers and the appointment of committees for the coming year.

As in 1939, the Annual Meeting actually began in April with a general meeting of the officers and committees for the preparation of their reports and suggestions for the further development of all phases of their work. For the first time every officer and committee, and every county society president submitted complete reports whic filled eighty-seven pages of the May Journal. Reprints of these reports were made and were distributed to all the delegates and members of the Reference Committees so that every delegate came to the meeting well informed of all items of business to be transacted. The result, as in last year, was a minimum of debate and a maximum of well-considered action.

A full report of the Transactions of the House of Delegates will be published as a supplement to the August Journal. A month will be required to edit and arrange the stenotypists' notes of the procedures, and cross-index them for ease of reference.

ATTENDANCE

About eighteen per cent of the members of The Medical Society of New Jersey registered their attendance at the one hundred and seventy-fourth annual meeting, as is shown in Table I.

Year	Number of Members	Number of Members at Annual Meeting	Per Cent Attending
1934	2757	515	19
1935	2871	462	16
1936	2840	582	21
1937	3225	696	22
1938	3335	869	26
1939	3473	813	23
1940	3803	686	18

TABLE I.

Registration of Members Over a Period of Seven Years

The actual registration of members and visitors in 1940 is shown in Table II.

Members by County Societies	Members of the House of Delegates	Other Members of County Societies	Total
Atlantic	10	79	89
Bergen	15	8	23
Burlington	4	15	19
Camden	11	49	60
Cape May	4	7	11
Cumberland	4	6	10
Essex	59	93	152
Gloucester	5	5	10
Hudson	23	26	49
Hunterdon	3	1	4
Mercer	12	34	46
Middlesex	9	23	32
Monmouth	8	26	34
Morris	8	17	25
Ocean	3	4	7
Passaic	19	7	26
Salem	3	4	7
Somerset	4	17	21
Sussex	1	1	2
Union	23	30	53
Warren	3	3	6
	231	455	686
Visiting Physicians			74
Total Physicians Registered			760
Woman's Auxiliary			228
Visitors			260
Technical Exhibitors			106
Total Registration			1354

TABLE II.

Registration of Members of County Societies in 1940

The percentage of registration of members by counties is shown in Table III.

Counties	Number on Official List March 15, 1940	Number Attending Annual Meeting	Per Cent Attending
Atlantic	120	89	74
Bergen	274	23	8
Burlington	49	19	39
Camden	187	60	32
Cape May	29	11	38
Cumberland	54	10	18
Essex	959	152	16
Gloucester	45	10	22
Hudson	459	49	17
Hunterdon	24	4	17
Mercer	234	46	20
Middlesex	129	32	25
Monmouth	132	34	26
Morris	108	25	23
Ocean	30	7	23
Passaic	363	26	7
Salem	30	7	23
Somerset	59	21	33
Sussex	24	2	8
Union	329	53	16
Warren	27	6	22

TABLE III.

The greater part of the drop in the attendance at the Annual Meeting this year was in the large counties in the northeastern section of the State, and was probably the result of the prospective attendance of many of their mem-

bers at the Annual Meeting of the American Medical Association during the following week in New York City.

THE TRUSTEES' MEETING

The first official act of the Annual Meeting was a meeting of the Board of Trustees, which occupied the entire evening of Monday, June 3rd, until after midnight. The Trustees have charge of all the business affairs of the Society in the intervals between the annual meetings of the House of Delegates. The Board has held bi-monthly meetings throughout the year, and has carried out the details of projects which are determined by the House of Delegates. The minutes of the Trustees' meetings are now collected in annual volumes which are fully indexed, so that information regarding every item of the business of the Society is now readily available.

THE SCIENTIFIC EXHIBITS

The series of forty-three Scientific Exhibits, which were listed on page 289 of the May Journal, was the most striking and prominent feature of the Annual Meeting. The exhibits were open for inspection throughout the entire three days of the meeting. They included specimens, charts, and moving pictures, and were the center of attraction every moment of the days. They constituted effective backgrounds and inspiration for more detailed study.

THE EXHIBIT OF THE WOMAN'S AUXILIARY

The display of specimens of work in Arts, Hobbies and Medical History was more extensive and informative than ever before. It demonstrated in a striking manner the artistic and literary lines of work in which physicians and their wives are deeply interested. Mrs. Ily R. Beir, who has conducted the exhibit since the establishment of the Woman's Auxiliary, has been entrusted with the promotion of a similar exhibit by the American Medical Association, at which the New Jersey exhibits have been recognized as outstanding examples to be adopted by the Auxiliaries of other State Societies.

Exhibit of the Woman's Auxiliary at the Annual Meeting of The Medical Society of New Jersey in 1940

THE TECHNICAL EXHIBITS

The forty-three Technical Exhibits by manufacturers and distributors of material used by physicians in their practice were more complete and informative than ever before, and were

listed on page 291 of the May Journal, and on page 35 of the Official Program. The exhibiting staffs were well-informed and courteous, and made every effort to explain their wares in a scientific way. It is a satisfaction that the rental of the exhibit booths was sufficient to cover the entire expense of the Annual Meeting.

It was with regret that the officers of the Society received word from Mr. J. B. Tufts, who has supervised the exhibits for four years, that he would retire from active work after twenty years of service in his specialty.

Over five hundred physicians and their ladies attended the Mennen Company's cocktail party, which was listed on page 6 of the Official Program.

THE ANNUAL BANQUET

While sociability has always been a prominent attraction of the Annual Meeting, the culminating social event was the President's Banquet which was held on Wednesday evening in the largest dining hall of the Hotel, and was followed by a dance.

Dr. Chester I. Ulmer presided at the banquet and introduced the after-dinner speakers.

The gracious addresses of President Hawkes and President-Elect Morris are printed on page 377 of this Journal. Other speakers were:

Dr. William J. Carrington, Junior Past President, who presented the Past President's Key to Dr. E. Zeh Hawkes.

Mrs. Gerald E. McDonnel, President of the Woman's Auxiliary.

Assemblyman Roscoe P. McClave.

Assemblyman Adolph Wegrocki.

The guest speaker was Ernest Rosse, who gave a humorous address on trends of the times.

HEALTH SECTION OF THE ATLANTIC CITY PRESS

Following its precedent of last year, the Atlantic City Press, a morning daily paper, issued a special health section of twenty pages, and presented a copy to each visiting physician. The section was edited by Dr. Samuel Barbash, Chairman of the Publication Committee of the Atlantic County Medical Society, assisted by five associate editors, who were members of the county society. The title page carried sixteen photographs of officers of the State and County Societies, and the section was profusely illustrated with photographs of the medical and welfare institutions of the county. It is a valuable compend of medical services available in Atlantic County, and its articles are both informative and interesting to laymen and physicians alike.

The articles in the section are as follows:

1. Welcome—V. Earl Johnson, M.D., President, Atlantic County Medical Society
2. Atlantic County, a Medical Center—Frank Overton, M.D., Editor, The Journal of The Medical Society of New Jersey
3. Atlantic County Tuberculosis Sanatorium—Clyde M. Fish, M.D.
4. Greetings from The Medical Society of New Jersey—W. B. Morris, M.D., President-Elect, The Medical Society of New Jersey
5. Salutation from E. Zeh Hawkes, M.D., President, The Medical Society of New Jersey
6. Dental Care in Atlantic City—B. B. Basab, D.D.S.
7. Allergic Ills—Charles Hyman, M.D.
8. First Aid Training—Harry Subin, M.D.
9. Anesthetic Service—I. E. Leonard, Jr., M.D.
10. The Heart—Samuel Barbash, M.D.
11. Early Diagnosis of Cancer—W. J. Carrington, M.D.
12. Women in Cancer Control—Mrs. G. Ruffin Stamps, Captain, Atlantic County Field Army
13. Pharmacy—D. B. Crawford, P.D.
14. Tuberculin Tests—N. J. Quinn, M.D.
15. Progress in Medicine—Matthew Molitch, M.D.
16. The Medical Service Plan of New Jersey—Norman M. Scott, M.D., Executive Assistant, The Medical Society of New Jersey
17. Negro Health—H. Donald Marshall, M.D.
18. County Medical Institutions
19. Eye Strain and Health—George C. Schwarzkopf, M.D.
20. The Mentally Ill—Edward Guion, M.D.
21. Physical Therapy Clinics—David B. Allman, M.D.
22. Vitamins in Dermatology—W. W. Hersohn, M.D.
23. Bronchoscopy—S. Eugene Dalton, M.D.
24. Public Safety Department—Carl A. Surran, M.D.
25. X-ray Treatment—Robert A. Bradley, M.D.
26. Child Health—E. Harrison Nickman, M.D.
27. First Aid in Accidents in the Home—V. Earl Johnson, M.D.
28. Blindness Prevention—H. L. Harley, M.D.
29. The Visiting Nurse—Abbie Widden, R.N.
30. Maternal Care Service in New Jersey—J. Carlisle Brown, M.D.
31. Interne Training—F. P. Covington, M.D.

A feature of the Health Section is a series of sixteen photographs illustrating a patient's progress through a modern hospital.

The advertisements constitute less than one-third of the sections, and are well chosen and ethical.

The section is a model for the Public Relations Committee of any medical society to follow.

VOLUME XXXVII.
NUMBER 7

Atlantic City Press

ATLANTIC CITY, N. J., TUESDAY, JUNE 4, 1940

Health Section

PREPARED BY THE ATLANTIC COUNTY MEDICAL SOCIETY
AND DEDICATED TO THE MEDICAL SOCIETY OF NEW JERSEY

OFFICERS OF THE MEDICAL SOCIETY OF NEW JERSEY

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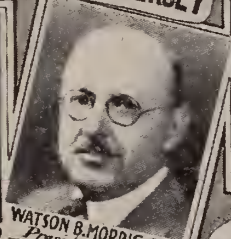

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OFFICERS OF THE MEDICAL SOCIETY OF ATLANTIC COUNTY

HARRY SUBIN, M.D.
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V. EARL JOHNSON, M.D.
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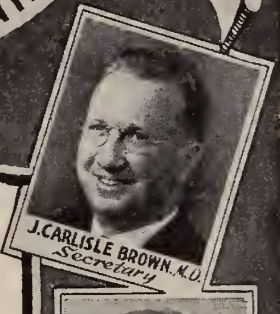

J. CARLISLE BROWN, M.D.
Secretary

DAVID B. ALLMAN, M.D.
Treasurer

HALVOR L. HARLEY, M.D.
Historian

Welcome to the Medical Society of New Jersey

V. EARL JOHNSON, M. D.
PRESIDENT
Medical Society of Atlantic County

It again becomes the very pleasant privilege of The Medical Society of Atlantic County to act as host to the Medical Society of New Jersey. I am instructed, in the name of the 130 odd members of The Medical Society of Atlantic County, to greet you and to welcome you to our City.

The fact that our State Society continues to hold its annual meetings in this city gives us reason to be thankful and at the same time appreciative. I can assure you that the Officers and members of our Society sincerely hope that this meeting will be an outstanding one, both from the viewpoint of interchange of ideas in medical practice and memorable from the standpoint of its social activities. We hope that each one of you will leave here with the feeling that your time has been spent in a profitable and enjoyable manner.

For your information I wish to acquaint you with the fact that The Ladies' Auxiliary maintains an information desk near the registration booth in Haddon Hall. Please avail yourselves of this service.

Again, I bid you welcome in the name of the Medical Society of Atlantic County and we hope that you will see fit to return again in the future.

WILLIAM J. CARRINGTON, M.D.
Associate Editor of Health Section

SAMUEL M. DINSKAN, M.D.
Associate Editor of Health Section

SAMUEL BARBASH, M.D.
Chairman of Publication
Executive Editor of Health Section

CHARLES HYMAN, M.D.
Reporter & Associate Editor of Health Section

SLOAN STEWART, M.D.
Associate Editor of Health Section

WALTER STEWART, M.D.
Associate Editor of Health Section

CONFERENCE OF COUNTY SOCIETY PRESIDENTS

A "luncheon" meeting of the officers of The Medical Society of New Jersey and the Presidents of the County Societies was held in the Carteret Club, 333 West State Street, Trenton, New Jersey, on the afternoon of Sunday, June 16, 1940, beginning at one o'clock, and closing promptly at four o'clock. Those present were:

Officers of the State Society

Watson B. Morris, President
Thomas K. Lewis, President-Elect
Elias J. Marsh, First Vice-President
Ralph K. Hollinshed, Second Vice-President
Alfred Stahl, Secretary

Trustees

W. F. Costello, Chairman
Andrew F. McBride
George W. Fithian
Samuel Alexander

Presidents of County Societies

V. E. Johnson—Atlantic
Charles Butcher—Cumberland
H. N. Comando—Essex
H. B. Diverty—Gloucester
George Ginsberg—Hudson
J. J. Cartisser—Hunterdon
E. J. Elias—Mercer
D. W. Teller—Morris
W. E. Dodd—Ocean
A. W. Pigott—Somerset
George Knauer—Union
Ralph Buchanan—Warren

Committee Chairmen

H. S. Read, Welfare
C. M. Robbins, Public Relations
B. S. Pollak, Legislation
Stanley Nichols, Public Health

Councilors

C. C. Beling
Chester I. Ulmer

Executive Office Staff

L. A. Wilkes, Executive Officer
F. Overton, Editor

Dr. W. F. Costello, President of the Board of Trustees, presided.

ADDRESS OF PRESIDENT MORRIS

President Morris stated that the primary object of the meeting was to recognize and integrate the programs and activities of the county societies as component units into those of The Medical Society of New Jersey, and their presidents as the leaders and spokesmen of those units. Dr. Morris gave the following suggestions for promoting the efficiency of the county units:

1. The year of office of the officers of the county societies to coincide with that of the State Society.
2. Each county society to establish a central office where a clerk may be reached throughout the day.
3. The members of county societies to establish personal contacts with the members of the Legislature from other counties.
4. To establish intimate contacts with lay organizations engaged in health services.
5. A program in cardio-vascular conditions at least once each year; and a similar meeting on cancer, with special reference to its local prevalence and the means of recognizing and treating it.
6. Coöperation with the Governor's Commission for the care of the indigent.

SCOPE OF DUTIES OF TRUSTEES

Dr. William F. Costello, the newly-elected President of the Board of Trustees, read a list of the fifteen important duties which are imposed upon the Board by Chapter V, Section 5, of the By-Laws. He also called attention to the well-nigh perfect attendance of the entire membership of the Board of Trustees at the meetings as convincing evidence of their conscientious interest in the affairs of the Society.

FUNCTION OF EXECUTIVE OFFICES

Dr. LeRoy A. Wilkes, Executive Officer of The Medical Society of New Jersey, outlined the functions of the staff of the Executive Offices. In order to prevent misapprehensions on the part of county society officers and committeemen who receive circular letters of instructions and mimeographed reports of committees, Dr. Wilkes emphasized the fact that the Executive Officer is the agent of the Trustees, the Officers and the committees, in *transmitting* the reports and necessary explanations of the State Society Officers to the officers and committees of the counties. By far the greatest proportion of these letters are either official reports, or requests for replies to questions propounded by the State Officers and committeemen regarding the attitude of the members of the county societies. Practically all the business activities of the State Society are carried on through the Executive Offices; and the current files of reports and letters concerning these activities fill about thirty large drawers; while those of the Editorial Offices fill about twenty more. Every effort is made to compile the essentials in this mass of information and to transmit it promptly to the county societies. Only by the closest kind of coöperation between the central society's offices and the

County Societies can the business of the State Society be transacted understandingly and efficiently.

Your Executive Officer has two practical suggestions to make:

First, that abstracts of the essential information in such reports be made and sent to the county societies, while the originals be kept on file in the Executive Offices where they may be consulted, if any member so desires.

Second, that each county society set up indexed files where such abstracted reports may be accumulated and maintained for the use of their officers and members.

This plan would result in economy of effort, expense, and time, and in greater efficiency and understanding in the transactions of business.

LEGISLATION

Dr. B. S. Pollak made a plea for greater activity by county societies in legislative matters, for legislators are especially responsive to the attitude of physicians in their own districts.

PUBLIC HEALTH

Dr. Stanley Nichols called attention to the need of medical preparedness in these critical times of war, so that local services will not be impaired, while the public will be assured of a continuation of the present efficiency in the distribution of medical services to our own people.

THE WELFARE COMMITTEE

Dr. Hilton S. Read, Chairman of the Welfare Committee, called attention to the nation-wide survey of the medical profession in order to list the capability of every physician to give service in either the military organizations or in private practice.

He also called attention to the two-way flow of services:

1. From the county societies to the State Society.

2. From the State Society to the county societies.

Dr. Read also mentioned the fact that under the new method of representation in the American Medical Association, New Jersey will have five Delegates, instead of four as in the past.

DUPLICATION OF EFFORT

Dr. Thomas K. Lewis, who has been advanced to the position of President-Elect of the State Society, suggested that every county society have a Committee on Medical Practice, whose duty should be to transmit the reports of the State Committee to the local members.

In accordance with the action of the House of Delegates that copies of the report of the Committee on Auxiliary Medical Services (May Journal, page 218) be sent to all hospitals in New Jersey, Dr. Lewis suggested that the type be held until the study of dispensary services can be completed, after which copies be reprinted and distributed to all hospitals and county societies.

Dr. Lewis also called attention to the fact that modern warfare will threaten civilians as well as soldiers; and that the Federal Government does not make provision for centers in which wounded civilians may be treated. Local committees can supply food, clothing, and shelter, but it should also make provision for emergency hospitals, and have plans ready for the appointment of their staffs from among the local physicians.

SCIENTIFIC PROGRAMS AT THE ANNUAL MEETING

Drs. Ulmer, Marsh, Costello, and Stahl called attention to the small attendance at the scientific meetings of the Annual Meeting. It was brought out that this year the number of speakers listed on the several programs was greater than ever before, and that one-half of them were guest speakers.

SUMMARY

It was the opinion of the participants in the meeting that it was preëminently successful. The remarks were brief and concise, and the scheduled program was carried out, with fifteen minutes to spare. The plan that the conference should be for the benefit of the Presidents of the County Societies was fully realized.

A stenographic report of the proceedings of the conference will be typed and placed on file in the Executive Offices.

AWARDS FOR SCIENTIFIC EXHIBITS

The Committee on Awards for Excellence of Scientific Exhibits made two groups of awards as follows:

1. For original exhibits of meritorious excellence:

First Award—

Deficiency Diseases.
Herbert T. Kelly, M.D.; Edmund L. Housel, M.D., and William M. Emrey, M.D., Graduate School of Medicine, University of Pennsylvania, Philadelphia, Pa.

Second Award—

Human Sterility and Related Studies in Ovulation.
Samuel L. Siegler, M.D., Brooklyn, N. Y.

Third Award—

Lung Changes Caused by Rheumatic Fever—Their Rôle in the Development of Rheumatic Heart Disease
Benjamin A. Gouley, M.D., Philadelphia General and Jewish Hospitals, Philadelphia, Pa.

Honorable Mention—

Chronic Gastritis.
C. L. Jackson, M.D.; William A. Swalm, M.D., and Lester Morrison, M.D., Temple University Hospital, Philadelphia, Pa.

2. For exhibits of meritorious excellence open only to New Jersey exhibitors:

First Award—

A One-Hour Renal Condition Test.
William G. Exton, M.D., and A. R. Rose, Ph.D., Newark, New Jersey.

Second Award—

Lesions Associated with Parturition and the Newborn.
Samuel A. Goldberg, M.D., Presbyterian Hospital, Newark, New Jersey.

Third Award—

Molds: The Relationship to Inhalant Allergy.
Nathan Schaffer, M.D., East Orange, New Jersey.

Honorable Mention—

The Treatment of Carcinoma of the Body of the Uterus.
Milton Friedman, M.D., Newark City Hospital, Newark, New Jersey.

THE MEDICAL SERVICE ADMINISTRATION SUPPLEMENT

The supplement to the May, 1940, issue of The Journal of The Medical Society of New Jersey provides each member of this Society with a copy of the report rendered by the Board of Governors of the Medical Service Administration of New Jersey to the House of Delegates. In this report will be found:

I. The Legislative Act (Chapter 74 of Laws of 1940) which makes legal the activities of the Medical Service Administration.

II. The By-Laws of the Medical Service Administration, providing the legal and civil means for the operation of all types of medical service plans.

III. The Rules and Regulations of *The Medical Service Plan* of New Jersey, stating the relationships of the participating physicians and beneficiaries under the provisions of the prepayment insurance plan.

IV. Copies of individual contracts and agreements to be signed by physicians and subscribers.

This report will enable the members to determine:

I. The authority granted by the Legislature to organized medicine of this State.

II. The ways and means by which organized medicine will execute the power granted by the Act.

III. The details by which the distribution of adequate medical care among the low-wage group may be improved, and at the same time preserve the dignity, pride, self-sufficiency, and traditions of the American physician and the American citizen.

The Farm Security Medical Care Plan has been approved by the Board of Trustees of The Medical Society of New Jersey. The details of operating the Plan are now in process of preparation, and will appear in an early issue of The Journal. See also the statement of Dr. R. C. Williams, Medical Director, Farm Security Medical Administration, on page 348 of this Journal.

MEDICAL LEGISLATION IN NEW JERSEY IN 1854

History repeats itself over and over; and ambitious "Healers" still advance the same arguments that they used eighty-five years ago when Dr. A. B. Dayton, of Monmouth County, in his presidential address to the State Society on January 23, 1855, discussed the medical practice law of 1854. This law granted the graduates of five named medical schools to practice medicine in New Jersey on registering their diplomas with a county clerk. It did not take away the authority of The Medical Society of New Jersey to examine and license candidates for the practice of medicine; but the law was soon extended to include the graduates of every medical school, many of which were mere diploma mills. New Jersey had four of these medical schools, none of which survived. The first cover page of the Directory of the A. M. A. lists 440 medical schools that were established in the United States, of which only 65 (15 per cent) are still in existence.

The following paragraphs are quoted from Dr. Dayton's address as recorded in Volume One of the Transactions of The Medical Society of New Jersey, pages 610-623.

"The preamble sets forth that: 'Whereas, certain practitioners of physic and surgery labor under certain disabilities, etc., be it enacted.'—This, I apprehend, is the first act ever passed by the Legislature of this State for the special accommodation, for the special benefit of practitioners of medicine. This is a perfect anomaly in the legislative history of New Jersey. We will yield to it a pre-eminence not asked for by any other act in pliancy or subserviency to the wants and wishes of the few. Does it intimate that the public, or the public good, demanded its enactment? Not a word like it. But the preamble most honestly and truthfully tells its own story. Take the preamble as the exponent of the supplement, we have no reason to suppose that it was ever intended to promote the public interests, or that the public ever called for or asked its passage.

"The question very naturally arises as to whether the existing law was prejudicial to the welfare or general prosperity of the people of the State. If such were its operation, then its amendment was demanded; but not, we believe, as amended by this supplement. That the then existing law was grievous to the people, that the people felt that there was a necessity for its change, we have no reason to believe; for the applicants for its adoption make no such pretension. If they believed that the publice health or interest suffered from the existing law, is it not to be presumed that they would have assigned that as the ground of application, rather than that 'whereas, certain practitioners labor under certain disabilities,' etc. But what were the disabilities of which they complain, and which are given as a reason for its passage?—'that they are unable to collect their dues, and are liable to pains and penalties;' precisely the same disabilities which those still labor under who do not conform to the provisions of this supplement itself.

"But these honorable gentlemen labored under no disabilities save that they were required to be examined by a disinterested board of censors before they were authorized to practise. Just such a requirement as the profession, not merely of this State, but of the Union, believe best calculated to supply the State or States with competent physicians; the very law or policy which the American Medical Association, by its action, has indicated as essential to the accomplishment of its great leading object—the elevation of the standard of medical education; and just such a law as the United States government deems necessary to meet the wants and necessities of her army and navy. Should this disability, arising from a non-conformity to a necessary, a salutary law, be assigned as a reason, and considered good ground for the passage of a supplement repealing this law? If so, certainly some laws stand upon a sandy foundation."

REPORT OF BOARD OF TRUSTEES OF N. J. STATE MEDICAL ASSOCIATION

Editor's Note.—The membership of the New Jersey State Medical Association is composed of 126 Negro practitioners of medicine, of whom about fifty, or 40 per cent, are also members of The Medical Society of New Jersey.

The distribution of the membership of the Association in the several counties is shown in the following table:

Atlantic	11	Middlesex	3
Bergen	5	Monmouth	5
Burlington	2	Morris	2
Camden	10	Ocean	0
Cape May	1	Passaic	7
Cumberland	1	Salem	1
Essex	43	Somerset	0
Gloucester	2	Sussex	0
Hudson	14	Union	16
Hunterdon	0	Warren	0
Mercer	3		
		Total	126

The percentage of the colored population of New Jersey during three decades has been as follows:

Year	Entire State	Urban	Rural
1910	3.5	3.4	4.8
1920	3.7	3.7	3.7
1930	5.1	5.3	4.1

While the colored population is fairly evenly distributed throughout the State, the colored practitioners tend to congregate in the more populous counties, for only in them is there a sufficient concentration of colored people to support practitioners of their own race.

The aspirations and activities of the members of the Association are indicated by the following report of the meetings of its Board of Trustees held last Spring:

The Board of Trustees of the New Jersey State Medical Association, in accordance with provisions of the Constitution, has had two meetings since our last general session in Atlantic City. The first was held February 25th, and the second April 14th. Both meetings were held at the home of Dr. H. J. Austin, and the organization is under a debt of gratitude to Dr. and Mrs. Austin for making possible the hospitalities of their home.

At the February meeting, plans for the program for this session were discussed and formulated, and the program which is being presented today represents the results of this effort; and the members of the Board, individually and collectively, hope that the presentations will be both attractive and helpful. We express our appreciation to the participants who have been willing to give of their time and services to make the scientific portion of the meeting successful. At the April meeting, the completed program was presented and adopted. Consideration was also given to an amendment to the Constitution which is being presented at this time.

On this occasion, we had a conference with the Executive Committee of the Ladies' Auxiliary, at which time the ladies presented their own program which the Board of Trustees agreed was meritorious and worthy of support.

We have no apology or defense to make for the creation and existence of our organization. It is our hope and desire that every colored practitioner of medicine shall become a member of our local and State organizations; but at the same time, *we encourage and urge membership in the various county medical societies which carries with it membership in The Medical Society of New Jersey.* We must maintain membership in and contact with the larger and older organized medical groups, in order that we may be in a position to coöperate in any efforts for the protection of the rights and privileges of medical practitioners; but we must realize that there are certain specific problems confronting us as a race group which can be protected and promoted only by our own interest and activities. We are well aware that these problems cannot be given the same consideration and sympathetic attitude by others as we ourselves can give them.

With our organization giving concrete expression to the peculiar and particular problems that so often confront us because of our racial identity, we are in a better position as a definite organized group to better present these problems to the larger bodies in order that they may help us solve these problems in which, in many instances, the larger bodies have either been apathetic or not inclined to consider.

Since our last meeting, there have been several evidences of progress which further justify the existence of our organization and the things now to be mentioned are evidences of this progress.

1. COURSE IN VENEREAL DISEASES

Since our last meeting, the State Board of Health provided a *Refresher Course in Venereal Diseases* at the Orange Memorial Hospital, Orange, N. J. According to the regulations of the State Board of Health, only physicians who

have definite clinical connections are admitted to these courses; but the Chairman of the Board, as a member of the State Board of Health, succeeded in having these limitations removed. As a result of this, a total of twenty-eight of our physicians attended this course, which lasted for a period of six weeks. On no occasion were there present less than twenty-three physicians. This course was highly instructive, and was appreciated by all who attended.

2. COURSE IN TUBERCULOSIS

The Negro Advisory Committee of the Essex County Tuberculosis League sponsored a course in tuberculosis at Sea View Hospital, under Dr. Orenstein. More than twenty-five physicians from North Jersey attended this course.

The attendance at the courses in these two subjects indicates the intense interest of the colored physicians in taking advantage of opportunities for improvement in their medical work.

These facts are cited to indicate that effective results are being achieved from having a State-wide organized group; but there have been two other facts of even more significance than those mentioned.

3. COÖPERATION OF THE MEDICAL SOCIETY OF NEW JERSEY

For the first time in its history, The Medical Society of New Jersey has seen fit to give serious consideration to the problem of the affiliation of the Negro physicians with hospitals. As a result of the attendance at our meeting last May, by Dr. Hilton Read, the Executive Committee of The Medical Society of New Jersey ordered an investigation of the hospital situation as it relates to the Negro physician. The committee which was appointed made a preliminary report, a part of which follows:

"In our State the Colored Physicians have not only amply demonstrated their zeal and devotion to the health problem of their race, but they occupy important positions in health departments, and are considered to be well qualified for public health work. If this be true, they are worthy of the best tradition of American Medicine, and should be granted hospital privileges.

"Because of the fact that the united strength of all the professions engaged in the Practice of Medicine should present a program for the solution of the problem of the health of all the population, it would seem that The Medical Society of New Jersey should give this matter further study and plan to make some definite recommendations to the House of Delegates at the next Annual Convention.

"Inasmuch as the Negro problem in New Jersey resolves itself into the provision of post-graduate clinical training and experience for our Negro physicians and inasmuch as such training revolves around our hospitals, it would seem that this matter should be referred to the Hospital Relationships Committee for further study."

It is our suggestion that a Hospital Committee be appointed to follow up this matter; and that Dr. L. G. Brown, of Elizabeth, who has made a very thorough study of the entire hospital problem, be appointed as chairman for this work.

4. TECHNICAL ADVISER TO THE PUBLIC HEALTH COMMITTEE

The second matter was the appointment of the chairman of this committee as Technical Adviser to the Public Health Committee of The Medical Society of New Jersey. This appointment was made on the recommendation of President Robinson, who was consulted regarding the matter. This is the first time that any member of the race has been given this important consideration by the State Society.

Other evidence of progress made during the past year are as follows:

5. APPOINTMENTS TO OFFICIAL POSITIONS

We are proud to note that Dr. Jenkins, of Englewood, has been given a place in the Venereal Disease Clinic in his city; and Dr. W. A. Weathers a similar position in the Venereal Disease Clinic in Passaic.

At the December meeting of the State Board of Health, the Program for Health Activities Among Negroes, which was formulated by your chairman, was adopted, and the budget was approved at the April meeting. The amount allocated for this program is more than $8000. Dr. J. Earle Stuart has been selected as the Consultant for this work. A stenographer has also been chosen.

6. COLORED PUBLIC HEALTH NURSES

Up to the present time, we have been confronted with a serious difficulty regarding the nurse who is also a part of the personnel of the program. There is not a colored nurse on the eligible Civil Service list, and eight nurses of the other race have indicated a willingness to accept the position. We are hoping that some way can be devised by which a nurse of our own race will be placed in the position.

This program represents a new venture in health activities in this State, and its success will depend entirely upon the interest, the support, and the coöperation of our own physicians and nurses, and of the public at large. It is hoped that every physician, whether a member of this organization or not, will give to Dr. Stuart every possible help to make the proposition a successful one.

The dilemma created by the lack of any nurse on the eligible Civil Service list should compel us to urge all nurses to take advantage of Civil Service examinations in order that they may be qualified to accept positions when they may be developed. It is very likely that, with the expanding health programs of both State and local Boards of Health, many nurses will be needed in the future; but unless they are eligible, it will be difficult and perhaps impossible to have them integrated into these programs. In the past year, one of our nurses has been given the opportunity of taking a course in Public Health Nursing at the University of Pennsylvania for which the State, through Social Security Funds, allocated $100 a month. Other nurses should be urged to take advantage of these courses which are available through federal appropriations.

7. A STATE-WIDE HEALTH PROGRAM

It was learned that the W. P. A. is planning to inaugurate a State-wide health program. With this knowledge, an interview was sought with the State Director, Mr. W. A. Allan. He very kindly referred the matter to Mrs. Elizabeth Vann, under whose direction these propositions directly come. Dr. E. A. Robinson, as President of our State Medical Body; Dr. C. E. Bomar, as President of the State Dental Organization, and your chairman had a conference of more than an hour with Mrs. Vann in order that we might determine the nature of the W. P. A. program and to endeavor, if possible, to see that the physicians and dentists of our own race group were given proper consideration in the formation of the program. At that time, however, nothing definite had been developed; but Mrs. Vann indicated that the group which had met her would be considered as an *advisory body* when the initial plans of the program were developed. This move was taken in order that our members might be on the ground floor of any proposition for health activities that might be developed.

Your Chairman, Dr. George E. Bell, Regional Director for the upper portion of the State, and Dr. Thomas Bell, Chairman of the Negro Advisory Committee of the Essex County Tuberculosis League, had a conference with Mr. W. A. Smith, State Director of Negro Activities of the National Youth Administration. The New Your Association is also planning a health program, and we were called into conference to give ideas and plans for its operation. Mr. Smith has been given a place on the program to state whatever program he has in mind.

Realizing that all the sources connected with health problems will be needed for coöperation in the future, Dr. C. E. Bomar, President of the State Dental Organization, and Mrs. Harriet Lucas, President of the State Nurses' Organization, have been invited to this meeting. It is possible that some plan of coöperation may be developed in the future with these bodies. This is a matter for consideration by the organization.

8. THE LADIES' AUXILIARY

The Ladies' Auxiliary has manifested a great deal of activity during the past year, and the program which its officers have formulated indicates that they will be a valuable asset to any program formulated by this organization; and the Board urges the members individually and each local organization to give the Auxiliary support whenever and wherever possible.

The State Department of Health has recently set up Venereal Disease Control in a separate bureau under Dr. Daniel Bergsma. Dr. Bergsma has formulated a well-developed program for Venereal Disease Control. He has been given a place on the program to explain the nature of the work. It is hoped that the profession in its entirety will give its hearty support to the carrying out of the plans made by Dr. Bergsma.

9. A UNITED MEDICAL PROFESSION

This organization is committed to the support of the general policies of The Medical Society of New Jersey, and to the health programs of the State Department of Health which are made possible through State and Federal funds; but this organization is unalterably opposed to the participation in the opportunities afforded by these funds by any physician who is not identified with our local and State organizations; and these programs cannot hope to be successful unless they have the support of organized groups. This means that there will be an interdependence of the Department of Health programs and our medical organizations. We are not endeavoring to establish any kind of medical autocracy or dictatorship; but we feel that, whatever benefits accrue through such programs, they should be shared by those who support the program, not particularly as individuals, but as a part of organized groups.

There is a great deal of work ahead for our local and State organizations and a great deal of good can be accomplished through these organizations; and it is hoped that each individual and each group will realize the necessity of putting something into the practice of medicine and into the health programs of the community without making as a chief objective the emoluments that can be received.

BILLS TO THE STATE BOARD OF CHILDREN'S GUARDIANS

When there is a delay in the payment of bills for medical and dental services rendered to children who are wards of the State Board of Children's Guardians, a frequent cause of the delay is that the bills are not presented by the tenth of each month. Bills which are received after the tenth of the month are held for an additional month.

The State Board of Children's Guardians desires to pay its medical bills as promptly as possible and will appreciate the compliance of physicians with the following principles:

1. Submit a separate bill for each child.
2. Specify the dates on which the services were given; and whether office calls or home visits were made.
3. Send a bill promptly upon the completion of the treatment of each condition for which the doctor is called.

The State law requires the State Board of Children's Guardians to pay all bills incurred during a fiscal year within two months after the close of the State's fiscal year. Therefore bills for services rendered before June 30 must be presented to the Board before August 31.

If a physician takes these necessary provisions, his bills will receive prompt attention.

J. E. ALLOWAY, Executive Director,

Board of Children's Guardians.

DECEASED PHYSICIANS—NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Martin W. Curran	73	Apr. 17, 1940	Chatsworth	Same	Angina pectoris.
James J. Hagan, Jr.	31	Apr. 2, 1940	Jersey City	Same	Cardiac thrombosis. Streptococcus of throat.
Alden R. Hoover	63	Apr. 29, 1940	Elizabeth	Same	Coronary thrombosis. Coronary sclerosis.
Reba L. Lloyd	72	Apr. 14, 1940	Bridgeton	Same	Chronic myocarditis.
Daniel L. Morrison	66	Apr. 1, 1940	New Brunswick	Same	Arterial hypertension.

NUMBER OF CHILDREN REPORTED RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1939

DIPHTHERIA TOXOID

County	Total to Apr. 30	Month of May	Total to May 31	Average per Month
Atlantic	487	185	672	61.1
Bergen	2044	517	2561	232.7
Burlington	519	207	726	66.
Camden	1416	1761	3177	288.8
Cape May	67	9	76	6.9
Cumberland	105	55	160	14.5
Essex	7394	539	7933	721.1
Gloucester	224	282	506	46.
Hudson	11172	654	11826	1075.1
Hunterdon	528	15	543	49.3
Mercer	2607	67	2674	243.1
Middlesex	1240	23	1263	114.8
Monmouth	1150	51	1201	109.1
Morris	628	124	752	68.3
Ocean	159	3	162	14.7
Passaic	3229	586	3815	346.8
Salem	209	0	209	19.
Somerset	173	97	270	24.5
Sussex	2	138	140	12.7
Union	1387	101	1488	135.2
Warren	34	4	38	33.4
Totals	34774	5418	40192	3653.8

SMALLPOX VACCINE

County	Total to Apr. 30	Month of May	Total to May 31	Average per Month
Atlantic	737	84	821	74.6
Bergen	2115	584	2699	245.3
Burlington	315	86	401	36.4
Camden	999	82	1081	98.2
Cape May	98	1	.. 99	9.
Cumberland	107	15	122	11.1
Essex	4823	'228	5051	459.1
Gloucester	234	12	246	22.3
Hudson	4011	28	4039	367.1
Hunterdon	495	10	505	45.9
Mercer	996	150	1146	104.1
Middlesex	585	36	621	56.4
Monmouth	1227	57	1284	116.7
Morris	741	59	800	72.7
Ocean	48	20	68	6.1
Passaic	1813	650	2463	223.9
Salem	207	13	220	20.
Somerset	414	45	459	41.7
Sussex	0	0	0	0
Union	1450	124	1574	143.1
Warren	118	13	131	11.9
Totals	21533	2297	23830	2166.3

OBITUARIES

DR. JOHN D. MOORE

Dr. John D. Moore, of Bloomfield, died on May 12, 1940, in his home. He was a native of central New York, and graduated from Yale Medical School in 1902. He served as interne at the New Haven Hospital and began practice in Bloomfield in 1903.

Dr. Moore was an attending surgeon at the Newark Eye and Ear Infirmary, the Mountainside Hospital, Montclair, and the Essex County Isolation Hospital, Belleville.

He was a member of The Medical Society of New Jersey and of the American Association of Ophthalmologists.

COUNTY SOCIETY REPORTS

MEETINGS OF COUNTY SOCIETIES IN JULY

Warren ..... 16th Hunterdon 25th

CAPE MAY COUNTY

By Clarence W. Way, M.D., Reporter

The Annual Meeting of the *Cape May County Medical Society* was held at Simm's Restaurant, 822 Boardwalk, Ocean City, N. J., Friday, May 14, 1940, at 12 o'clock noon.

The visitors were Hon. Claude A. Van Hook, Sea Isle City; D. C. Bowen, Asbury Park; Dr. Harry Diverty, Woodbury; Dr. R. Rostin White, Somers Point; Herbert Addiscott, Superintendent, Atlantic Shores Hospital, Somers Point; Dr. F. G. Wandall, Clayton; John Friel, Pathologist, Ocean City.

An excellent luncheon was given in honor of the Ladies' Auxiliary.

SCIENTIFIC

An important and instructive address on "Breast Tumors" was delivered by Dr. Irvin Deibert, Camden, President of the Camden County Medical Society, Chief of Surgical Service, Cooper Hospital, Camden, and Past President of the New Jersey Surgical Society. The paper was very ably discussed by Dr. R. Rostin White, Chief Surgeon, Atlantic Shores Hospital, Somers Point.

A splendid address was given by Dr. LeRoy A. Wilkes, Trenton, on the subject of "Mental Hygiene".

ELECTION OF OFFICERS

The following officers were elected:

President, Aldrich Crowe, Ocean City
Vice-President, Samuel Hughes, Wildwood
Treasurer, Warren Robbins, Cape May City
Secretary and Reporter, Clarence W. Way, Sea Isle City
Member Nominating Committee to the State Medical Society, Clarence W. Way

Dr. Crowe appointed a Special Committee on Tuberculosis, consisting of Samuel Gidding, Wildwood; John Townsend, Ocean City; Samuel Hughes, Wildwood.

COUNTY HOSPITAL

The great need of a County Hospital was discussed, and President Crowe appointed the following committee to make an exhaustive study of the problem and to report findings at the next meeting in October: Herschel Pettit, Chairman, Ocean City; John Townsend, Ocean City; Millard Cryder, Cape May Court House; George Dandois, Wildwood; Samuel Gidding, Wildwood; Frank Hughes, Cape May City; Warren Robbins, Cape May City.

CUMBERLAND COUNTY

E. C. Lyon, M.D., Reporter

A meeting of the *Cumberland County Medical Society* was held at Ivy Manor on the afternoon of Tuesday, June 11.

CITIZENSHIP QUALIFICATION FOR MEMBERSHIP

An amendment to the society's constitution was favorably voted upon. Hereafter all applicants applying for membership will have to be American citizens.

NEW MEMBERS

Dr. August Jonas was admitted to membership by transfer from the Cape May Medical Society.

Dr. Sol Rosen, of Millville, was elected to membership by ballot.

GUEST SPEAKER

Dr. Julian Johnson, Associate in Surgery at the University of Pennsylvania, discussed "The Surgical Management of Peptic Ulcer".

ESSEX COUNTY

Paul H. Hosp, M.D., Reporter

The Annual Meeting of the *Essex County Medical Society* was held on Thursday evening, May 9th, 1940, with the President, Dr. Royal A. Schaaf, presiding.

Annual reports were given by chairmen of committees.

MEMBERSHIP

Dr. Crecca, of the Credentials Committee, reported that there had been eighty-six applications for membership during the past year,—thirty-two for full membership, and fifty-four for associate membership. All had been accepted.

Dr. George Blackburn, of the Membership Committee, reported the following methods for increasing the membership:

1. See delinquent members.
2. See new physicians in Essex County.
3. See hospitals in the county, and invite members on the staffs to belong to the county society.

CHILD HYGIENE

Dr. Chester Brown, for the Child Hygiene Committee, reported that "New-Born" deaths is the important subject which will be studied during the coming year.

BULLETIN

Dr. Henry Barkhorn, Chairman of the Publication Committee, reported that the Monthly Bulletin is now making a profit, besides giving the members regular messages from the society.

POST-GRADUATE INSTRUCTION

Dr. Stuart Hawkes, for the Committee on Post-Graduate Instruction, reported: "Next Fall there will be offered seven or eight additional courses at the City Hospital. They will be coördinated so that

no two courses are running at the same time. The courses will be spaced over the Winter months. Courses are being developed in fractures, surgical pathology, orthopedics, gastro-enterology, genito-urinary diseases, and peripheral vascular diseases. Any of the services at the City Hospital can submit a course in outline. The outline is then submitted to New York University for their approval."

PRESIDENT'S ADDRESS

Dr. Royal A. Schaaf gave his valedictory address as President of the society, making a plea for a closer coöperation between the younger physicians and their seniors. His address was a memorial to Dr. Abraham Mintz, of Newark, who died on January 18, 1939, aged thirty-two years, while he was preparing a paper on "The Young Practitioner" for the county society.

Dr. Schaaf made the following suggestions:

1. Include at least one young member on the Council of the society.
2. The older physicians to revive the essence of the former preceptorship.
3. Well-established physicians to have younger men as their associates to substitute for them when they are extremely busy or absent.

ELECTION OF OFFICERS

The following officers were elected:
President, Harry N. Comando, Newark
President-Elect, Francis C. Weber, Newark
First Vice-President, William W. Cox, Montclair
Second Vice-President, J. Wallace Hurff, Newark
Secretary, Marcus H. Greifinger, Newark
Treasurer, Robert H. Rogers, Newark
Reporter, Paul H. Hosp, Newark

NEW MEMBERS

New members—
R. J. D'Agostini, Springfield
Donald G. Francy, Lyndhurst
C. F. Restaino, Newark
Salvator J. Rose, Orange
Stephen Rozza, Newark

Reinstatements—
Harry Arons, Newark
Z. D. Balson, Newark
Frank S. Hargrave, Orange
William M. Kennedy, Verona

Associate members—
George Asten, Newark
Samuel Diener, Newark
Theodore Hirsch, Newark
Donald Pelliciara, East Orange
John Wagner, Newark
Egon W. Winter, Newark

MIDDLESEX COUNTY

J. J. Jablonski, M.D., Reporter

The monthly meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, N. J., on Wednesday, May 15, 1940. Dr. B. F. Slobodien presided as President.

MEMBERSHIP

The following physicians were elected to membership:

Associate—
Dr. A. R. Nelson, Fords, N. J.

Regular—
Dr. Harry B. Van Dyke, New Brunswick
Dr. Ruth Stephenson, New Brunswick

It was voted that the names of prospective candidates for full membership be published in the Bulletin of the Middlesex County Medical Society thirty days in advance of their acceptance.

SCIENTIFIC

Dr. Charles Hendee Smith, Professor of Pediatrics, New York University College of Medicine, delivered a most interesting address on the subject "Pneumonia in Children".

As for treatment, Dr. Smith spoke well of the effectiveness of sulfapyridine. He advocated administering one and a half grains of sulfapyridine per pound of body weight in full doses for one or two days, then reduce to one grain per pound of body weight on second day until the temperature drops. Finally continue its use only for twelve to twenty-four hours after the temperature drops, and not as others have recommended for periods of a week or longer. No clinical value accrued from such prolonged use of sulfapyridine. As a matter of fact, cyanosis and perhaps fatal complications may rightly be expected.

GIFT OF BOOKS

In response to the letter received from Mr. Wilton T. Applegate with reference to the medical books and library given to the County Medical Society in the will of the late Dr. Ambrose Treganowan, of South Amboy, the books were deposited in trust with Rutgers University.

PROFESSIONAL RELATIONSHIPS COMMITTEE

In response to a request received from the Middlesex County Pharmaceutical Association to form a County Professional Relations Committee, consisting of two doctors and two pharmacists, this committee was formed to which were appointed Drs. J. J. Mann and Harry Haywood.

DINNER DANCE

It was voted that the financial deficiency in connection with the Dinner Dance in Blue Hills Plantation be paid from the funds of the society.

After adjournment refreshments were served in the hospital cafeteria.

JUNE MEETING

The June meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, N. J., Wednesday evening, June 19, 1940 Dr. B. F. Slobodien, President, presided.

MEMBERSHIP

The following physicians were elected to associate membership:

William L. Salaky, Perth Amboy
Stanley J. Gobel, Middlesex Boro

Dr. William H. Hafer was granted a transfer of his membership to the Camden County Society.

SCIENTIFIC

Dr. Jefferson Browder, Assistant Professor of Surgery, Long Island College of Medicine, gave an address on the subject "The Differential Diagnosis of Neoplasm and Primary Vascular Disease of the Intracranial Cavity".

NEW BUSINESS

Miss McTigue of the Middlesex County Vocational School of Woodbridge spoke on its course of training of girls as receptionists and office workers especially for doctors. Anyone desiring a receptionist and office clerk may communicate with Miss McTigue.

POST-GRADUATE COURSES

Dr. I. E. Margaratten, Chairman of the Post-Graduate Course Committee, reported that the State Education Committee, in coöperation with Rutgers University, offers to give a post-graduate course, the subject to be chosen by members of the society. The cost will be $250.00 for five (5) lectures, to be borne pro rata by those who subscribe for the course.

MONMOUTH COUNTY

Samuel Edelson, M.D., Reporter

The Maternal Welfare Committee of the *Monmouth County Medical Society* held its round table meeting at Fitkin Memorial Hospital on Friday, May 10th, at 4.30 p. m., with the following program:

1. Two-Year Study of Neonatal Deaths at Monmouth Memorial Hospital, by Dr. R. A. MacKenzie.
2. The Premature Baby, by Dr. J. A. O'Mara.
3. Demonstrations of the E. and J. Resuscitator, by Dr. Anthony Valenti (E. & J. representative).

On May 13th the Executive Committee of Monmouth County Medical Society held its monthly meeting at Fitkin Memorial Hospital. Dr. Samuel Edelson, Chairman of School Physicians Committee, reported on the progress of the school health program.

Dr. R. A. MacKenzie gave a report on the diphtheria immunization plan as carried out in the Borough of Sea Girt; and Dr. Harold Kazmann, Chairman of the Cancer Control Committee, reported on the survey of carcinoma cases in both Fitkin and Monmouth Memorial Hospitals.

A Medical Staff conference of Fitkin and Monmouth Memorial Hospitals was held at Fitkin Hospital on May 16th.

The regular monthly meeting of the Monmouth County Medical Society was held at New Jersey State Hospital, Marlboro, N. J., on Wednesday evening, May 22nd. Approximately one hundred members attended. A very interesting program was presented.

Demonstrations in Mental Hygiene Technic—

1. Psychic Problems Demonstrated in Hypnosis, by Dr. Elsworth Baker
2. Examination of the Patient, by Dr. A. Allen Cott and Dr. C. M. Raphael
3. Treatment by Suggestion and Persuasion, by Dr. Frank P. Pignatora and Dr. C. M. Raphael
4. Treatment by Analysis, by Dr. C. C. Graves and Dr. Albert I. Duvall.

Following the reading of papers and demonstrations, Dr. J. Berkeley Gordon conducted a period of discussion.

It was suggested that the State Officers be contacted to ascertain whether or not a program of this type had been arranged by the State Mental Hygiene Committee, as part of the program for the State Convention to be held in June. If nothing of this type had been arranged, it might be convenient for Dr. Gordon to present this program.

The Annual Spring Frolic will be held June 26th.

The next Executive Committee meeting will be held in September.

New member elected to our society,—Dr. Joel Feldman, Eatontown, N. J.

Dr. R. W. Baeseman has recently returned from a seven months' trip to India. While in Bamdah, India, he did considerable eye surgery.

OCEAN COUNTY

L. R. Carmona, M.D., Reporter

The annual meeting and election of officers of the *Ocean County Medical Society* was held at Harris's Restaurant, in Toms River, on the evening of May 8, with twenty-three members in attendance, and President J. Edwin Obert presiding.

SCIENTIFIC

Dr. William G. Hermann, Past President of The Medical Society of New Jersey, was guest speaker on the topic "The Medical Service Plan of New Jersey", discussing its organization and administration.

LOCAL HEALTH PROBLEMS

A committee was appointed to meet with the Welfare Board and discuss the society's relations to the indigent and the old age pensioners.

The State Board of Health was requested to make all venereal diseases problems of the local board of health.

The society voted that the municipalities in this area which do not have active Boards of Health should revive them, and that they take action regarding the venereal cases in their locality.

ELECTION OF OFFICERS

The following were elected officers for the coming year:

President, William E. Dodd, Beach Haven
Vice-President, Harry Ivory, Point Pleasant
Secretary, Carl Menge, Toms River
Treasurer, L. R. Carmona, Tuckerton
Reporter, Raymond Taylor, Lakewood

Delegates to State Society, 1940-41: T. F. Thompson, Adolph Towbin, and Raymond Taylor.

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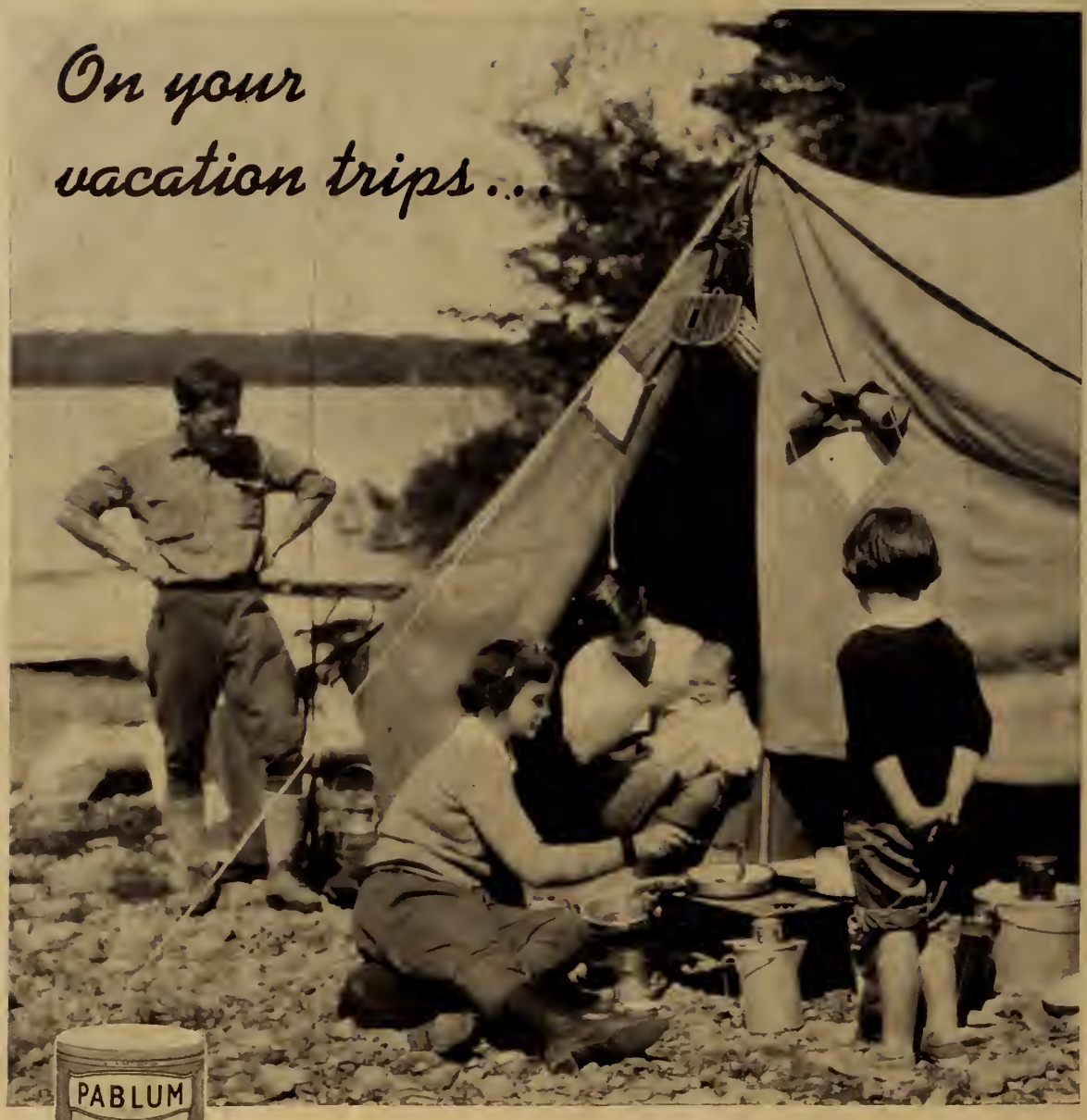

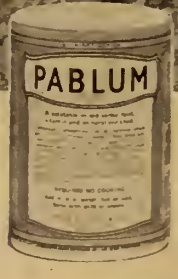

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A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XIII **July, 1940** **No. 7**

IN the early years of this century, the term "pre-tuberculous" was used to describe children who were in contact with an adult case of tuberculosis and those who were underweight or apparently below par in health. These children, it was believed, were in need of an abundance of fresh air, rest and additional food. Special open air classes were organized for them on the theory that by such devices the development of tuberculosis might be prevented. As the years passed, the soundness of these ideas was challenged and recently a Committee on Care and Education of Below-Par Children has re-investigated the subject. Extracts of the report of this Committee follow.

THE PHYSICALLY BELOW-PAR CHILD

Many school departments make special provision for so-called "exceptional" children, including the visually handicapped, the hard of hearing, the cardiacs and those presumably in danger of developing tuberculosis. Various terms have been used to describe these children, such as "delicate, undernourished, underweight, handicapped and lowered vitality." Because open air classes have been stimulated largely by tuberculosis associations throughout the country, the National Tuberculosis Association has felt a responsibility to review the problem and therefore appointed a committee to study the situation.

Changing Concepts

In the early open air classes, emphasis was placed on malnutrition and anemia—either or both of which were considered at that time to be predisposing factors in the development of tuberculosis—and on known contacts with an open case of tuberculosis. Today it is recognized that no matter how pale or undernourished a child may be, he will not develop tuberculosis unless he actually takes tubercle bacilli into his body. Therefore the term "pre-tuberculous" is no longer acceptable and its use should be discarded. The best way to prevent infection among children is to remove the case of tuberculosis from the home. Infection in a child can be detected by the tuberculin test. Tuberculous disease in children between the ages of 5 and 15 years is relatively unimportant; the tubercle bacilli are apparently walled off and cause little damage. The walling-off process seems to operate just as rapidly and completely if the child remains in school and participates in the normal activities of child life as when strict bed rest is instituted. A school child who has a positive tuberculin reaction, but whose X-ray reveals nothing abnormal, who is apparently in good health, and who after a thorough investigation of his associates at home and elsewhere is found not to be in contact with an open case of tuberculosis, usually does not need special care. Nor is such a child capable of transmitting tuberculosis. He is, however, entitled to the health supervision which is due every child. Throughout adolescence and early adult life he should be given an X-ray examination annually and watched.

There remains a group of tuberculous children for whom special care is necessary. These children may have such extensive infection that the body cannot well control it, or clinically serious tuberculous disease may have begun. Such children, both for their own welfare and also to protect others from the disease, need special care. The question arises whether it is not better to arrange home or institutional care for this group. Their number in any one locality is usually so small that either the expense of a special teacher for them or the transportation costs of collecting daily in one place a sufficient number to warrant a full-time teacher, is economically impractical. It is believed that such convalescent care as is needed must be worked out in the light of available local resources.

Below-Par Children

"Malnutrition" is a loosely used term. Underweight is not necessarily a symptom of malnutri-

tion, nor are all undernourished children underweight. The judgment of the physician based on one routine physical examination is not always dependable, for studies have shown that competent physicians vary widely in their independent judgments of nutritional status in the same children. Nutrition is not a single entity due to a single cause. Vitamin status, blood chemistry, and types and degrees of anemia are all recognized as important indices of nutrition status.

However, the physician can with some degree of reliability select those children who are physically below par. They include those who exhibit such symptoms as lack of stamina, lassitude, failure to gain weight, etc. Only a comparatively small number are below par primarily because of a condition needing medical care. For those who do need medical care the course of action should be to set the machinery going to obtain adequate medical care.

A second group are those who are temporarily below par following illness or operations. Often such a child is better off in the ordered ways of school life although he is not able to carry a full program of work and activity.

In the great majority of below-par children the cause is usually determinable only after study of the child in relation to his home and family. Poverty, ignorance and maladjustment may be factors. Only after a careful study of such factors can one hope to solve the problem.

Are Special Classes Necessary?

Special classes for "exceptional" children have undoubtedly made a contribution to the improved health of school children. One type, the open air class, has emphasized fresh air, food and rest. Fresh air has mistakenly been interpreted as meaning large volumes of outdoor air regardless of temperature. But recent studies have shown that cool air in gentle motion provides the best condition for comfort and for health. Supplementary feeding at school is open to question. Adequate food and regular meals at home are best, and supplementary feeding, if indicated, must follow the needs of the individual case. Whatever the cause of inadequate food may be, the solution lies not in special classes but in home adjustments. Rest is an important need for the below-par child. Open air classes have demonstrated the value of periods of rest. The amount and the duration of the additional rest requirement for the individual child should be based on medical opinion.

Special Care

Against this background of change in theories and facts the present-day problem of how to care for the below-par child must be met. Groups including the deaf, the crippled, the cardiacs and the visually handicapped need special adjustment of school procedures. For children with clinical tuberculosis special provision must be made for they are sick children. There remains a sizeable but less well defined group which includes children below par because of a condition needing medical care, or, temporarily, following an illness or operation, or from a variety of causes which may be socio-economic and related to the home. The school should provide for these below-par children a lightened school program together with extra rest. The easiest way to do this is by means of the segregated special class, but it is costly and educationally and socially unsatisfactory. How can the school best meet its problem?

The school physician can in the course of school physical examinations, select the below-par group for intensive study. The school physician, nurse, and teacher can by follow-up study of the child, the parents and the home, gain a better understanding of the underlying causes of the condition. These causes can, to a large extent, be removed or mitigated, by making social and economic adjustments in the home.

In summary, the responsibility of the care of the below-par child should be divided between the home and the school. Segregation in special classes is not necessary and is detrimental to the child's education and social development. Supplementary feeding at school is open to question. School procedures should be adopted for individual children to provide for rest periods, a lightened school program with avoidance of undue strain, and attendance at regular classes for as much of the academic program as the child is able to carry. This program, formulated for elementary school children should also be extended to junior and senior high school students.

The Physically Below-Par Child. Publication of the N.T.A., 1940.

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EYE PHYSICIANS: *Your coöperation can be concretely expressed by recommending a GUILD OPTICIAN — where quality and accuracy protect you and your patient.*

"EXCEPT... WHERE THERE WAS DEFINITE PATHOLOGY"

Reporting on patients who had changed to Philip Morris, one study* states...

"They had less throat irritation and the paroxysms of coughing promptly disappeared. In practically every case, except in those cases where there was definite pathology...patients were markedly improved."

Laryngoscope, St. Louis, 1937.
Reprint available on request.

Philip Morris & Co., Ltd., Inc., 119 Fifth Avenue, New York

PROFESSIONAL LIABILITY PROTECTION

Afforded Members of

THE MEDICAL SOCIETY OF NEW JERSEY

Since 1921

FAULHABER & HEARD, INC.

Authorized broker to negotiate
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For Protection and Specialized Service

31 Clinton Street Newark, N. J.

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FAULHABER & HEARD, Inc.

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Kindly send information on limits and costs of Society Professional Policy.

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Are You FEEDING a Suitable FAT?

Yes, Some Fats Do Upset Them. Yet a proper fat is an essential part of every infant's diet. The addition of carbohydrate cannot compensate for the absence of a sufficient amount of a suitable fat.

SMA fat resembles human milk fat—has the same chemical and physical characteristics. And because SMA fat is like human milk fat the SMA carbohydrate is lactose, the only sugar present in human milk.

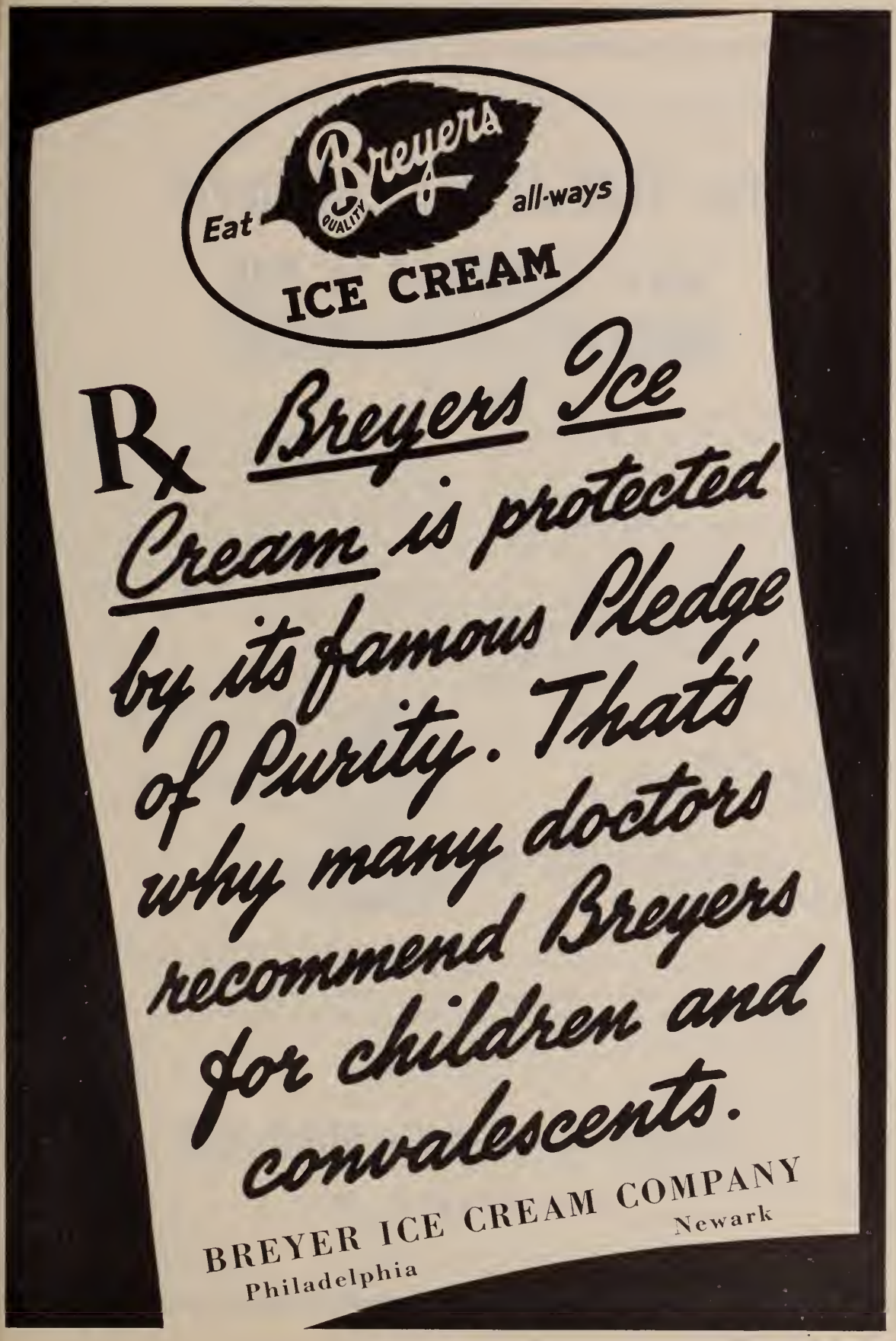
The percentages of fat, protein, carbohydrate and ash are the same as those in human milk and when prepared according to the physician's directions SMA is essentially similar to human milk.

Therefore, SMA may be fed to normal full-term infants without modification or change for the same reason that it is not necessary to modify human milk.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

Normal infants relish SMA—digest it easily and thrive on it.

S.M.A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILL.


Eat
Breyers
QUALITY
all-ways
ICE CREAM
℞ Breyers Ice Cream is protected by its famous Pledge of Purity. That's why many doctors recommend Breyers for children and convalescents.
BREYER ICE CREAM COMPANY
Philadelphia
Newark

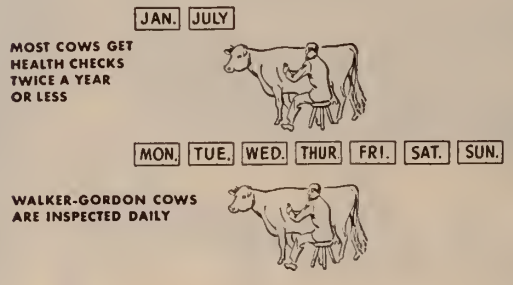
For 54% of our customers we're indebted to YOU

● It's a significant fact that 54% of our customers come to us on doctors' recommendations . . .

. . . for which we say *thanks!*

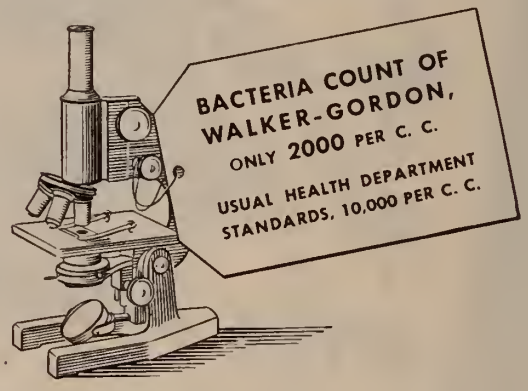
Walker-Gordon Certified is generally accepted as the world's finest milk, and we're making every effort to keep it so.

That's why we take such extraordinary purity precautions on our "clinically controlled" farms. For instance, Walker-Gordon cows are given *daily* health checks, instead of semi-annual.



Too, their udders are washed, and dried with sterilized towels, before each milking. And instead of being milked by hand, they're milked on the famous "Rotolactor"—an exclusive Walker-Gordon development. So that Walker-Gordon Milk goes from cow to consumer without ever meeting outside air!

All of which helps explain why Walker-Gordon is *five times as pure,* bacterially, as health departments require even under the high standards set for certified milk.



. . . And all of which helps explain, too, why we expect to be able to say for many more years: *"Most of our customers are sent to us by doctors."*

Walker-Gordon Certified Milk

THE WORLD'S FINEST MILK

"Look for the Name GOLDEN GUERNSEY and the Trade Mark."

★ ★

When youngsters start to "grow like weeds"

PHYSICIANS recommend and prescribe GOLDEN GUERNSEY Milk because of its extra food values.

Rich in cream, rich in valuable milk solids, every glassful of GOLDEN GUERNSEY helps growing youngsters maintain strength and vitality at a difficult time.

The extra nutrition in GOLDEN GUERNSEY can be seen in its deeper cream line — more butterfat. It can be tasted in GOLDEN GUERNSEY'S delicious full-bodied flavor — due to its higher content of health-promoting minerals and salts.

GOLDEN GUERNSEY is always *all* Guernsey. It is never mixed with other milk.

GOLDEN GUERNSEY, Inc. • Peterborough, N. H.

★ ★

Production Supervised by

N. J. GUERNSEY BREEDERS ASSOCIATION, Inc.

New Brunswick, N. J.

Where GOLDEN GUERNSEY is obtainable

ALDERNEY DAIRY CO.
26 Bridge Street, Newark

AUDLEY FARMS
Mendham

DURLING FARMS
Whitehouse

FAIRLAWN FARMS, INC.
Adelphia (near Freehold)
Producer for Alderney Dairy Co.
Visitors Welcome

FOREST DAIRY, INC.
17 Forest Street
North Arlington

ALBERT H. FORSYTHE
Locust Lane Farm
Mill Street, Moorestown

FRANKLIN LAKE DAIRY, INC.
Midland Park

CLIFFORD L. CONOVER
Hightstown Guernsey Dairy
Producer and Distributor of Golden Guernsey Milk
Hightstown

PHIL KNORR
1022 Stuyvesant Ave., Irvington

MT. VERNON FARMS CO., INC.
445 Hillside Avenue
Hillside

PEAPACK-GLADSTONE DAIRY
Main Street, Peapack

PORT MURRAY DAIRY CO.
161 Shaw Ave., Irvington

PRINCETON DAIRY, INC.
362 Nassau Street, Princeton

SUPREME MILK & CREAM CO.
Fayette Street, Perth Amboy

SUNRISE DAIRY
1010 South Ave., Westfield, N. J.

JACOB TANIS
Ideal Guernsey Farms
940 Belmont Ave., No. Haledon

L. B. WESCOTT
Clinton
Producer for Supreme Milk & Cream Co.
Visitors Welcome

THE NATURAL MINERAL WATERS OF SARATOGA SPA ARE OWNED AND BOTTLED BY THE STATE OF NEW YORK

To Reinforce a Mineral Deficient Diet

The accompanying analysis chart emphasizes the rich mineralization of the Waters of Saratoga Spa safeguarded in the State's special bottling process so that the catalytic quality of the waters is unimpaired. The various elements are present in complex combinations whose labile form is considered to make the Waters an exceptional source of assimilable minerals.

For those patients whose natural inclination is to ingest types of foodstuffs deficient in alkaline ash residue the prescription of one or two bottles daily of Saratoga Geyser Water will tend to restore the alkaline reserve in a most pleasant fasion.

There is also need for increased mineral intake during pregnancy when the fetus is storing minerals in its body. At this time, too, the appetite may be poor and vomiting present, making it otherwise difficult to increase the mineral intake. Waters like Saratoga Coesa and Geyser act to quiet the irritated stomach and sometimes will be tolerated when plain water or food cannot be taken.

For clinical trial, we shall be glad to send you a Physician's Sample assortment of 4 bottles, with the compliments of the State. You will also be interested in Spa Publication Number 9 on the general internal uses of the Waters. Write, on your professional letterhead, to W. S. McClellan, M.D., Medical Director, Saratoga Spa, 159 Saratoga Springs, N. Y.

Analysis of the Three Waters

(MINERAL PARTS PER MILLION)

Hypothetical Combinations	Geyser Water	Hathorn Water	Coesa Water
Ammon. chlorid	61.17	59.10	38.77
Lithium chlorid	27.00	64.49	42.43
Potass. chlorid	233.81	789.54	348.00
Sodium chlorid	2,511.61	8,594.84	4,930.39
Potass. bromid	32.00	160.00	16.00
Potass. iodid	1.60	4.80	2.00
Sodium sulphate	Trace	None	None
Sod. metaborate	Trace	Trace	Trace
Sodium nitrate	Trace	Trace	Trace
Sodium nitrite	Trace	Trace	Trace
Sodium bicarb.	2,206.54	424.71	433.70
Calcium bicarb.	1,877.09	3,380.84	2,545.74
Barium bicarb.	Trace	25.65	39.03
Strontium bicarb.	Trace	Trace	Trace
Ferrous bicarb.	23.15	40.07	14.25
Magnes. bicarb.	874.71	2,244.88	1,378.52
Alumina	1.59	4.98	2.70
Silica	6.60	14.40	9.60
Total	**7,856.87**	**15,808.30**	**9,801.22**

Look for the Seal of The State of New York on every bottle of the genuine waters of Saratoga Spa.

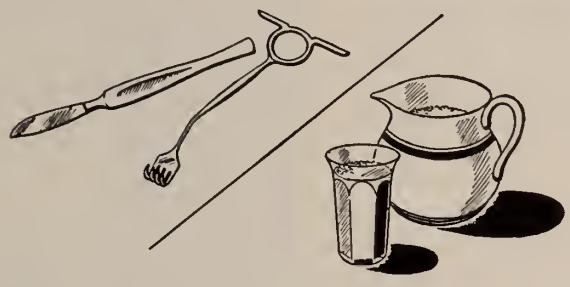
THE BOTTLED WATERS OF

SARATOGA SPA

GEYSER • HATHORN • COESA

★ ★

Grapefruit and Surgical Disease



CITRUS JUICES are of value in the pre-operative preparation of the surgical patient, as well as during his subsequent convalescence.

The administration of large quantities of citrus juice during the 24 to 48 hours preceding operation has been found to result in less post-operative nausea and depression.

Anesthesia and dehydration tend to cause acidosis. Citrus juice combats this tendency by providing fluids, citrates, and easily assimilable sugars, as well as a final alkaline reaction in the body equivalent to 4.5 c.c. N alkali per 100 c.c. of juice.

The repair of wounds, accidental or surgical, depends upon the ability of the body to produce and maintain fibrous tissue, and this in turn is dependent upon an adequate supply of Vitamin C.

Citrus fruits are prime sources of Vitamin C, and contain appreciable amounts of other necessary vitamins and minerals.

Grapefruit juice is particularly useful; its attractive, tart flavor facilitates the administration of large quantities of the juice before operation, and stimulates the appetite during convalescence. *Canned* grapefruit juice is high in all the values attributed to the fresh fruit. Furthermore, it is economical, convenient to use and readily available the year around.

The Citrus Commission of the State of Florida has prepared a treatise on the citrus fruits in their relation to health, with a full bibliography; a copy will be sent to any member of the medical profession upon request.

FLORIDA CITRUS COMMISSION
STATE OF FLORIDA

Florida Citrus Commission
Lakeland, Florida Dept. 30-G

Gentlemen:
Please send me your book, CITRUS FRUITS AND HEALTH.

Name_____

Address_____

City_____ State_____

Profession_____

The statements in this advertisement are based on the following numbered references in "Citrus Fruits and Health": 44, 93, 95, 96, 100.

HUMAN CALCIUM REQUIREMENTS

● The formation of bone or calcareous tissue is probably the best known use of dietary calcium by the animal body. However, calcium—as the ion or in the form of its compounds—is also concerned with certain other vital physiologic activities, among them normal cardiac function and the normal clotting of blood. The importance of an optimal dietary supply of calcium, therefore, should be immediately apparent. Nevertheless, it appears that many American diets may be deficient in this essential mineral.

Investigations have established within limits the daily needs of humans for calcium (1, 2, 3, 4, 5). By means of balance studies —in which the extent of calcium intake and excretion is closely followed—it has been possible for investigators to arrive at estimates of the daily amounts of this mineral required in various phases of the life cycle. In addition, it has been possible to study the effect of specific factors which may influence calcium utilization, such as vitamin D, phosphates, or certain anions in foods.

As to human daily calcium requirements, some differences apparently exist between the estimates of various authors. However, an allowance of 1.0 gram of calcium per day for children appears well supported by the evidence. For adults, conservative opinion is well expressed in the following quotation (5):

> "From the evidence . . . it follows that with the requirement—in the sense of estimate of minimal need with allowance for variations—now put at about 0.75 gram per day for adult maintenance, the women of the population should have an average of about 1 gram per day to provide for the occasional exercise of the functions of pregnancy and lactation without undue tax upon the mother; and that the men of the population should also have an average of about 1 gram of calcium per day, if they are to be nutritionally at their best."

Protective diet formulation has recently been admirably described (5). The basic pattern of modern diet planning provides that milk—whole or the various forms of canned milk—be included in the ration in such amounts that practically the entire calcium requirement for the individual is supplied from that source alone. Other foods which supply significant amounts of calcium (5) and which normally should be included in the varied diet, serve as supplementary sources of this essential mineral. By this means, the calcium requirement of the individual should be adequately met.

Attention might well be directed to the part which commercially canned foods might play in diet formulation to assure ample calcium intake. Milk in various forms, as well as other foods commonly regarded as valuable sources of calcium, are included among the several hundred available canned foods. The use of these foods according to the modern diet plan should assist materially in providing for an optimal supply of this essential mineral.

AMERICAN CAN COMPANY
230 Park Avenue, New York, N. Y.

REFERENCES

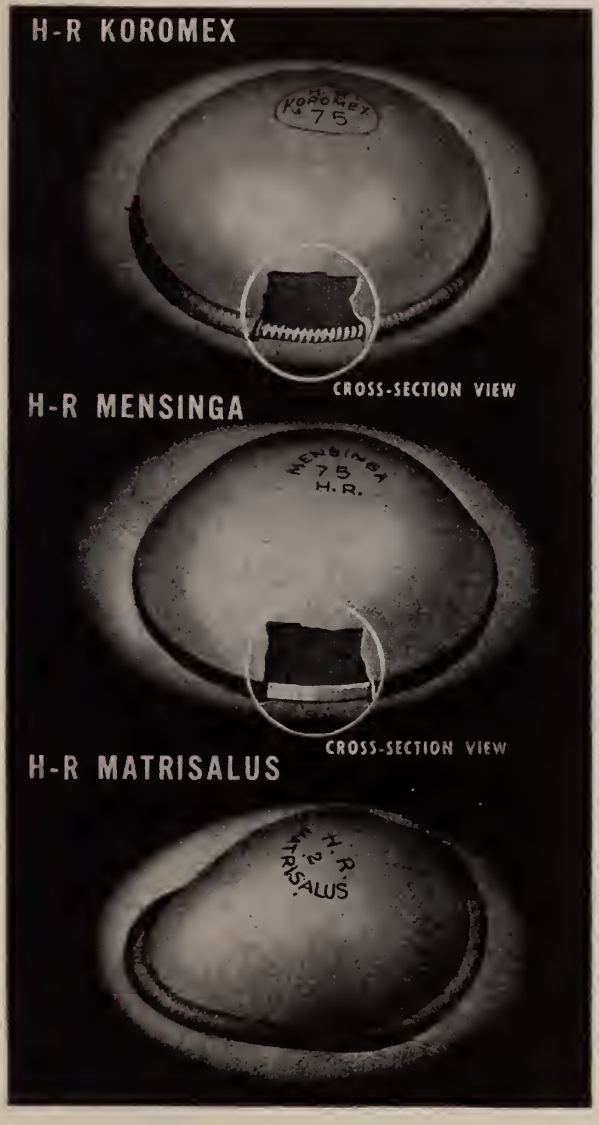
1. 1939. Mineral Metabolism, Alfred T. Shohl, Reinhold, New York.
2. 1939. The Newer Knowledge of Nutrition, Fifth Edition, E. V. McCollum, Elsa Orent-Keiles and Harry G. Day, Macmillan, New York.
3. 1937. Nutrition Abstracts and Reviews 6, 553.
4. 1937. Chemistry of Food and Nutrition, Fifth Edition, H. C. Sherman, Macmillan, New York.
5. 1939. Food and Life, Yearbook of Agriculture, U. S. Dept. Agri., U. S. Government Printing Office, Washington, D. C.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-second in a series, which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

Diaphragms for EVERY Condition



HOLLAND-RANTOS *offers a most complete line of diaphragms. We invite inquiries concerning specific conditions.*

• ● •

The H-R Koromex diaphragm (coil spring type) is available in sizes from No. 50 to No. 105 mm., and is indicated for use in all normal anatomies.

The H-R Mensinga diaphragm (watch or flat spring) is available in sizes from No. 50 to No. 90 mm. including half sizes, and is indicated where there is a slight redundancy of the mucosa of the retro pubic space, or a slight relaxation of the anterior vaginal wall.

The H-R Matrisalus diaphragm is available in sizes—No. 1 to No. 6 corresponding to 65, 70, 75, 80, 85 and 90 mm. This special shaped diaphragm is indicated in cases of cystocele or prolapse where, owing to relaxed vaginal walls, the ordinary diaphragm cannot be retained in position.

Send for copy of "Physician's Diaphragm Chart and Fitting Technique"

HOLLAND-RANTOS CO., Inc.

551 5th AVENUE - NEW YORK
308 WEST WASHINGTON ST. - CHICAGO
520 WEST 7th STREET - LOS ANGELES

STUDIES IN THE AVITAMINOSES

This page is the eighth of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A full color, two-page insert on the same subject appears in the July 20 issue of The Journal of the American Medical Association.

Coexisting riboflavin deficiency and pellagra, showing cheilitis and the characteristic glossitis.

THE manifestations of riboflavin deficiency in man have been recognized as such only recently. Frequently they occur in conjunction with pellagra, and consequently the characteristic lesions may not be apparent until the pellagra has been overcome.

The cheilitis of ariboflavinosis. Note fissures at angles of mouth.

The Clinical Manifestations of Riboflavin Deficiency

THE most prominent lesion of riboflavin deficiency is a cheilitis characterized by reddening of the lips due to exfoliation of the epithelium, and radiating fissures at the angles of the mouth. There may also be seborrheic lesions in the nasolabial fold and on the alae nasi. According to Krause, Sydenstricker, Sebrell, and Cleckley, riboflavin deficiency produces a magenta color of the tongue. As stated by these investigators, when riboflavin and nicotinic acid deficiencies occur in the same individual, the fiery red tongue of pellagra may change under the influence of nicotinic acid to a magenta color which disappears only after riboflavin therapy.

UPJOHN

If ALL YOUR PATIENTS WERE TURTLES

If all your patients could squat beneath thick shells, they wouldn't get sunburned. But, as they're not turtles, the scorching rays leave their skins red and smarting. Give them quick, sure relief by prescribing Nupercainal, "Ciba". This ointment of sustained anesthetic and analgesic action takes the pain and sting out of sun burns in most every case . . . promotes healing.

NUPERCAINAL* (containing alphabutyloxycinchoninic acid diethylethylenediamide base) has won many kudos for its soothing relief of pain and itching in the treatment of hemorrhoids, superficial burns, dry eczema, pruritus ani et vulvae, cracked nipples and other skin and mucous membrane conditions.

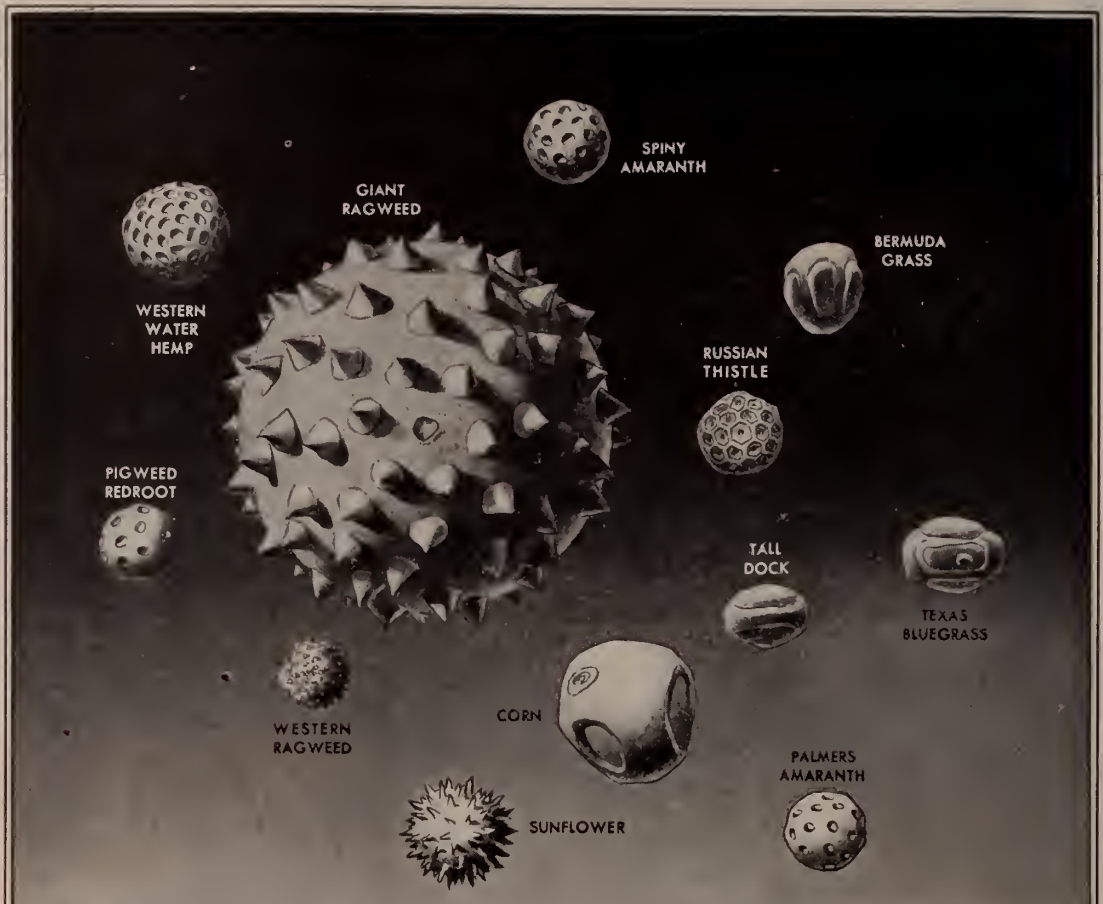
The pharmacist can supply Nupercainal in tubes, one ounce — or in larger quantities from the one pound jars.

WRITE FOR SAMPLE TUBE AND LITERATURE.

*Trade Mark Reg. U. S. Pat. Off. Word "Nupercainal" identifies the product as alphabutyloxycinchoninic acid diethylethylenediamide base in lanolin and petrolatum, an ointment of Ciba's manufacture.

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY



Weeks of acute misery, or weeks of comparative comfort? To the hay fever sufferer 'Benzedrine Inhaler' often makes just that difference.

Illustrative motif based on *Balyeat's Allergic Diseases: Their Diagnosis and Treatment*, 4th edition. Copyright, F. A. Davis Company, Publishers.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

BENZEDRINE INHALER

A VOLATILE VASOCONSTRICTOR

Each tube is packed with amphetamine, S.K.F., 325 mg.; oil of lavender, 97 mg.; menthol, 32 mg. 'Benzedrine' is S.K.F.'s trademark, Reg. U. S. Pat. Off.

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA. SKF *EST. 1841*

In 1870, Charles H. Blackley, English physician, having established the role of pollens in causation of hay fever, investigated relation between quantity of pollen in atmosphere and intensity of symptoms. He exposed glass plates covered with a sticky mixture to the wind and determined how many pollen grains were deposited in 24 hours.

POLLEN HYPERSENSITIVITY

To the large class of hay fever sufferers who demand palliative relief from the unpleasant sneezing, lacrimation and nasal engorgement, a degree of welcome comfort is provided in the use of

NEO-SYNEPHRIN HYDROCHLORIDE

(laevo-alpha-hydroxy-beta-methyl-amino-3 hydroxy ethylbenzene hydrochloride)

The various dosage forms of Neo-Synephrin Hydrochloride provide a range of potency and application suitable for all types and degrees of nasal allergy.

EMULSION—¼% (1-oz. bottle with dropper)
SOLUTION—¼% and 1% in saline solution (1-oz. bottle)
¼% in Ringer's Solution with Aromatics (1-oz. bottle)
JELLY —½% (in collapsible tubes with nasal applicator)

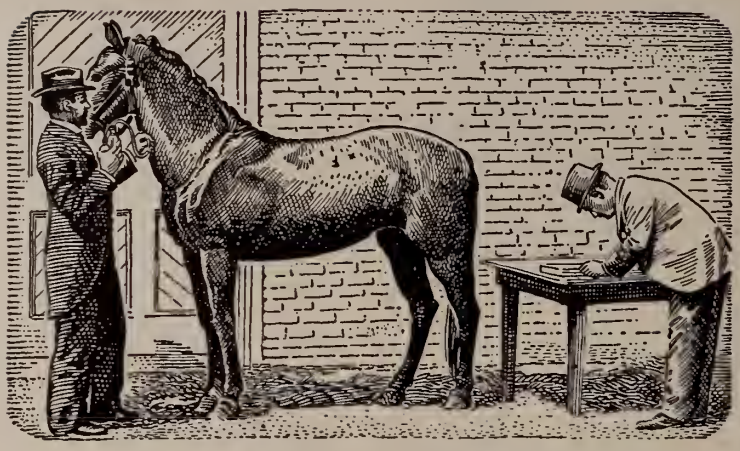
ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

EMULSION SOLUTION JELLY

FREDERICK STEARNS & COMPANY

DETROIT, MICHIGAN

NEW YORK KANSAS CITY SAN FRANCISCO
WINDSOR, ONTARIO SYDNEY, AUSTRALIA



Injecting the first "diphtheria horse" at the Parke-Davis Laboratories.

The young doctor who called on Von Behring

The year—1894. Treatment of diphtheria was largely a matter of topical applications to the throat, and "watchful waiting." Then came the news of von Behring's discovery of diphtheria antitoxin.

Dr. E. M. Houghton, a brilliant new member of the Parke-Davis staff, was promptly sent to Vienna—to learn first-hand from the great scientist the details of diphtheria antitoxin production and use. Soon Parke, Davis & Company established the first commercial biological laboratory in America, and today holds U. S. License No. 1 for the manufacture of biological products for human use.

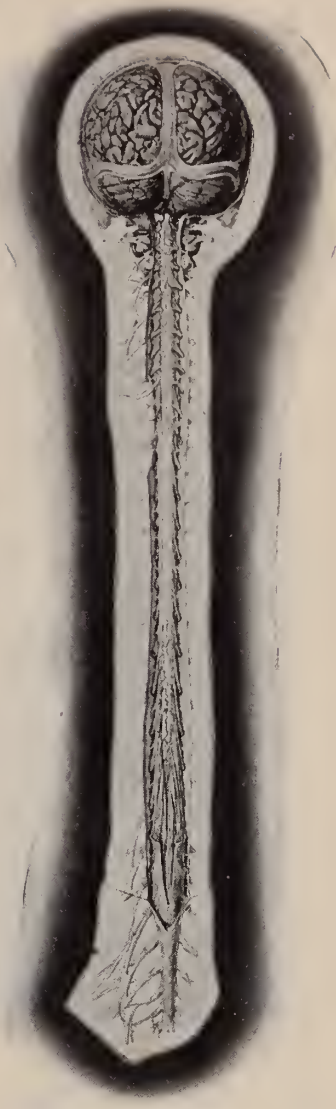
The courage to pioneer has been characteristic of Parke-Davis since the first years of its existence. In the 1870's came the introduction of cascara. A few years later, the first chemically standardized fluid extracts were introduced. Then, in the '90's came *physiological* standardization. Since the turn of the century, Adrenalin . . . Pituitrin . . . Pitressin and Pitocin . . . Ventriculin . . . Meningococcus Antitoxin . . . Mapharsen.

By broadening and extending its research activities year by year, this Company seeks to fulfill its traditional obligation to the cause of Medicine.

PARKE, DAVIS & COMPANY

PIONEERS IN RESEARCH ON MEDICINAL PRODUCTS

TRYPARSAMIDE MERCK
in Syphilis of the Central Nervous System



● Therapeutic Advantages

Unusual power of therapeutic penetration in case of the central nervous system.

Varying degrees of symptomatic improvement obtained in a large proportion of early cases of dementia paralytica.

Found useful in the treatment of tabes dorsalis, meningeal and other forms of neurosyphilis.

Especially recognized in conjunction with fever therapy.

● Economic Advantages

Easily administered by usual intravenous technic.

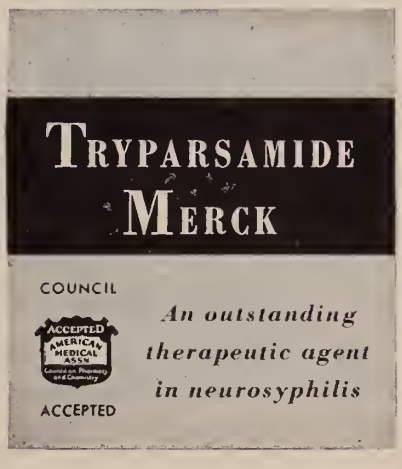
Available for private practice, clinic and hospital use.

Supplied in ampuls of definite dosage.

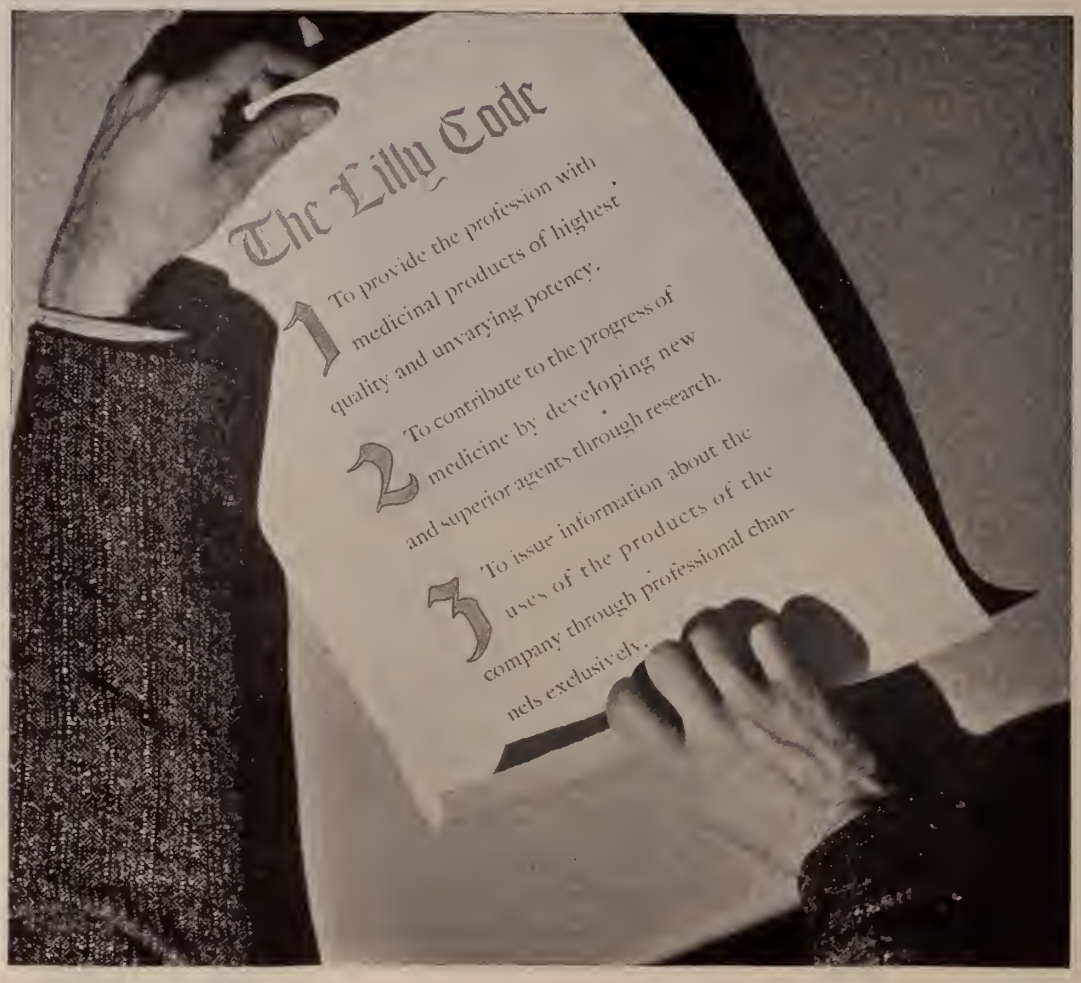
Inexpensive.

FOR 20 years Tryparsamide Merck has been available for use in the treatment of neurosyphilis. It is supplied to the medical profession through leading pharmacists in 1, 2, and 3 Gm. ampuls for private practice use. The low cost of Tryparsamide Merck makes it available to practically every patient.

Literature on Request



MERCK & CO. Inc. *Manufacturing Chemists* **RAHWAY, N. J.**



Dependable Antiseptic

'Merthiolate' (Sodium Ethyl Mercuri Thiosalicylate, Lilly), germicide of many uses, is noted for its general applicability to all types of clinical antisepsis and for its compatibility with body tissues. In addition to Tincture 'Merthiolate' and Solution 'Merthiolate' the antiseptic is available in special preparations of jelly, cream, ointment, and suppositories.

ELI LILLY AND COMPANY

PRINCIPAL OFFICES AND LABORATORIES • INDIANAPOLIS, INDIANA, U. S. A.

Volume XXXVII.
Number 8

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly

Under the
Direction of the
Committee on Publication

Editor of
The Journal
Frank Overton, M.D., Dr. P.H.

Editorial and Executive Offices of the Society—143 East State Street, Trenton, N. J.; Tel. 9330
Executive Officer—LeRoy A. Wilkes, M.D.
Executive Assistant—Norman M. Scott, M.D.
Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. XXXVII, No. 8 August, 1940 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

EDITORIAL

Why a State Society?

If one reviews the early history of Medical Societies, and, particularly The Medical Society of New Jersey, he will find the primary reasons for forming a State Society was for the purpose of controlling the admission of candidates into the ranks of the medical profession.

Through the decades that have passed, many changes in medical organization have taken place, and today we are proud of the fact that our Society is so well organized that comments are received from the press as well as lay groups as to the manner in which we have approached and fought to protect the patient as well as the profession.

I think this is all reflected in the type of organization which we represent. Ours is a democratic type of administration which promotes the participation of every County Society, and the active interest of every individual member.

The State Society has definite objectives which are always for the welfare of its members. Probably the most outstanding is that of the passage of the Uniform Medical Practice Act, which protects the physician from cults and illegal practice, and prohibits those without full citizenship to practice in our State.

None of this would have been possible if our State Society was not only well organized, but also forever on the alert to protect its members from all proposed laws which would vitally affect the economic structure of the profession.

Sometimes I wonder how many of the members of the component societies realize the value of a well-organized State Medical Society? I am sure too few realize their responsibilities as individuals.

Making plans and determining lines of action is the particular work which the members assign to their chosen leaders. But carrying out the details of the announced plans must necessarily be done by the individual members, each in his home-town circle of influence.

We are soon to pass through the most trying days in the history of medicine, and if ever your help and support is needed *"it is now"*.

Support your State Society. You need it; and it needs you.

Watson B. Morris, *President.*

Annual Meetings, 1915 and 1940

Ever since The Medical Society of New Jersey was founded on July 26, 1766, 174 years ago, it has set high ideals before its members along two lines:

1. Their internal relations to their patients.
2. Their public relations to the people generally.

The apostle Paul expressed these relations in his Epistle to the Romans when he wrote—"None of us liveth to himself; and no man dieth to himself."

The application of this broad principle has always been the objective of the members of The Medical Society of New Jersey; and its importance is now being realized to a greater extent than ever before.

1. STEPS OF DEVELOPMENT

The sickness of every individual has always been considered to have public aspects; but it took the members of The Medical Society of New Jersey a full century to diagnose the relations and implications of the public toward physical diseases, and to set up the means by which the people generally should do their part in discharging their duties toward the sick, and to those threatened with illness. Those steps which now seem self-evident had a slow growth.

1. Medical schools were founded to take the place of the apprentice system of training physicians.
2. Hospitals were established to treat the poor by the most modern means that were available.
3. A system of trained nurses was developed to supplement the crude methods of home care.
4. Public health departments were established to control unsanitary environments, and prevent the spread of contagious diseases.
5. Welfare organizations, both private and public, were set up to give the varied services which the sick poor could not provide for themselves.
6. A system of instruction by medical societies was established for the purpose of advising the people regarding their duties not only to those who were actually sick, but also in preventing sickness from occurring.

All these activities were established by outstanding leaders of medical societies, but only during the present quarter century, and even the present decade, have they been adopted by the rank and file of the medical profession. Today physicians generally subscribe to the following obligations:

1. To join the medical society of their county, their state, and the nation.
2. To support the plans of their chosen leaders in diagnosing and treating the deficiencies and ills of the community, in regard to the *distribution* of medical services, both curative and preventive, to *all* the people.

The tide of public relations in medicine has risen slowly and imperceptibly, and transformed the rocky and muddy shore-line of medicine into safe harbors of relief and comfort; but the progress becomes evident when one compares the records of the ship of health a quarter of a century ago with those of the year 1940.

2. THE ANNUAL MEETING OF 1915

In the year 1915 the annual meeting of The Medical Society of New Jersey was held in Spring Lake, and was attended by 289 physicians,—16 per cent of a total enrollment of 1722 members. The proceedings of this meeting are recorded in great detail in 35 pages of the Journal of September, 1915, and are typical of all the meetings which were held during the decade of 1910-1920. The sessions were dominated by a few outstanding leaders to whom both the medical profession and the people generally are deeply indebted.

Those leaders were pioneers who laid the sure foundations on which the modern system of public health service has developed. They realized that the first essential was to establish a system of medical organization which should deal with every phase of the practice of public health. It was therefore only natural that the principal topics of discussion should have been

the development of a strong internal organization, which should have the respect of the *community*, as well as the *medical profession*.

MEDICAL LEADERS

Among the numerous leaders who are recorded as taking part in the proceedings, the following are still active in the State Society:

C. C. Beling, Essex—Care of the Insane
J. B. Harrison, Union—Credentials
E. J. Ill—Finance, and Publication
E. J. Marsh—Hygiene, and Sanitation
B. S. Pollak—Tuberculosis in Children
Henry Spence and J. F. Norton—Educating the Public in Tuberculosis
George T. Tracy, Burlington—Medical Legislation
J. C. McCoy, Paterson—Hospital Standardization

Also Past Presidents:

L. F. Donohoe, Hudson
E. Z. Hawkes, Essex
G. N. J. Sommer, Mercer

TOPICS OF DISCUSSION

The greater part of the discussions were on the internal affairs of the Society, including the following:

1. Three pages of discussion on excluding Fellows from the Nominating Committee. The motion was lost by a six-to-one vote.
2. Committee on newspaper publicity of the annual meeting proposed.
3. Two warnings from the chairman that the hotel management insisted that members should not smoke in the Assembly Room, for the ashes ruined the polished floor.
4. Suggestions to establish a system of public health education, since this was left to women's clubs. Only nine County Societies sponsored health lectures.
5. The standardization of the relations of hospital trustees to the medical staff.
6. Journal Expenses $3,419.06
   Receipts 3,343.15

The Journal was sent to subscribers only, and only subscribers received defense against malpractice suits.

7. Suggestions that county committees work under the State committees.
8. A committee to coöperate with the A. M. A. in arranging popular lectures on the Conservation of Vision.
9. A report of nine counties sponsoring publicity in public health.
10. Establishing tuberculosis sanatoria clinics for children.
11. Protection of physicians on the witness stand.
12. Legislation to free the State Department of Health from political domination.
13. Powers of censors of County Societies.
14. Proposal to establish sexual hygiene lectures for school children.
15. Nurses' Training Schools.

The dominating features of the scientific sessions were:

1. An Oration in Surgery, Gordon K. Dickinson, Jersey City.
2. An Oration in Medicine, Stewart Paton, Princeton.
3. A symposium on "The Institutional Treatment of the Insane", in which Dr. C. C. Beling took a prominent part.

3. THE ANNUAL MEETING 1940

The quarter century since 1915 has been years of constant development of the activities of The Medical Society of New Jersey, and has reached its highest development in the Annual Meeting of 1940. The percentage of enrolled members, — about eighteen, — is only slightly greater than in 1915 when one in six of the members was present. But the few garden plots of activities have been expanded into over thirty fields of medical endeavor.

Active Committees.—In 1915 only five committees were listed as promoting field of medical practice,—Legislation, Public Hygiene, Sanitation, Tuberculosis, and Public Health Education. In 1940 over thirty similar committees were listed.

Reports.—In 1915 brief reports of the officers and committees were read before the House of Delegates. In 1940, the Annual Meeting began in April with the preparation of the forty annual reports of the officers and committees which required 88 pages of the May Journal for their reporting.

In 1915 the proceedings of the House of Delegates filled 34 pages of the September Journal. In 1940, 44 pages are required to print a summary of the actions in readable form;—thus requiring 132 pages to record the entire proceedings.

Public Relations.—In 1915 The Medical Society of New Jersey began to visualize the public relations of the medical profession. In 1940 the Society is actively engaged in the solution of problems of the distribution of

medical services along lines that were not imagined a quarter of a century ago; and yet the medical profession is called up to defend a law suit in the United States Supreme Court on the grounds that it is a self-seeking "trade" rather than a public-spirited "profession".

Looking backward upon the field of medical service of 1915, and noting the intense earnestness with which the medical leaders of that day sought to arouse interest in public health problems, there can be no doubt that their successors in 1940 will be equally efficient in solving the newer problems of administrative medicine.

Steps in the Development of the Medical Service Administration

In order to understand the steps leading up to the establishment of *The Medical Service Administration,* the following outline has been prepared:

1. July 18, 1938—President Roosevelt's elaborate health plans announced to the "National Health Conference" in Washington. (N. J. Jour., Sept., 1938, pp. 559-562.)
2. Sept. 16, 1938—Special meeting of the House of Delegates,—reports of the New Jersey Delegates. (Jour., Oct., 1938, pp. 614-626.)
3. Oct., 1938—Appointment of the first Special Committee on "Cash Indemnity Insurance", Dr. H. S. Read, Chairman. (Jour., Feb., 1939, p. 103.)
4. Farm Security Plan first described. (Jour., Nov., 1938, p. 684.)
5. December, 1938—Report of the Special Committee. (Jour., March, 1939, p. 165.)
6. January, 1939—A new committee—that on "Voluntary Health Insurance", Dr. E. W. Sprague, Chairman—appointed to continue the study of the problem. It reported the essentials of "The Medical Service Plan". (Jour., March, 1939, p. 165.)
7. May, 1939—Report of the Committee to the House of Delegates. (Jour., May, 1939, p. 275.)
8. June 7, 1939—Approval of the report by the House of Delegates. (Transactions, Supplement to Journal, August, 1939, Sections 16, and 25 D and E.)
9. July 13, 1939—Incorporation of the Medical Service Administration. (Jour., Oct., 1939, p. 570.)
10. Description of the Medical Service Administration, and an outline of the law. (Jour., April, 1940, pp. 161-165.)
11. Annual Report of the Governors of "The Medical Service Administration", and a description. (Jour., May, 1940, and Supplement to the Journal.)
12. Descriptions of the three Plans set up under the Medical Service Administration. (See the four-page green inserts in the Journals of July, August and September, 1940.)

There has been a remarkable degree of agreement among the members of the several committees regarding the details of the administration and its three "Plans" of operation.

Each member of the Society is urged to preserve his Journals, and to study their detailed descriptions, in order to be prepared to put the "Plans" in operation at an early date.

ORIGINAL ARTICLES

PYELITIS OF PREGNANCY

By Vincent P. Butler, M.D., Jersey City, N. J.

Read at the Second Fall Clinical Conference of The Medical Society of New Jersey on November 10, 1939, in Jersey City.

There are noted some changes in the urinary tract of about 75 per cent of pregnant women. In fact, these changes may be called physiological. Chief among these is the loss of peristaltic motion, and loss of muscle tone in the ureter, pelvis, and calyces, which result in dilitation of these parts and favor the formation of kinks and twists in the ureter. The end result is an interference with the normal outflow of urine through the kidney and ureter. These changes begin about the third or fourth month, and gradually increase up to the last month of pregnancy when this atony and dilitation decrease. Following delivery, they again occur and usually about the second month of the puerperium, return to the normal condition. While these changes are taking place, the muscular activity of the urinary tract is inversely proportional to the dilitation,—the loss of tone and peristaltic activity are decreased, and dilitation increases—and there is a return to normal as the dilitation decreases.

PATHOLOGY

It appears that the atony of the musculature of the ureter bears some relation to the atony affecting the musculature of the uterus. Various theories are advanced in explanation of what takes place during these changes, such as that the pressure of the fetal head on the ureter as it crosses the pelvic brim causes dilitation of the ureter above it. Pressure of the enlarging uterus, oedema of the uretero vesical outlet, hypertrophy of the smooth muscles in the lower portion of the ureter, increased abdominal pressure, are to be considered; but while all these may exert some influence on the condition, they do not appear to be the etiological factors in its production.

The following is expressed by Trout and MacLean:

> It would seem likely that the body had been provided with a superabundance of some substance capable of producing atony in smooth muscle for the purpose of safeguarding pregnancy; and that its effect is not entirely specific for uterine musculature, but, in addition, possesses a modified, though similar, action upon other structures. The etiology of this observed ureteral atony during pregnancy is, in our opinion, not dependent upon any mechanical factor, but rather upon some, as yet unexplained, chemical basis.

What has just been stated is all a normal physiological process, but what occurs if infection supervenes? We are then dealing with one of the types of urinary infections which are known as pyelitis, or pyeloureteritis, or pyelonephritis. This occurrs in about three in every 100 cases. It may occur during the pregnancy, or the puerperium; and in order for it to occur two requisites must be present, namely, urinary stasis, and infection. We have shown that because of lack of peristaltic action due to loss of muscle tone, dilitation and urinary stasis are present in nearly all pregnant women, so all that is required is an infection.

SOURCE OF INFECTION

In about 90 per cent of all cases the predominant organism is the B. Coli. This may be associated with a streptococcic or staphylococcic organism. The proximity of the colon and its lymphatics to the renal pelvis, the frequent association of chronic appendicitis, constipation, and chronic gall-bladder disease with pyelitis lead one to the opinion that the infection is carried to the ureter and kidney pelvis by the lymphatic channels from the gastrointestinal tract to the kidney. Contrary to the opinion of many, it does not appear that this infection ascends through the urinary tract, and there is apparently no blood stream infection to account for the occurrence of the pyelitis because many of these cases do not have a cystitis from which an ascending infection would presumably arise, and the onset of many is not similar to a blood stream invasion in other conditions and no organism has been recovered in any blood cultures which have been taken.

CLINICAL PICTURE

Pyelitis of pregnancy usually has as its onset a marked elevation of temperature, frequently associated with chills, increasing pulse rate, nausea, and vomiting. There is usually urinary frequency and some dysuria, together with pain and tenderness in the costal vertebral area corresponding to the affected kidney. Some abdominal distention may be present.

When a case presents this picture or some of these symptoms, examination of the urine usually shows bacteria and pus. However, these may in some cases be absent, for the ureter on the affected side may be blocked by clumped pus or a kinked ureter and cannot drain into the bladder. The procedure here is that, when a case is first seen, a routine culture and urine analysis are done; the patient is put to bed, and given forced fluids; and the urine is changed from alkaline to acid, or vice versa, depending upon its reaction. The patient is given 15 grains of sulphanilimide every four hours and the blood level is maintained at a point of three mgm. The patient is observed for a period of two or three days, and if the condition improves favorably, treatment is further carried on, by further administration of sulphanilimide, which is given until the urine culture is negative. If the patient after this period of time and this form of treatment appears to be getting worse with increasing temperature, lumbar pains, loss of weight and strength and continued presence of pus and bacteria in urine, a more active form of treatment is instituted.

MANAGEMENT

In order to treat a case properly, a correct diagnosis of the exact condition of the urulogical tract is the most important requisite; and so the patient is given a complete urological examination. While it has been found that intravenous urography is a desirable and helpful adjunct in the approach to a proper diagnosis, we rely more on cystoscopy and retrograde pyelography. In no case in which we have had occasion to cystoscope the patient and catheterize the ureters have we seen any harmful effects either upon the urinary tract or upon the outcome of the pregnancy.

When cystoscopy is done and ureteral catheters are inserted, we are able to carry out renal functional tests with intravenous indigo carmine and urea clearance, to obtain cultures of the urine from the bladder and kidney pelvis; and by means of pyelograms, to ascertain the exact condition of the ureters, pelvis, and calyces. Many of these cases will require immediate indwelling catheters for drainage. When this is required, the catheter can remain in place because the pyelogram is obtained before the patient has left the cystoscopy table. If only lavage is needed, this can also be done. When drainage is required in order that it be adequate, it is frequently necessary to use a large-sized catheter—either No. 8, or No. 9—and this in most cases will pass up the ureter readily, and without great discomfort to the patient because of the atonic condition of the ureter. If the resultant pyelogram indicates the need for drainage, the catheter is permitted to remain in place for 24 to 48 hours; and during this time, renal lavage with boric acid solution is carried out, using five to ten c.c. of the solution every six hours. If there is not any marked improvement, the indwelling catheter and lavage are continued. While the greatest number appear to respond in a shorter period of time, we have had some cases in which it has been necessary to leave the catheter in place for drainage as long as nine days. The clinical improvement of the patient, and the establishment of adequate renal drainage, are the best guides to progress in our treatment of these cases.

Many of these patients will be seen again in the course of their pregnancy, and in some cases it has been necessary to institute drainage several times. This we have not hesitated to do; and the results appear to have justified the procedure, because by this means we have been able to carry many extremely ill patients through a rather severe phase of urinary infection and there has been no case in which it was deemed wise or necessary to interrupt pregnancy.

The subsequent treatment of these cases is most important, and should be carried on for a considerable period following pregnancy, if they show any residual effects. This treatment

consists of renal lavage, urinary antiseptics, removal of foci of infection. We have followed some of these cases for long periods of time,—some as long as ten years,—and it has been our experience that in many it is difficult, and in some cases, almost impossible to eradicate the underlying infection; but this is the desired objective in all of these cases and until the urine culture shows no infection, active treatment during the puerperium must be continued.

SPIROMETRY AS A PROCEDURE OF DETERMINING PULMONARY EFFICIENCY IN PULMONARY AND HEART DISEASE. THE FAILURE OF X-RAYS OF THE CHEST IN ESTIMATING PULMONARY RESERVE

By GEORGE G. ORNSTEIN, M.D., F.A.C.P., and ISRAËL G. EPSTEIN, M.D.
New York City, N. Y.

Read by Dr. Ornstein before the Section on Radiology at the Annual Meeting of The Medical Society of New Jersey on June 7, 1939.

The determination of pulmonary efficiency is of utmost importance both in pulmonary and cardiac disease. Clinically the recognition of cardiac failure has been based on how it effects pulmonary function. With a diminution of pulmonary function there appears the usual train of phenomena caused by anoxemia, of which dyspnoea on exertion is the important manifestation. Peabody and Wentworth have pointed out the direct relationship of cardiac failure and diminution in vital capacity.

ESTIMATING PULMONARY EFFICIENCY

There has been a constant effort by investigators to find a simple method of determining pulmonary efficiency. The stimulus came with the Great War through attempts to determine the fitness of candidates for aviation. Most of the tests revolved around the determination of dyspnoea on exertion, and were based on the reaction of both the lungs and heart following a prescribed amount of physical exercise.

Oxygen and CO_2.—It seems logical that the determination of pulmonary efficiency could be calculated most accurately by oxygen and carbon dioxide studies of the arterial blood. Unfortunately, changes occur only in the late stages of pulmonary failure when the diagnosis of collapse of the respiratory system can be made symptomatically, and a long time before oxygen and carbon dioxide arterial changes occur.

X-Ray.—In recent years, with the common and universal use of x-ray, a great deal of stress has been laid upon the appearance of the chest x-ray as regards pulmonary function. In those instances where the x-ray has not been able to register changes which have been responsible for loss of pulmonary function, patients have been subjected to gross injustices, especially in legal situations where the determination of disability in lung or heart disease has been attempted. In a similar manner when the x-ray is able to register evidence of disease in the lung, these abnormal shadows have been assumed to have been responsible for sufficient pulmonary dysfunction when no such condition actually existed.

Clinical Test.—The x-ray may indicate evidence of pulmonary disease, but it cannot be used in measuring pulmonary dysfunction except in the most advanced pulmonary disease. There is need therefore of a clinical test that can be done simply and without difficult laboratory efforts or a great deal of equipment. Such a test, as Hunt and Dufton pointed out, must satisfy the following conditions:

1. The test must be reasonably constant for the same individual, due allowance being made for slight variation in physical fitness.
2. It must be approximately the same for all individuals in approximately the same condition of physical fitness.
3. It should therefore be capable of dis-

tinguishing trained from untrained men; and must distinguish all healthy men from men suffering severely from pathological conditions known to cause dyspnoea.

VITAL CAPACITY

Direct Measurement.—Such a simple test can be made by measuring the *vital capacity* with a *spirometer.* The measuring of vital capacity is not a new test. In 1846 Hutchinson placed on record a scientific investigation of the vital capacity of man. Unfortunately its clinical value has not been appreciated. Most clinicians, measuring vital capacity and finding between two and three litres, have considered such readings as normal.

Estimating Vital Capacity.—Vital capacity varies in the two sexes, and may be measured by a number of methods,—the standing height standard, surface area standard, chest circumference standard, and weight standard. It is not the scope of this paper to discuss various methods of estimating the normal vital capacity in males and females. We refer the reader to Myers' book on vital capacity of the lungs published in 1925. Myers states that, in using the normal standard tables, those based on surface area, weight, or standing height are recommended.* A vital capacity of 2,500 cc. in one person may be close to the normal, and in another less than 50 per cent of the normal. The important factor then is not the actual determination of the vital capacity, but how it shapes up against the calculated normal. The fact that such a procedure has not been universally adopted accounts for the conflicting opinions of the value of the spirometer in measuring pulmonary efficiency in pulmonary and cardiac diseases.

THE SPIROMETER

It was the investigation of Sturgis, Peabody, Hall, and Fremont-Smith in pulmonary reserve which stimulated the authors to try to use the spirometer in measuring pulmonary dysfunction. The following is quoted from the article of the above investigators:

> The first observations described were made on twelve normal young men who rode on a stationary bicycle until they were forced to stop on account of complete exhaustion. During the last one and one-half minutes of the ride, when the exercise was most violent and the dyspnea great, the average minute-volume of air breathed was 60.5 liters, or approximately twelve times the average minute volume of such a group of men when they are lying down at complete rest. These figures give a general indication of the normal pulmonary reserve, by virtue of which the individual is able to increase the pulmonary ventilation, and keep it adequate to the needs of the body when the metabolism is raised far above its resting or basal value by severe exercise.
>
> An analysis of these high minute-volumes shows that they were obtained by increasing the *rate of respiration* up to an average maximum of about thirty-five per minute; and by increasing the *depth of each respiration* up to a volume which approximates one-third of the vital capacity of the lungs. On this basis, it was suggested that the maximum minute-volume which can be maintained for more than a very short period can be calculated in any given instance with an accuracy which is sufficient for practical purposes, by multiplying one-third of the vital capacity of the lungs by thirty-five. Such a calculated or theoretic maximum minute-volume has considerable clinical significance, for it tells about how far the person concerned is able to increase his minute-volume; and consequently how great an increase of metabolism he can meet with a pulmonary ventilation which will ensure proper aeration of the blood in the lungs. If the minute-volume of respiration can be raised to only three times the volume that a given subject breathes while at rest, then he will not be able to meet much more than a threefold increase of metabolism, and he will become dyspnoeic walking slowly upstairs; but if the minute-volume can be raised to six or seven times above the resting value, then the subject will be able to carry on most of the activities of a normal life without subjective dyspnoea. The maximum minute-volume calculated in this manner is thus a guide to the amount of physical exertion that any individual may be expected to undertake.
>
> The maximum minute-volume that a person can breathe depends on the rate and depth of the respiration. The observations reported appear to show that the highest rate that is compatible with efficient respiration is about thirty-five per minute; and practical experience indicates that most persons, whether or not they are in normal condition, can raise their respiration rate at this figure. The important factor in producing variations in the maximum minute-volume is thus the vital capacity of the lungs, which determines the possible depth of breathing. This is, of course, subject to marked changes in normal, and to a greater extent in pathological conditions.

* The Sanborn Company has computed a table for males and females based on the results of Dr. H. F. West and tables of Dr. J. H. Myers. These tables may be procured from the Sanborn Company. The authors found the tables efficient, and the normal standards of the cases reported have been computed from the above table.

From the above observations the maximum minute ventilation could be calculated by measuring the vital capacity, dividing it by three (three is used because on exertion the vital capacity is one-third of the actual vital capacity); and multiplying by thirty-five (thirty-five is used because with exertion the respirations increase to thirty-five per minute). The authors thereupon measured the actual minute ventilation * of a number of persons; and divided it into the calculated maximum minute ventilation as per the formula of Sturgis et al. We found that the results correlated a good deal with the symptoms of dyspnoea.

Kaltreider and McCann investigated the measuring of maximum minute ventilation. They found that on extreme exertion the depth of the inspiration went to about 41 per cent of the vital capacity, and the frequency of respiration was more often thirty-seven than thirty-five. They predicted the maximum minute ventilation by the use of the following formula:

$$\frac{\text{41 times actual vital capacity, times 37}}{100} = \text{maximum minute ventilation}$$

Kaltreider and McCann found little variation between the predicted and the actual measurement of the maximum minute ventilation. Now having a method of predicting almost the actual measurement of the maximum minute ventilation, we had a means of measuring the *pulmonary reserve*. The resting minute ventilation could be actually calculated (metabolic rate), and the actual maximum minute ventilation be predicted. If the minute volume of respiration could not be raised above six times the volume needed for breathing while at rest, there were symptoms of dyspnoea on exertion.

The authors then found that if you assumed, as Peabody had stated, that the normal person could increase the resting minute ventilation ten times, the following formula would give the reserve of ventilation which the person possessed:

The actual maximum minute ventilation is to the calculated normal minute ventilation as x is to ten.

This can be worked out either by the Sturgis et al., or the Kaltreider and McCann's formulae. The results are identically the same, for example:

A patient with a calculated normal vital capacity of 3,100 cc. has an actual vital capacity of 3,000 cc. measured by the spirometer. (Figure 1.)

Figure 1—An x-ray of a normal chest. The vital capacity is normal. The maximum minute ventilation is over nine times the resting minute ventilation.

Estimation by Sturgis et al. formula:

$$\frac{3000 \times 35}{3} = 35{,}000 \text{ actual}$$

$$\frac{3100 \times 35}{3} = 36{,}133 \text{ calculated normal}$$

$$35{,}000 : 36{,}133 :: x : 10$$
$$x = 9.6+ = \text{maximum minute ventilation}$$

Estimation by Kaltreider and McCann formula:

$$\frac{41 \times 3000 \times 37}{100} = 45{,}510 \text{ actual}$$

$$\frac{41 \times 3100 \times 37}{100} = 47{,}027 \text{ normal}$$

$$45{,}510 : 47{,}027 :: x : 10$$
$$x = 9.6+$$

The actual measured minute ventilation of this patient was 5000 cc. Taking the predicted

* The resting minute ventilation can be obtained by doing a metabolic rate. The summation of the tidal excursions per minute is equal to the resting minute ventilation.

maximum minute ventilation per Kaltreider and McCann, 47,027, the pulmonary reserve is 9.4 times the resting minute ventilation.

For clinical purposes it is not necessary to measure the maximum minute ventilation of the patient. Either of the above formulas will give a figure sufficiently close to the actual one. It may be noticed that in both formulas certain figures are constant, and the same result can be obtained by simply multiplying the actual vital capacity by ten and dividing the result by the calculated normal vital capacity:

$$\frac{3000 \times 10}{3100} = 9.6+$$

The authors therefore suggest the following simple formula to obtain the pulmonary reserve, as measured against the resting minute ventilation.

The normal pulmonary reserve, according to Peabody, is ten times the resting minute ventilation. The threshold of comfort is six times the resting minute ventilation. The formula is as follows:

$$\text{Actual vital capacity} \times 10 = \text{number of times the reserve maximum ventilation is greater than the resting minute ventilation}$$

Using the above method the authors found they could predict the symptoms of anoxemia and disability in 392 patients examined. They assume that a pulmonary reserve below six times the resting minute ventilation means disability.

A reserve of six times the resting minute ventilation is the threshold between well being and fatigue on exertion.

Even a reserve of six times the resting minute ventilation will allow an individual to carry on the routine of life, provided there is no great exertion or climbing to do.

Below such a level there is a correspondingly increasing dyspnoea as the maximum minute ventilation decreases..

A reserve of less than four times the resting minute ventilation prognosticates a poor outlook for life (Ornstein).

CAUSES OF DYSPNOEA

Dyspnoea may also be caused by other factors besides a decrease in pulmonary ventilation below a certain threshold. One of the authors (Ornstein), in discussing dyspnoea, suggested the cause as due to:

1. Disease of the lung per se due to the effect of the toxemia of infection of the lungs.

2. Pollution of the general circulation by blood passing through unaerated lung tissue as may occur in a block of the bronchus or in an unresolved pneumonia.

CHART I

Case No.	Sex	Age	Actual Vital Capacity	Standard Normal Vital Capacity	Pulmonary Reserve
7660	M	26	2400	5100	4.7
7662	M	56	2300	4000	5.7
7673	F	54	1800	3300	5.4
7680	F	32	1400	2800	5.0
7685	F	36	1500	3100	5.0
7693	F	28	1500	3500	4.3
7703	M	64	2200	4100	5.3
7705	M	46	2500	4500	5.5
7709	M	48	2200	4300	5.1
7724	M	48	2000	3900	5.0
7726	M	67	2400	4300	5.6
7742	M	40	1500	4300	3.4
7747	M	39	2900	5400	5.4
7755	M	46	1800	4300	4.0
7756	M	63	1600	4300	3.0
7757	M	43	1100	2700	4.0
7794	F	49	1200	2600	4.6
7806	F	39	1200	3000	4.0
7809	M	62	2200	4400	5.0
7817	M	43	2200	4600	4.8
7823	M	73	1500	3900	3.9
7827	M	45	1300	3700	3.5
7833	M	57	1600	3700	4.4
7853	F	31	1400	3400	4.1
7864	F	28	800	2800	2.8
7874	F	43	1500	3300	4.6
7893	M	36	2300	4100	5.6
7676	F	25	900	3200	2.8
7753	F	30	1900	3000	5.0
7797	F	27	1500	3100	4.9
7520	M	44	2300	4500	5.1
7535	F	51	2300	4200	5.5
7550	F	57	1600	3000	5.3
7561	F	33	1600	3100	5.1
7573	F	46	1500	2900	5.2
7592	F	65	1300	3400	3.8
7605	F	28	2000	3500	5.7
7606	M	48	2300	4100	5.6
7615	F	39	1200	3000	4.0
7621	M	40	1700	3600	4 8
7643	F	52	1800	3300	5.5

3. Changes occurring in the capillary bed of the lungs which interfere with the proper oxygenation of the blood coming from the right heart.

It is in the third division that vital capacity may be much reduced, as in pulmonary emphysema. In the first two divisions the vital capacity may not be reduced below the threshold where symptoms of fatigue appear.

It is the intention of the authors of this paper to discuss the cause of dyspnoea due to a diminished vital capacity whatever may be its cause. They wish to corroborate the work of Sturgis and others, who pointed out the close association of decrease in the maximum minute ventilation of a person with the appearance of dyspnoea and fatigue.

VITAL CAPACITY AND PULMONARY RESERVE

Perusal of charts I and II demonstrates that the *vital capacity determination* in itself gives no information of the *pulmonary reserve* present. For example, Case Number 7747 in chart I has an actual vital capacity of 2,900 cc. A vital capacity of almost three liters of air may be considered sufficient for pulmonary function. When the normal vital capacity was determined by the height and weight of this male adult it was found to be 5,400 cc. The maximum minute reserve was 5.4 times the resting minute ventilation,—a pulmonary reserve insufficient to carry on the routine of life without symptoms of anoxemia.

In contrast, case 7,558 has a lower vital capacity than case 7,747. This woman has a vital capacity of 2,200 cc. compared to 2,900 cc. in the male in case 7,747. Still this 2,200 cc. is about normal. The calculated normal vital capacity is 2,400 cc., and her maximum minute ventilation is 9.2 times the resting minute ventilation,—which is about normal.

From the above, the *actual* measurement of vital capacity is of no value unless compared to the *calculated* normal vital capacity. In chart I are a number of the patients in whom the maximum minute ventilation has been reduced to less than six times the resting minute ventilation. In all these patients there were symptoms of dyspnoea.

Where the pulmonary reserve was less than five times the resting minute ventilation, the dyspnoea appeared on slight exertion.

Below four the dyspnoea was objective even when at rest.

The prognosis as to life below four is very poor.

Peabody reported similar results in a group of cardiac patients with a vital capacity of less than 40 per cent of the normal standard vital capacity. He reported twenty-three cases with a vital capacity of 40 per cent or less. Peabody wrote that all were severely decompensated, and the majority were confined to bed. Dyspnoea is either constantly present, or it is produced by the slightest exertion. The prognosis for patients who fall into the above group is bad.

CHART II

Case No.	Sex	Age	Actual Vital Capacity	Standard Normal Vital Capacity	Pulmonary Reserve*
7639	F	28	2400	3000	8.0
7600	F	53	2200	3100	7.1
7560	F	25	2600	3000	8.7
7556	F	36	2100	2900	7.3
7547	F	35	2600	3100	8.4
7526	F	46	2300	3000	7.3
7517	F	46	2600	3100	8.4
7558	F	20	2200	2400	9.2
7745	F	34	2300	2800	8.2
7683	F	46	2200	3100	7.1

* Pulmonary reserve is indicated by a figure expressing the number of times the maximum minute ventilation is greater than the resting ventilation.

Chart II represents a group of females in whom the actual vital capacity is low, and still the maximum reserve was above six times the resting minute ventilation. There were no symptoms of anoxemia in this group.

X-RAYING THE CHEST

Speculation as to the amount of pulmonary reserve has been frequently made by x-raying the chest. About two decades ago one of the authors (Ornstein), in attempting to judge the vital capacity, found such a wide variation between the interpretation of the x-rays and the actual vital capacity that he decided vital capacity readings were of no value. In fact, because of this experience he refused to investigate the

rôle of vital capacity in determining pulmonary function. Stimulated by the work of Sturgis and others, he again took up the study of vital capacity, and found that the mistake two decades ago was not in the vital capacity determinations, but in attempting to read pulmonary function in an x-ray film of the thorax.

As previously stated, the x-ray may indicate evidence of pulmonary disease, but it cannot be used in measuring pulmonary dysfunction except in the most advanced pulmonary disease.

The following cases demonstrate that the x-ray cannot disclose the *pulmonary reserve* present:

CASE I

A married, white female of thirty-seven years has been complaining of cough during the past three months. The chief complaint is a productive cough.

Figure 2—A female, aged 38, white, with a bilateral hematogenous tuberculosis. Her pulmonary reserve is reduced to about the threshold (six times the resting minute ventilation) and she can get about without dyspnoea except when climbing.

Physical findings suggested a bilateral pulmonary tuberculosis, and an x-ray of the thorax (Figure 2) revealed an extensive bilateral hematogenous tuberculosis of both lungs. The sputum was positive for tubercle bacilli. The actual vital capacity was 1,800 cc.; and compared to a calculated normal of 2,900 cc., the pulmonary reserve was 6.2 times the resting minute ventilation. The patient was not dyspneic unless she climbed stairs. One would not dare state from the chest x-ray that this woman would have sufficient pulmonary reserve to get about without dyspnoea.

CASE II

A white female has been ill with tuberculosis for the past seventeen years. The left lung had been collapsed by pneumothorax, and was complicated by a mixed tuberculous empyema from which she spontaneously recovered. The left upper lobe became atelectatic, and the heart and mediastinum had been sucked into the left thorax. The right lung has also been involved and diseased areas show evidence of healing by marked calcification. Off and on the disease in the left lung has been active and her sputum positive.

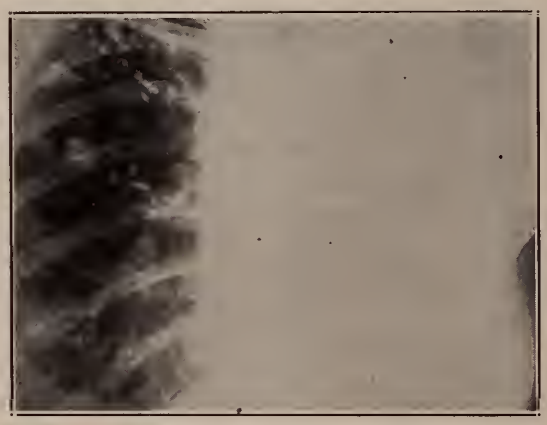


Figure 3—An x-ray of tuberculous disease in both lungs. The left lung had been collapsed by pneumothorax and complicated by a mixed infection empyema. The patient recovered from the empyema, the left upper lobe is atelectatic. Still this patient has sufficient pulmonary reserve to carry on without symptoms of dyspnea. One would not think so from the x-ray.

An x-ray (Figure 3) recently taken demonstrates the extent of the involvement. From the x-ray one would hardly suspect that there was sufficient pulmonary function to carry on without symptoms of dyspnoea. The actual vital capacity was 2,500 cc.; and the calculated normal was 3,400 cc. The maximum minute ventilation was six times the resting minute ventilation,—sufficient to carry on without symptoms of anoxemia.

CASE III

A married, white female, thirty-nine years of age, has been ill for the past six years. Her chief complaint has been a slight cough and expectoration. She has enlarged, hard, bilateral cervical glands. Physical findings over both lungs are scant, and the breath sounds are slightly exaggerated but vesiculant in character. The x-ray (Figure 4) discloses an extensive nodular infiltration in both lungs such as one finds in repeated healed hematogenous infections of the lungs. The focus of the infection is probably from the cervical glands.

From the diffuse infiltration of the lungs one would suspect a marked decrease in pulmonary reserve. On the contrary, the actual vital capacity is 2,500 compared to a calculated normal of 3,400 cc. The maximum minute ventilation is over seven times the resting minute ventilation,—more than

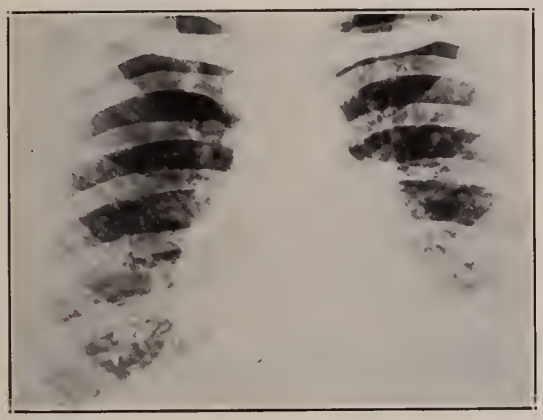


Figure 4—An x-ray of a diffuse bilateral hematogenous tuberculous infection in a quiescent state. One would expect a very marked reduction in vital capacity and reserve, but the patient has a maximum minute ventilation of 7.3 times the resting minute ventilation. There are no symptoms of dyspnoea.

sufficient for carrying on the routine of normal living. There were no symptoms of anoxemia.

CASE IV

A white female of thirty-six years has been coughing and expectorating for the past year. She

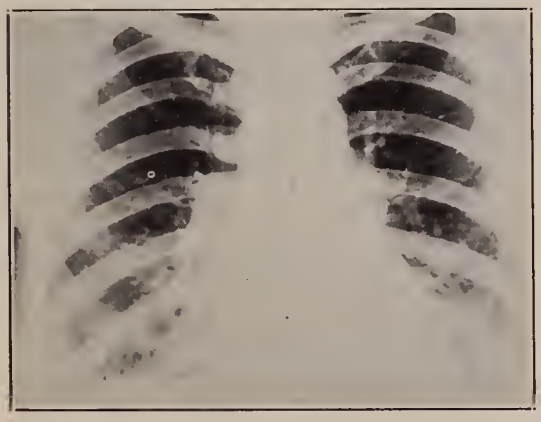


Figure 5—An x-ray of a young woman that appears almost normal with a greatly diminished maximum minute ventilation. The young woman is very dyspneic on any effort.

has had repeated hemoptysis the past year, and occasional episodes of temperature with recession to the normal in a few days. Her chief complaint is that she tires after the least exertion. The physical findings were scant.

The x-ray (Figure 5) had a normal appearance except for the accentuation of both lower bronchial trees. From the x-ray one would expect a normal pulmonary reserve. Her actual vital capacity was 1,500 cc., and her calculated normal was 3,100 cc. Her maximum minute ventilation was only 4.8 times the resting minute ventilation. The patient stated that she tired on the least exertion.

Contrast this case with cases I, II, and III, and you must admit the failure of x-rays to disclose pulmonary function.

CASE V

A white man of sixty-five years of age has complained of coughing, expectorating, and wheezing for a number of years. His chief complaint is dyspnoea. Physical examination was normal except for râles heard over the bases of both lungs. The patient has complained of attacks of pain over his

Figure 6—An x-ray of the lungs from which one would hardly express an opinion that the vital capacity is much reduced. The maximum minute ventilation is only 3.2 times the resting minute ventilation and the prognosis is very poor.

precordium but there has been no evidence of cardiac disease except a history suggesting possible coronary occlusion. Figure 6 is an x-ray taken recently. On the same day his vital capacity was 1,400 cc. The calculated normal was 4,300. The maximum pulmonary ventilation was only 3.2 times the resting minute ventilation.

One would almost expect a normal pulmonary reserve from inspection of the x-ray of the lungs of this case. But the patient was very dyspneic, and he was given a bad prognosis as to life in the near future.

CASE VI

A white male of fifty-one years complained of dyspnoea for the past fifteen years. He had a continued spasmodic cough with a great deal of wheezing for a great many years. Physical findings over both lungs consisted of diminution of intensity of sound over both lungs, with a few sibilant râles sparsely distributed over both lungs. The heart sounds were good, and no murmurs were heard. The systolic blood pressure was 150, and the diastolic 100 mm. of mercury pressure.

Figure 7 is an x-ray of the thorax. The lungs and heart appear normal. A slight emphysema

Figure 7—A case of chronic emphysema with a low pulmonary reserve. The maximum minute ventilation is no more than 3.4 times the resting minute ventilation. Very little change in the x-ray from the normal.

might be suspected. At the time of the x-ray the vital capacity was 1,500 cc., and the calculated normal was 4,400. The maximum minute ventilation was only 3.4 times the resting minute ventilation.

The patient was urged to leave the city for the winter months for Florida. He refused to go, developed an acute tracheo bronchitis and died suddenly one night of an acute anoxemia.

CASE VII

A white male of sixty-six years complained of cough and expectoration for about ten years. After a crushing injury to his thorax in an automobile accident which occurred two years previous to his coming to the office of one of the authors, he began to wheeze and progressively became shorter of breath. He had recently been examined by a cardiologist, who found no evidence of cardiac disease. His electrocardiogram was considered to be normal. He had never been edematous. His vital capacity was much reduced, 2,000 compared to a calculated normal of 4,700 cc.

Figure eight is an x-ray of the thorax. This x-ray suggests an emphysematous condition. On that day the vital capacity dropped to 1,500 cc., which gave

Figure 8—A more advanced stage of emphysema in which the maximum minute ventilation is a little more than three times the resting minute ventilation. X-ray does not suggest the bad prognosis.

him a maximum minute ventilation of only 3.1 times the resting minute ventilation. The x-rays certainly do not suggest so diminished a vital capacity. The patient two months later died of an attack of acute anoxemia.

Collapse Therapy.—Vital capacity is reduced in collapse therapy of the lungs in pulmonary tuberculosis. The effect of the reduction in vital capacity is different than when it occurs because of pathological changes in the lung. For example, a reduction of the maximum minute ventilation below four times the resting minute ventilation does not have the bad prognosis that it does when such reductions in pulmonary reserve occur because of disease in the lung.

Reduction mechanically of the amount of good normal lung tissue is what usually occurs in pneumothorax therapy. The diseased parts of the lung become atelectatic, and the non-diseased parts of the lung remain partly expanded and are able to function. The lung is hampered in taking in air, but it is able to utilize the air coming to it.

PULMONARY FIBROSIS

A very different situation is present in disease of the lungs accompanied by pulmonary fibrosis. Not only is the amount of air coming to the lung reduced, but also the utilization of the oxygen is impaired. At the Sea View and Metropolitan Hospitals, before instituting collapse therapy, the maximum minute ventilation is determined. When it is less than six times the resting minute ventilation, neither pneumothorax nor any other surgical operation is permitted. These patients, having their pulmonary reserve reduced much below the threshold with collapse treatment, develop a chronic anoxemia; and with this added handicap they do very badly. On the other hand, when they start with a good maximum minute ventilation, no matter how much the pulmonary reserve may be reduced by pneumothorax therapy, as in a bilateral pneumothorax, we do not hesitate to go on with thoracic surgery. Such patients tolerate low vital capacity with little discomfort.

Figure 9—A case of bilateral pulmonary tuberculosis with bilateral pneumothorax. The maximum minute ventilation is 3.7 times the resting minute ventilation. Whatever lung is working is capable of good function and though the pulmonary reserve is low the prognosis is not as bad as when the lung cannot function, as in figures 5, 6, 7 and 8. Note the high measured resting minute ventilation of 5,800 compared to a normal of 4,400 cc.

Figure 9 is the x-ray of a bilateral pneumothorax with a pulmonary reserve reduced to 3.7 times the resting minute ventilation; and the patient is much more comfortable than patients with an equally low reserve with pulmonary fibrosis or other pulmonary disease. The small amount of lung which is left to work is capable of functioning, and the patient is dyspneic only on exertion.

When the pulmonary reserve is so reduced, it is interesting to note the resting minute ventilation is actually high, as in the case of figure 9. The summations of the tidal excursions for a minute amounted to 5,800; whereas the calculated normal resting minute ventilation, which is one-tenth of the maximum minute ventilation predicted from the standard normal vital capacity of 2,900, is 4,400 cc.

We have noticed the measured minute resting ventilation is usually higher when there is a reduction in pulmonary reserve. Figure 10 is an x-ray of an irregular pneumothorax of

Figure 10—An induced right pneumothorax in a case of pulmonary tuberculosis. The pulmonary reserve is 6.7 times the resting minute ventilation. Though the standard normal vital capacity is 2,900 as in the case represented by figure 9, the measured minute ventilation is 4,600, almost normal. The measured minute ventilation rises when there is a very reduced pulmonary reserve as noted in figure 9.

the right lung in a case of pulmonary tuberculosis. The maximum minute ventilation is also reduced, but only to about the threshold between comfort and dyspnoea. The standard normal vital capacity in this case is 2,900 cc., as in the case of figure nine. The measured

resting minute ventilation is almost normal 4,600 cc., compared to a calculated normal of 4,400 cc.; and much lower than the 5,800 in the former case.

We have noted the same rise in the measured resting minute ventilation when pulmonary reserve is reduced in pulmonary disease.

Inasmuch as the normal maximum minute ventilation is ten times the resting minute ventilation, the same conclusions may be made by figuring the percentage of the actual vital capacity in relation to the normal standard vital capacity. The formula is then

$$\frac{\text{actual vital capacity} \times 100}{\text{normal vital capacity}} = \text{percentage of normal vital capacity}$$

The threshold is then 60 per cent of the normal vital capacity. The pulmonary reserve may be expressed either in the number of times the maximum minute ventilation is greater than the resting minute ventilation, or in the percentage of the normal vital capacity.

SUMMARY

1. The use of spirometry is advocated as a simple method of estimating pulmonary reserve and efficiency in cardiac and pulmonary diseases.

2. By means of spirometry the predicted maximum minute ventilation may be calculated from the actual vital capacity. A formula has been developed to calculate the pulmonary reserve compared to the resting minute ventilation. The normal is a reserve that is ten times greater than the resting minute ventilation.

3. When the pulmonary reserve is less than six times the resting minute ventilation, symptoms of anoxemia occur. Dyspnoea is the chief symptom, and it increases in intensity as the pulmonary reserve falls.

4. When the maximum minute ventilation (pulmonary reserve) becomes less than four times the resting minute ventilation, the prognosis as to life is bad.

5. The measured minute ventilation is higher than the calculated normal when the maximum ventilation is reduced in volume.

6. The x-ray of the lungs cannot be used in estimating pulmonary reserve.

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HOW THE NEW FOOD, DRUG, AND COSMETIC ACTS AFFECT PHYSICIANS

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From the Advisory Committee on Pharmaceutical Problems, by direction of the Welfare Committee

The new Federal and State Food, Drug and Cosmetic Acts are now practically in full effect. The State law follows the Federal Act very closely.

THE FEDERAL ACT

The Federal Act regulates *interstate* commerce in foods, drugs and cosmetics. It prohibits the adulteration and misbranding of all articles of commerce covered by the Act, and provides severe penalties for violations. It also regulates the marketing of new drugs. All firms and individuals engaged in distributing and producing drugs in interstate commerce are regulated under this Act. The *Federal Act* is enforced by the Food and Drug Administration at Washington, D. C., which operates under the Federal Security Administration.

THE STATE LAW

The State law controls *intra-state* commerce and, therefore, directly affects physicians, dentists, veterinarians, pharmacists, wholesale druggists, manufacturers, and all others who have anything to do with the production and distribution and administration of drugs within the borders of the State of New Jersey. The *State law* is enforced by the *State Department of Health,* acting through its Bureau of Foods and Drugs.

INTERESTED PARTIES

While physicians are, of course, interested in all phases of these laws, their particular interest lies in the regulation of the drugs and devices which are used in medical practice, and in those which are offered to the public for self-medication.

The new Food, Drug and Cosmetic laws have been referred to as "Consumer Laws". This term is intended to imply that the legislation was enacted in the interest of consumers of foods, drugs, devices, and cosmetics. It further infers that it is the *vendor* rather than the *buyer* who must beware; and it is the *vendor* who is held responsible for adulteration, misbranding, and other prohibited acts, *unless* he is protected by a guarantee from the *original producer,* who is, of course, liable under the act also for misbranding, adulteration and other prohibited acts.

DUAL CONTROL OF ADVERTISING

There is some misunderstanding as to the control of advertising under these statutes. The Federal Food, Drug, and Cosmetic Act applies to both the label, and to "labeling". The label is the name or brief descriptive term used to designate a particular product. "Labeling" includes not only the label but also the explanatory literature which accompanies the package of a food, drug, device, or cosmetic. Advertising over the radio, and through newspapers and magazines, and by other means except that which may appear on the label or labeling, is governed by The *Federal Trade Commission Act,* which has been amended to make it unlawful for anyone to disseminate by any means a false advertisement;—and a false advertisement is one which is misleading in any particular.

COMPLAINTS

Complaints against individuals or corporations disseminating a false advertisement must be made to the *Federal Trade Commission* at Washington, D. C. This Commission has the power to issue *cease and desist* orders, and to

proceed in the Federal courts to have its orders obeyed.

There is, at the present time, no regulation of advertising of foods, drugs, devices, and cosmetics in the State of New Jersey except the label and labeling requirements under the State Food, Drug, and Cosmetic Act. To be sure, we have on the statute books a law which prohibits false advertising; but it has never been enforced, and procedure under this law is so cumbersome that it probably will not be enforced. Briefly, it is necessary under this law to make a complaint with the County Prosecutor, who places the matter before the Grand Jury, and if there is an indictment the case is tried. Otherwise it is dismissed.

DEFINITIONS

The term "drug" under these laws includes all articles recognized in the United States Pharmacopoeia, Homeopathic Pharmacopoeia of the United States, and the National Formulary, and articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals. It also includes articles intended to affect the structure or any function of the body of man or other animals.

The term "device" includes instruments, apparatus, and contrivances, including their components, parts and accessories, intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals, and intended to affect the structure or any function of the body of man or other animals.

The term "cosmetic" includes articles intended to be rubbed, poured, sprinkled, or sprayed on, introduced into, or otherwise applied to the human body or any part thereof, for cleansing, beautifying, promoting attractiveness, or altering the appearance; and articles intended for use as a component of any such articles, but soap is excepted from the definition.

The term "food" includes articles used for food or drink for man or other animals, chewing gum, and articles used for components of the foregoing.

NEW DRUGS

Anyone desiring to place a new drug on the market must file an application with the Food and Drug Administration, or with the State Department of Health, setting forth details as to composition, claims, clinical evidence to support claims of usefulness and safety, and complete information as to source and method of preparation. Only when an application becomes effective after filing with the authorities, is it permissible to produce and supply the new drug in commerce.

LABELS

Labels of all drugs must bear the name and address of the manufacturer, packer or distributor. They must bear a statement of the quantity of the drug in the package. They must bear a statement of the quantity and percentage of certain habit-forming drugs, together with the statement, "Warning—may be habit-forming." The drugs covered by this regulation are alpha eucaine, barbituric acid, beta-eucaine, bromal, cannabis, carbromal, chloral, coca, cocaine, codeine, heroin, marihuana, morphine, opium, paraldehyde, peyote, or sulphomethane, or any chemical derivative of such substance which has been found to be habit-forming after investigation by the regulatory officers.

The label must bear the common or usual name of the drug. If it is composed of two or more ingredients, the common name of each active ingredient must be stated. If the drug contains any alcohol, bromides, ether, chloroform, acetanilid, acetphenetidin, amidopyrine, antipyrine, atropine, hyoscine, hyoscyamine, arsenic, digitalis, digitalis glucosides, mercury, ouabain, strophanthin, strychnine, thyroid, or any derivative or preparation of any such substances, the amounts of these must be stated on the label.

Of course this does not apply to prescriptions, nor does the statement of quantity and kind of ingredients on labels apply to official drugs if they are designated solely by their official titles.

WARNINGS ON THE LABELS

Labels must bear adequate directions for use; adequate warnings against unsafe use by

children; warnings against possible dangerous uses; and warnings against use in an amount or for a length of time or by a method of administration which may make it dangerous to health. The labeling must disclose any harmful or deleterious effects and therapeutic limitations as well as the useful effects of drugs.

The labeling must not contain any false or misleading statement regarding the composition of the article, or the effects that it will produce; or any false or misleading statement regarding any other drug or device.

It is clear from the foregoing provisions that patent medicines and other drugs intended for self-medication will have their limitations fully exposed. The Federal Government has already issued a series of acceptable warning statements for various types of drugs. Examples of these are the following:

MEMORANDUM ON WARNING STATEMENTS UNDER THE FEDERAL ACT, SECTION 502 (f) (2)

1. Cathartic or laxative drugs (except castor oil and phenolphthalein) which act as irritants to the gastro-intestinal tract or stimulate intestinal peristalsis:

   "Warning: Not to be used when abdominal pain (stomach-ache, cramps, colic), nausea, vomiting (stomach sickness) or other symptoms of appendicitis are present.
   "Frequent or continued use of this preparation may result in dependence on laxatives."

2. *Castor oil*:

   "Warning: Not to be used when abdominal pain (stomach-ache, cramps, colic), nausea, vomiting (stomach sickness) or other symptoms of appendicitis are present.
   "Frequent or continued use of this preparation may result in dependence on laxatives.
   "Do not use during pregnancy except on competent advice."

3. *Phenolphthalein*:

   "Warning: Not to be used when abdominal pain (stomach-ache, cramps, colic), nausea, vomiting (stomach sickness) or other symptoms of appendicitis are present.
   "Frequent or continued use of this preparation may result in dependence on laxatives.
   "Important: If a skin rash appears, discontinue use."

4. Preparations containing so-called roughage materials and intended for use in constipation:

   "Important: All varieties of constipation are not benefited by this preparation. It should be particularly avoided in cases such as spastic constipation in which abdominal discomfort or pain may be present."

5. Preparations containing mineral oil for oral administration:

   "Warning: Do not take directly before or after meals."

6. Preparations containing sodium perborate as an active ingredient and intended for local use in the mouth and throat:

   "Warning: This preparation may cause irritation and inflammation of the gums, tongue and mucous membranes of the mouth. It should be discontinued at the first sign of irritation or soreness. In case of doubt, consult your physician or dentist."

7. Nose drops, inhalants, and sprays:
   A. Those that contain oil as a vehicle or base:

      "Caution: The use of excessive amounts of this preparation may be dangerous. Do not use at all in infants and younger children except on competent advice."

   B. Those that contain ephedrine, epinephrine, amphetamine (benzedrine), propadrine, neosynephrin and other vasoconstricting drugs of similar activity:

      "Caution: Frequent or continued use may cause nervousness, restlessness or sleeplessness. Individuals suffering from high blood pressure, heart disease, diabetes, or thyroid trouble should not use this preparation except on competent advice."

8. Atropine and pharmacologically related drugs:

   "Caution: Frequent or continued use of this preparation should be avoided. Discontinue if dryness of the thoat, excessively rapid pulse or blurring of vision appears.
   "Warning: This preparation should not be taken by elderly people except on competent advice."

9. Iodine or iodides:

   "Warning: Do not use in cases of lung disease or chronic cough, goiter or thyroid disease, except upon the advice of a physician.
   "If a skin rash appears, discontinue use."

10. Strychnine:

    "Warning: Do not take more than the dosage recommended. Frequent or continued use is to be avoided; and its use for children and elderly persons may be especially dangerous."

11. Acetanilid:

    "Warning: Frequent or continued use may be dangerous, causing serious blood disturbances, anemia, collapse, or a dependence on the drug. Do not take more than the dose recommended. Not to be given to children."

12. Acetophenetidin:

    "Warning: Frequent or continued use may be dangerous, causing serious blood disturbances.
    "Do not take more than the dosage recommended."

13. Antipyrine::

    "Warning: Frequent or continued use may be dangerous, causing serious blood disturbances.
    "Do not take more than the dosage recommended."

14. Bromides:

"*Warning*: Frequent or continued use may lead to mental derangement, skin eruptions, or other serious effects.

"Do not take more than the dosage recommended.

"Not to be taken by those suffering from kidney disease."

15. Quinine, cinchonine, and cinchonidine:

"*Caution*: Discontinue use if deafness, skin rash, visual disturbances (eye trouble) or other serious symptoms appear."

16. Preparations containing silver salts:

"*Caution*: Prolonged or frequent use of this preparation may result in permanent discoloration of the skin and mucous membranes."

17. Preparations sold under representations relating to coughs due to colds:

"*Important*: Persistent coughs may indicate the presence of a serious condition. Do not use this preparation when the cough has persisted for ten days without securing competent advice."

18. Digitalis, squill, strophanthus, or other pharmacologically related drugs in therapeutically effective proportions:

Note: Potent doses of these drugs have an accumulative action, and may lead to disastrous effects upon the heart and circulation. They should be used only under the direct supervision of a qualified physician.

"Caution should be exercised in using this preparation, particularly if the patient has had digitalis, squill, strophanthus, oubain or similar drug within the preceding three weeks.

"The appearance of anorexia (loss of appetite), nausea, vomiting, headaches or heart irregularities (palpitation) is often an early sign of full digitalization or overdosage. When such symptoms appear, do not continue the use of this preparation without consulting the physician."

SELF-MEDICATION

It is quite clear from the foregoing that, if prospective consumers of proprietary medicines, taken without medical advice, will read the labels of the products they are about to purchase, they will be dissuaded from medicating themselves in many instances. This should have the effect of causing them to seek proper medical advice. The regulations apply to all advertised drugs, and also to the *preparations made and sold by retail druggists for self-medication*. It may be expected, therefore, that the sale of drugs for self-medication will decrease as a result of these laws.

A further indication of the trend in this direction is the ruling of the Federal and State enforcement officials that, under the misbranding clauses of these laws, it is unlawful for anyone to sell without a physician's prescription sulfanilamide and related drugs; cinchophen, neocinchophen, and related drugs; and aminopyrine and related drugs.

PRESCRIPTIONS

Physicians should bear in mind that their patients will not be able to obtain these drugs except upon a written prescription. Pharmacists are not permitted under the law to dispense these drugs in any other way.

Prescription writing should increase as the enforcement of the Federal and State Food, Drug and Cosmetic Acts becomes more stringent, for these laws clearly recognize the fact that medication without medical advice is dangerous, and the regulations are framed in the direction of discouraging the use of drugs without medical advice.

LIABILITY

Every physician, dentist, or veterinarian who dispenses drugs in the course of his practice is subject to prosecution under the State Food, Drug and Cosmetic Act if the drug he dispenses is adulterated; and if the drug dispensed to a patient does not bear a label containing the name and place of business of the dispenser, a serial number and date on which the drug was dispensed, and the name of the physician, dentist or veterinarian.

PRESCRIPTION WRITING

It would seem advisable, under these laws, for pharmacists to discourage the dispensing of drugs for self-medication; and for physicians, dentists, and veterinarians to leave the dispensing of drugs for their patients to the pharmacists by *writing prescriptions,* rather than attempting to dispense drugs in their offices. This is the spirit of the Food, Drug and Cosmetic Acts as they refer to the established practice of medicine and pharmacy.

NEW JERSEY MATERNAL MORTALITY STATISTICS 1939

By Arthur W. Bingham, M.D., East Orange, N. J.

Chairman, Committee on Maternal Welfare of The Medical Society of New Jersey; and Chief Advisory Obstetrician, Bureau of Maternal and Child Health, State Department of Health.

The maternal mortality statistics for New Jersey are published each year by the Committee on Maternal Welfare. They show what progress is made from year to year by each county as indicated by the maternal deaths from various causes. The figures are as accurate as can be obtained, and it is hoped that they will be studied carefully by every physician in the State taking obstetrical cases.

It may be noted that the figures do not quite agree with those published by the State Department of Health. This is largely due to the study of annual obstetrical reports from the hospitals which show more obstetrical deaths than reported by the State Department of Health because of the fact that some of the death certificates are incorrectly filled out. For this reason the committee has requested that interns do not fill out the maternal death certificates without the endorsement of the attending physician.

Twelve extra deaths were added in 1939. The deaths are classified according to the county responsible for the care of the patient. For example, if a patient living in one county develops eclampsia and is sent to a hospital in another county and promptly dies, the death is credited to the county where she had her prenatal care. If a patient in good condition is sent to a hospital in another county and has a version resulting in a ruptured uterus, or a cesarean followed by sepsis, the death is credited to the county in which the complication arose.

EXHIBIT I

This graph shows the maternal mortality rate for each year since 1931, when the State Committee on Maternal Welfare was appointed. The rate has dropped from 59 in 1931, to 31 per ten thousand in 1939. Eighty-one and three-tenths per cent of live births occurred in hospitals in the State. Urban counties varied from 65 per cent to 91 per cent. Rural counties varied from 15 per cent to 73 per cent delivered in hospitals.

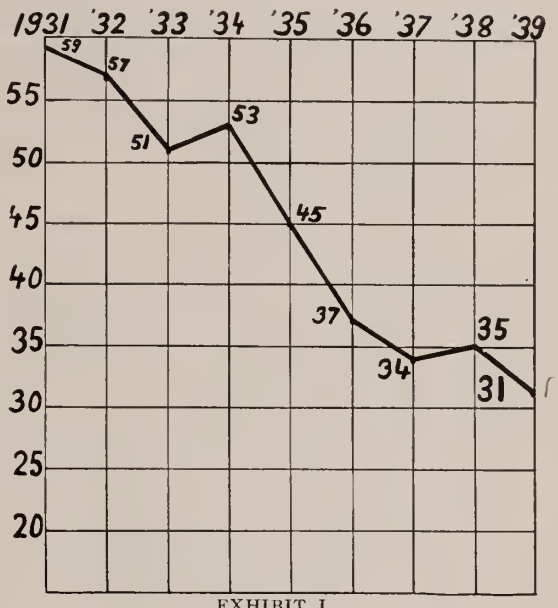

EXHIBIT I

Maternal Mortality Rates.

The maternal mortality rate was the same for rural and urban counties,—31 per 10,000 live births. The greatest improvement in 1939 was in the rural counties. The number of maternal deaths in the State decreased from all causes except toxemia, septic abortion, and other accidents of childbirth, which increased a little.

The maternal mortality rate for colored patients increased from 54 to 63 per 10,000 and the rate for the white patients decreased to 29 per 10,000. New Jersey has the highest percentage of colored births of any northern State. The highest maternal mortality rate for the colored patients is due to septic abortion, and the second highest rate is due to puerperal sepsis.

So many of the maternal deaths are preventable that there is room for considerable improvement in the statistics.

MATERNAL MORTALITY RATES OF NEW JERSEY BY COUNTIES FOR 1939

There were 56,313 live births in 1939, giving New Jersey the lowest birth rate for any State. The number of births varied in the counties from 11,919 in Essex County and 8,898 in Hudson County, to 302 in Cape May County and 254 in Hunterdon County. In 1939 twelve counties had lower maternal mortality rates than the State (31); eight had higher rates; and one county had the same rate. In 1938 only eight counties had a lower rate than the State (35), and thirteen counties had higher rates than the State.

There are eleven urban counties and ten rural counties according to the classification of the State Department of Health. Several urban counties are largely rural except that each has one or two cities, such as Morris, Middlesex, Bergen, and Atlantic have.

Fifty-six per cent of the live births in the State (31,743) occurred in the white counties, with a maternal mortality rate of 25 per 10,000. The shaded counties or those with rates higher than the State rate had 43 per cent (24,570) with a rate of 39 per 10,000 live births.

The urban counties had 87 per cent of the total live births with a maternal mortality rate of 31 per 10,000; and the rate for the rural counties was the same.

Urban counties having the lowest average maternal mortality rate for the five-year period 1935-36-37-38-39 are Bergen, Morris, Union Counties with a rate of 32 per 10,000

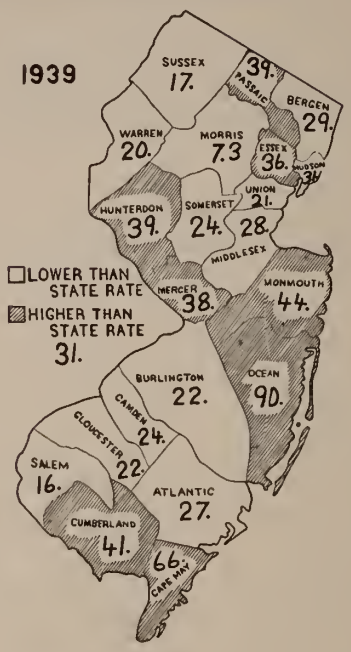

EXHIBIT II

Maternal Mortality Rates—1939

live births. Mercer County has the highest average maternal mortality rate for this period, 57.

For the rural counties, Warren has the lowest average maternal mortality rate for this five-year period,—24 per 10,000 live births; and Cape May County has the highest rate, 62.

Excluding abortions and ectopics, 35 per cent of the expectant mothers who died had little or no prenatal care.

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY

Sponsored by

THE MEDICAL SOCIETY OF NEW JERSEY

The following pages contain the second of a series of monthly articles relative to the objectives and progress of the Medical Service Administration of New Jersey. The introduction and general outline of purposes were published in the July issue of this Journal.

I. PROGRESS

Following a decision of the Board of Governors to reincorporate, it was necessary to await the passage of our Enabling Bill before proceeding with the details of reincorporation. Reincorporation will be accomplished by amendment to the former incorporating papers of the Medical Service Plan of New Jersey. These papers are now in the hands of the Secretary of State. Approval by State authorities is anticipated within the next ten days.

When reincorporation has been accomplished, the Commissioner of Banking and Insurance must review our proposed activities. A certificate of authority must be received from the Commissioner of Banking and Insurance before we start operations and solicitation of subscribers.

We must obtain 51 per cent of the physicians of each county as participating physicians of the Medical Service Administration. A poll of Essex County has already resulted in an expression by over 51 per cent of the physicians of that county of their willingness to become participating physicians. Proposed plans must receive the approval of county medical societies. County Advisory Committees must be appointed and approved. The details of administrative procedure and system of records must be determined. This will be accomplished by consultation between representatives of the Administration, the Department of Banking and Insurance, and consulting actuaries. These things are difficult of accomplishment during the summer months, when the activities of county societies are at their lowest ebb.

II. THE ADMINISTRATION AS A SERVICE AGENCY

The Medical Service Administration is in a position to act as a co-ordinating agency representing the physicians of New Jersey and governmental agencies involved in the distribution of medical care. Progress of Federal medical care planning is being carefully studied to determine how the Medical Service Administration may be of mutual assistance in the distribution of medical care in New Jersey under these proposed Federal plans.

III. THREE PLANS

The Medical Service Administration proposes now to operate three plans: (1) The Medical Service Plan of New Jersey, a complete coverage plan; (2) Medical and Surgical Service Plan for Hospitalized Patients, a "catastrophic" illness plan to cover only the cost of illness requiring hospitalization; and (3) the Farm Security Plan to cover the cost of medical care of about one thousand farm families in New Jersey.

Details of the Medical Service Plan of New Jersey have already been presented to the profession. A resume of other plans follows.

IV. FARM SECURITY PLAN

Plan No. III

The Farm Security Plan to provide for the care of approximately one thousand farm families in New Jersey has been approved by the Federal Farm Security Administration and the Board of Trustees of The Medical Society of New Jersey.

PURPOSES

To collaborate with Farm Security Administration of the U. S. Department of Agriculture to make available the services of physicians to low income farm families in New Jersey.

GENERAL PRINCIPLES

Free choice of physician;

Administration by the Medical Service Administration of New Jersey;

Approval by county medical societies and local supervision by committee of county medical societies.

The services will be voluntary on the part of physician and patient.

ELIGIBILITY

Low income farm families who are "clients" of the Farm Security Administration.

Any physician holding a full license to practice

medicine in New Jersey may be a participating physician.

SERVICES

(a) General.

Medical care in the office and home such as is ordinarily rendered by the general practitioner of medicine, to include obstetrical care, and the treatment of minor injuries and fractures not requiring hospitalization.

(b) Preventive.

Preventive service including annual health examination, and such immunizations as may be considered advisable by the physician.

SUBSCRIPTION RATES

Subscription rates will be paid in the form of a loan from the Farm Security Administration. The rates will be as expressed in the following table:

Annual rates:	
Single person	$12.00
Man and wife	16.00
Family of 3	17.00
Family of 4	18.00
Family of 5	19.00
Family of 6 or more	20.00
Each confinement case—	
An additional	10.00

Each home call requested after 10 p. m.—an additional $1.00 to be paid directly to the physician by the participant.

These annual subscription rates will be deposited in advance by The Farm Security Agency with the Medical Service Administration.

PAYMENT OF PHYSICIANS' BILLS

The money received from the Farm Security Administration will be divided into twelve units, each unit representing one month of the year. Physicians' bills will be submitted each month. They will be paid from the funds allocated for that month. Fees will be prorated when full payment is not possible. Money not expended from each monthly allocation will be placed in a reserve fund. This reserve fund will remain intact to the end of the fiscal year, when it will be used to reimburse physicians for unpaid services rendered during the year. Any remaining funds will be carried as reserves during the following year.

LIMITATIONS

Payments will not be made for the following materials or special services:

1. Drugs.
2. Surgical appliances.
3. X-rays other than minimum x-ray service necessary to establish diagnosis in traumatic cases.
4. Nursing care.
5. Care of hospitalized cases.
6. Cost of hospitalization.

FEE SCHEDULE

Fee schedules will be determined by the respective county medical societies. It is anticipated that fee schedules will be similar to that of the E. R. A. fee schedule, and as established during the experimental period of the Farm Security Plan in Atlantic County.

V. PLAN FOR HOSPITALIZED PATIENTS

Plan No. II

The Board of Governors of the Medical Service Administration and the Board of Trustees of The Medical Society of New Jersey have approved the "Medical and Surgical Service Plan for Hospitalized Patients". This Plan will cover only the cost of major illnesses which require hospitalization. A resume of its provisions will be found on the following pages.

BACKGROUND

When this Medical Society first considered the possibilities of a plan for the distribution of medical care to the low-wage group, it was with the idea of covering only catastrophic illnesses. As the problem was studied and our knowledge increased, our ideas changed. We followed the trend of other state societies, and evolved a complete plan for medical care of the low-wage group, known in this State as the Medical Service Plan of New Jersey.

The Medical Service Plan is an ideal Plan, built on the ideals of service, after determining as near as possible the cost of an ideal service at minimum fees. It was formulated as an answer to a reported demand, not as an answer to a specific problem. The "Medical and Surgical Service Plan for Hospitalized Patients" meets a specific problem, known to exist.

The over-burdening costs of adequate medical care of serious illnesses among the low-wage group is increasing the indigent load of the State and adding to the load of free medical care carried by physicians and voluntary hospitals. Many of the low-wage group capable of paying for the casual office or home call of the physician are totally incapable of financing the cost of a serious illness. A solution which will assist the low-wage group under these conditions constitutes the most urgent demand. This Plan, we believe, is a solution of this problem. It should have a definite demand among industrial employees.

PURPOSES OF PLAN

1. To provide for the payment of medical and surgical care during illnesses among persons of selected income groups while hospitalized and under the care of a private physician.

2. To accomplish the above purpose by establishing a plan and arrangement by which the cost of this medical and surgical care will be met by the voluntary prepayment of subscriptions on an insurance basis.

3. To place the administration of this Plan under the direction of the Medical Service Administration of New Jersey.

PARTICIPANTS

1. Beneficiary Participants.
   There shall be two types of beneficiary participants:
   Full Fee Participants.
   Partial Fee Participants.
   a. *Full Fee Participants* shall be employed persons (not dependents) with incomes not above $2000 annually. For this group, all fees paid physicians by the Administration for professional services will be considered as payments in full for such services.
   b. *Partial Fee Participants* shall be employed persons with incomes higher than $2000 annually. For this group, the fees paid by the Administration shall be the same as for the full fee participants. Contracts with this group shall state that any fee in excess of the amount paid by the Administration may be adjusted between the beneficiary and his private physician.
2. Professional Participants.
   The professional participants will be participating physicians of the Medical Service Administration of New Jersey who wish to participate under the provisions of this Plan.

ENROLLMENT GROUPS

Beneficiaries will be accepted in groups of ten or more providing such groups constitute 75 per cent of employed persons from the same place of employment.

Special groups or classifications other than that defined above may be enrolled on such basis as may be determined by the Board of Governors of the Medical Service Administration.

ADMINISTRATION

The Administration of this Plan will be under the direction of the Board of Governors of the Medical Service Administration.

SUBSCRIPTION RATES

The basic subscription rate per beneficiary will be as follows:

Monthly	$.65
Annually	7.50

The subscription rate for a specific group will be determined in accordance with the percentage of females in the group, as per the following table:

Percentage of Females	*Monthly Rate*
Under 5 per cent	$ .65
5-15	.70
16-25	.75
26-35	.80
36-45	.85
46-55	.90
56-65	.95
66-75	1.00
76-85	1.05
86-100	1.10

PHYSICIANS' FEES

Physicians' fees will be paid by the Medical Service Administration according to a guiding fee schedule. No fees will be paid for the care of patients not hospitalized.

BENEFITS

Payment of physicians' fees to cover the cost of professional care during three-week period of hospitalization according to guiding fee schedule.

Payment at the rate of $2.00 for each necessary professional visit made by a physician to the beneficiary while beneficiary is hospitalized beyond the initial perod of three weeks.

Please sign
CENSUS OF OPINION
on following page

Payment of cost of necessary diagnostic laboratory and x-ray procedures, performed by physicians, during hospitalization period, and for which the beneficiary is personally liable.

LIMITATIONS

Payment by the Administration as total fees for professional care during any one contract year will not exceed the following limitations: (a) Surgical fees totaling $150.00, and (b) medical and diagnostic fees totaling $100.00, regardless of the number of hospitalization periods and the amount of service rendered during that year.

Payment for diagnostic x-ray examinations will be limited to $15.00 during any one period of hospitalization.

Payment will not be made for the following:

1. Treatment of conditions for which the beneficiary is entitled to treatment under any Workmen's Compensation Law.
2. Drugs, surgical appliances, and nursing care.
3. Maternity care during the first contract year.

WAITING PERIOD

There will be no waiting period excepting as applied to obstetrics. All other benefits become effective on the "Effective Date" of the contract made with the individual beneficiary, providing the beneficiary is one of a group defined above. This provision may be altered if it regards special groups enrolled on a special basis by the Board of Governors.

WAIVER OF SUBSCRIPTION

Subscriptions may be waived and services continued if by reason of illness of one month or more duration the subscriber is unable to maintain subscriptions. In no case shall subscriptions be waived beyond the contract year, or after the subscriber's recovery from illness.

All such waivers are to be made at the discretion of the Board of Governors of the Medical Service Administration.

Payment of waived subscriptions will be made as directed by the Board of Governors of the Medical Service Administration.

REINSTATEMENT

When service has been discontinued because of non-payment of subscription for any reason other than illness for which the patient was hospitalized, the subsequent acceptance of subscriptions by the Administration shall reinstate the contract, but said contract shall not cover diseases or injuries or the sequellae of such diseases or injuries which had their origin during the period of delinquency.

VI. NEWSPAPER PUBLICITY

Reaction of the public as interpreted by newspaper editors has been very favorable. One hundred forty-seven editions of New Jersey newspapers have contained news articles or editorials concerning the Medical Service Administration and its plans. Newspaper comments have been consistently encouraging and complimentary. Their criticisms have been sympathetic and constructive. All have been in accord in approving the general principles and value of such an organization as the Medical Service Administration.

VII. PRESENTATION TO COUNTY MEDICAL SOCIETIES

The Medical Service Administration and the proposed plans to be operated by the Administration are now ready for formal presentation to the component county societies. Requests have been submitted to the county societies for permission to explain in detail the purposes and activities of the Medical Service Administration to the respective executive committees prior to presentation to the county societies as a whole. It is believed that a more complete mutual understanding of the aims and objectives of the Administration may be reached if the Administration and its plans are presented first to a small group representing each county society.

You will be of assistance to us by returning over your signature the "Census of Opinion" submitted below.

CENSUS OF OPINION

I am / am not willing to become a participating physician of the Medical Service Administration of New Jersey.

(This is not a formal agreement.)

_____, M.D.
(Signature)

_____
(County Address)

MATERNAL MORTALITY RATES, 1937—1939

The three-year period is used for the following maps, for some of the rural counties have only about 300 births a year and a more accurate comparison of counties can be made when there are at least one thousand live births.

The white, or lower than State rate, counties represent 82 per cent of the total number of live births in the State for this period,—137,675 live births, with a death rate of 30 per 10,000 live births. The shaded group had 17 per cent of the live births with a rate of 49 per 10,000.

The urban counties had 87 per cent of the live births, 146,747, with a rate of 33. The rural had 12 per cent, with a rate of 40 per 10,000 live births.

In comparing this three-year period (1937-38-39) with the previous three-year period (1934-35-36) the State rate decreased from 45, to 34 per 10,000 live births.

Puerperal sepsis mortality rate decreased from 8.7, to 6.6.

Septic abortion mortality rate decreased from 8.8, to 5.3.

Toxemias of pregnancy rate decreased from 6.9, to 6.0.

Puerperal hemorrhage rate increased from 4.9, to 5.2.

Other Accidents of Childbirth decreased from 7.4, to 5.3.

Embolus decreased from 3.0, to 1.6.

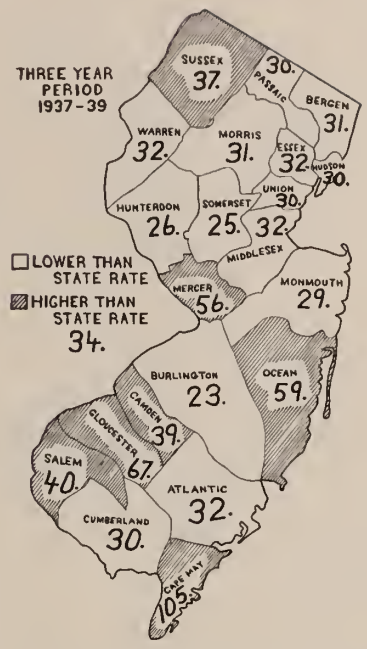

EXHIBIT III

Maternal Mortality Rate—Three-year Period 1937-38-39

Ectopic gestation mortality rate decreased from 2.6, to 1.7.

The incidence of stillbirths in New Jersey was one in 35 cases in 1939. The counties varied from an incidence of one in 61 in Cape May (rural) and one in 49 in Middlesex County (urban) to one in 26 in Gloucester and Salem Counties, both rural.

RATE FOR PUERPERAL SEPSIS, 1937—1939

The white, or lower than State rate, counties in this classification had 58 per cent of the live births in the State, with a rate of 4.1 per 10,000. The shaded, or higher than State rate, counties had 41 per cent of the live births of the State, with a rate of 9.4 per 10,000 live births. The State rate for this classification during this period was 6.6 per 10,000 live births.

The rate for puerperal sepsis in the urban counties was 5.8, and the rate for the rural counties was 7.9 per 10,000 live births.

In 1939 New Jersey had its lowest mortality rate for puerperal sepsis,—5.3 per 10,000 live births. The State rate for the colored patients was 13 per 10,000, and the rate for the white patients was 4.6 per 10,000 live births. In 1938 the mortality rate for the State was eight for puerperal sepsis.

Seven rural counties and three urban counties had no death from puerperal sepsis in 1939.

Over a period of five years, 1935-36-37-38-39, Warren County (rural) had no death from puerperal sepsis. This represents 2861 live births during this period. The second lowest rate for a rural county was in Burlington County with a rate of three per 10,000 live births for 6544 live births.

The lowest rate for an urban county for this period was in Morris County, with a mortality rate of 4.1 per 10,000 for 7290 live births. The second lowest rate for an urban county was in

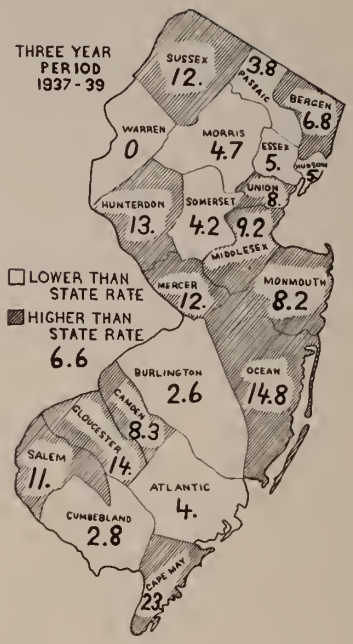

EXHIBIT IV

Puerperal Sepsis—Three-year Period 1937-38-39.

Essex County, with a mortality rate of 5.5 per 10,000 live births. There were 57,812 live births in Essex County during this period.

The highest mortality rate for puerperal sepsis for the five-year period 1935-36-37-38-39 for a rural county was in Ocean County (2306 live births),—13 per 10,000; and the highest rate in an urban county was 11 per 10,000 live births in Mercer County (14,338 live births), also for Middlesex County (14,493 live births).

RATE FOR SEPTIC ABORTION, 1939—1939

Fifty-eight per cent of total live births were in white counties, with a mortality rate from septic abortion of 3.2 per 10,000 live births. Forty-one per cent of the live births in the State for this period were in the shaded, or higher than State rate counties, with a rate of 8.4 per 10,000 live births.

The mortality rate for this classification for the State for this period was 5.3; the mortality rate for the urban counties was 5.5, and the rate for the rural counties was 3.9 per 10,000 live births.

In 1939, 20 per cent of the maternal deaths were due to abortions. The State rate was 4.9, the rate for the rural counties was 0, and the rate for the urban counties was 5.6 per 10,000 live births. Four urban counties had no septic abortion deaths.

The highest colored maternal mortality rate occurs in this classification. In 1939 the colored rate was 18; and the rate for the white patients was 3.8 per 10,000 live births.

Over a period of five years, 1935-36-37-38-39, two rural counties had no deaths from septic abortions,—Cape May County (1599 live births), and Ocean County (2306 live births). The second lowest rate for a rural county was 1.5 for Burlington County (6544 live births).

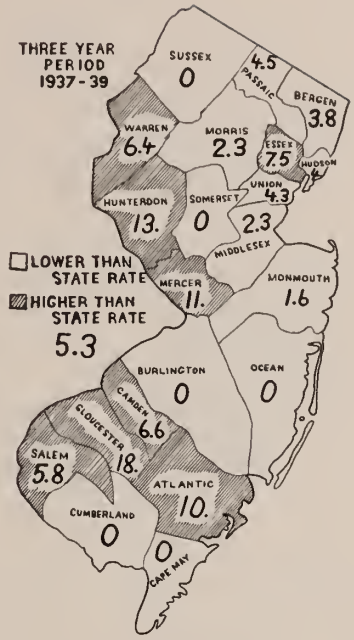

EXHIBIT V

Septic Abortion—Three-year Period 1937-38-39.

The highest rate for a rural county was 10 for Gloucester County (4760 live births).

The lowest mortality rate for septic abortions in an urban county was three for Bergen County (19,924 live births); and the highest rate for an urban county was 12 for Mercer County (14,338 live births).

RATE FOR TOXEMIAS OF PREGNANCY, 1937—1939

Sixty-seven per cent of the live births (112,-707) were in the white counties, or lower than State-rate group during this period, and had a mortality rate of 4.2 per 10,000. Thirty-two per cent (54,253) were in the shaded counties, and had a rate of 11.8 per 10,000 live births. The rate for the State as a whole for this period was six.

In 1939 the State mortality rate for toxemias of pregnancy was 6.3, and in 1938 the State rate was 5.4 per 10,000 live births. The rate for the urban counties was 5.8. Two urban counties had no death from toxemias. The rate for the rural counties was 10, although five rural counties had no death from toxemias in 1939.

The mortality rate for toxemias of pregnancy for the colored patients was 6.7 in 1939, and 6.3 for the white patients. The rate for eclampsia and albuminuria for the colored patients was 2.2, and for the white patients 5.0, in 1939.

The lowest average mortality rate for toxemias of pregnancy over a period of five years, 1935-36-37-38-39, for a rural county was in Warren (2,861 live births), with no death. The second lowest rate for a rural county was in Cumberland County (5,642 live births), with a rate of 5.3 per 10,000 live births. The lowest rate for an urban county was 2.7 in Morris County (7,290 live births), and the second lowest mortality rate for an urban county was 2.8 in Monmouth County (10,167 live births) for this five-year period.

The highest average mortality rate for a rural county during this same five-year period

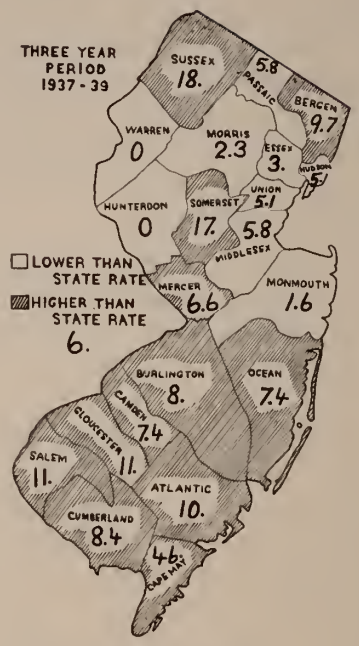

EXHIBIT VI

Toxemias of Pregnancy—Three-year Period 1937-38-39.

was 36 for Cape May (1,599 live births). The highest average mortality rate for toxemias of pregnancy in an urban county was 10 in Atlantic County (8,202 live births).

This map shows that, while four counties in the northern half of the State are shaded, every county in the southern half is shaded, indicating rates higher than the State rate. Toxemias of pregnancy are largely preventable. Do the patients consult the physicians early enough? Can the physicians improve their prenatal care?

RATE FOR PUERPERAL HEMORRHAGE, 1937—1939

Seventy-four per cent of the live births (124,362) occurred in the white, or lower than State rate, counties during this three-year period; and had a mortality rate of 4.1 per 10,000 live births for puerperal hemorrhage. Twenty-five per cent were in the shaded counties, and had a mortality rate of 8.2.

In 1939 the mortality rate for puerperal hemorrhage was 4.7 for the State, as compared with 6.2 in 1938. The mortality rate for the urban counties was 4.4 in 1939, and was 7.2 in the rural counties in spite of the fact that seven rural counties had no death from puerperal hemorrhage last year. While there was a marked improvement in the State rate for this classification in 1939, the mortality rate was slightly higher than in 1935, 1936, and 1937. This is the first year since 1934 that the urban mortality rate for puerperal hemorrhage is lower than the State rate and the rural rate higher. In 1934 they were the same. Prior to 1934 the mortality rate for puerperal hemorrhage for the urban counties was lower than the State rate for several years, and the rural rate was higher. The lowest rate for the State was 3.5 in 1936.

The colored mortality rate for 1939 for hemorrhage was 6.7, and the rate for the white patients was 4.6, per 10,000 live births.

Over a period of five years, 1935-36-37-38-39, four rural counties had no death from puerperal hemorrhage. The lowest average mortality rate for this period for the urban counties was 3.6 in Atlantic County (8,202 live births) and Union County (22,095 live births). The highest average mortality rate for a rural county was 12 in Cape May (1599 live births), and the highest average rate for an urban county was 8.0 in Monmouth County (10,167 live births).

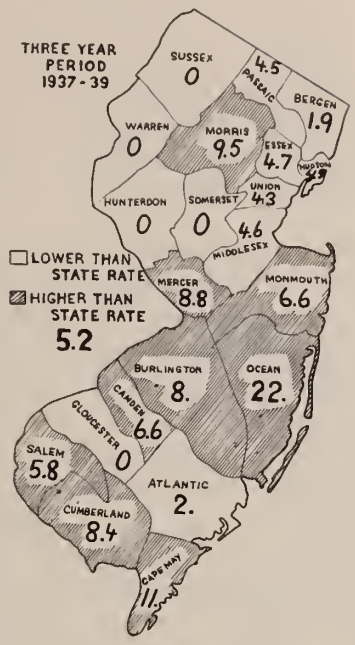

EXHIBIT VII

Puerperal Hemorrhage—Three-year Period 1937-38-39.

RATE FOR OTHER ACCIDENTS OF CHILD-BIRTH, 1937—1939

Sixty per cent of the live births in the State occurred in the white, or lower than State rate, counties and had a mortality rate of 3.3 for this classification during this three-year period. Thirty-nine per cent occurred in the shaded counties, and had a rate of 8.3 per 10,000 live births.

The State mortality rate for this group was 5.6 in 1939, and 5.5 per 10,000 live births in 1938. In the urban counties the mortality rate for this classification decreased from 6.0 in 1938, to 5.8 in 1939; and in the rural counties the rate increased from 2.9 in 1938, to 4.3 in 1939. Seven rural and three urban counties representing 12,475 live births had no death in this classification in 1939. Ocean County had the highest rural mortality rate, 22.0, and Warren County had the second highest rural rate, 20.0, in 1939. Essex County had the highest urban mortality rate in this classification, 10 per 10,000 live births, with 11,919 live births; and Hudson County with 8,898 live births had the second highest urban rate, 7.8, in 1939.

The mortality rate for this classification for the colored patients was 6.7, and for the white patients the rate was 5.5, in 1939.

Over the five-year period, 1935-36-37-38-39, Salem County (rural), with 3,081 live births, had no death in this group. Union County with 22,095 live births had the lowest average urban rate,—2.7 per 10,000 live births. Hunterdon County had the highest rural average rate,—18, with 1,636 live births for this period; and

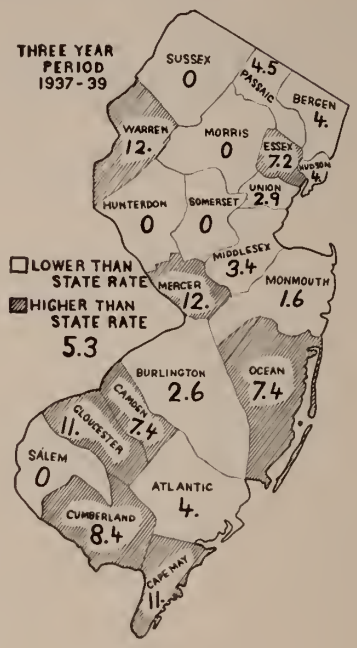

EXHIBIT VIII

Other Accidents of Childbirth—Three-year Period 1937-38-39.

Mercer County had the highest urban average rate, 10.0 per 10,000 live births.

The hospital reports indicate a gradual decrease in the incidence of versions and cesareans. Five hospitals in the State have a high percentage of versions. All others have very few. The incidence of versions varies from one in 13, to one in 1,503. The incidence of cesareans varies from one in 12, to one in 258 deliveries.

SUMMARY BY COUNTIES, 1937—1939

White blocks indicate an average rate lower than that of the State, and shaded blocks indicate an average rate righer than the State rate, for the three-year period 1937-38-39. These records show a variation from five white for two counties,—Hudson and Passaic; to five shaded for two counties,—Camden and Mercer.

Camden and Mercer Counties both improved their records in 1939, and contributed toward lowering the State rate, but it was not sufficient to overcome their previous records. With continued improvement the next picture will be different.

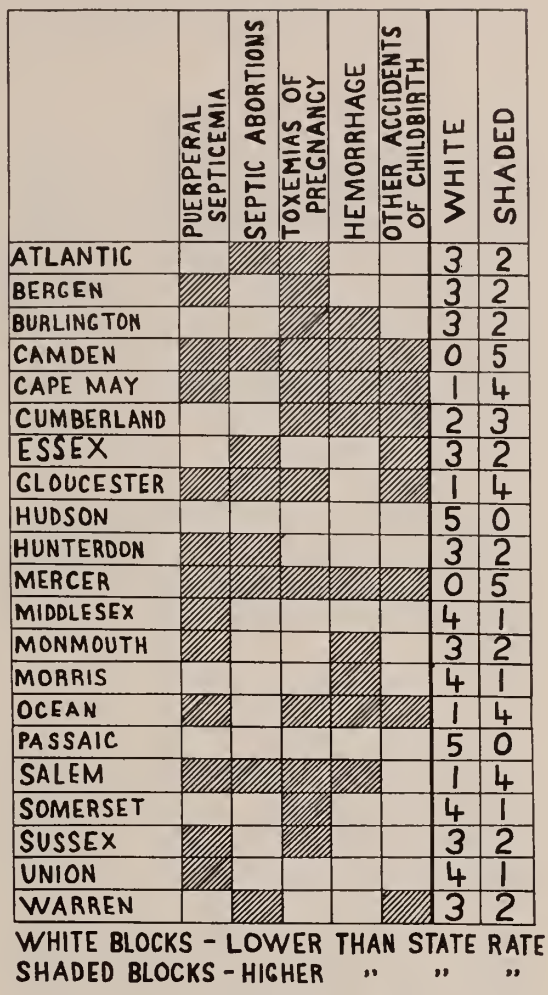

EXHIBIT IX

Record of Counties—1937-38-39.

CONCLUSION

If studied carefully, these statistics give a fairly clear idea of the results of obstetrical work in New Jersey. They also show that there is opportunity for considerable improvement. Let us all work more intensively toward this end.

Certain essentials are necessary:

1. Does your county have a comprehensive system of prenatal care for the indigent and low-wage groups? If not, you cannot maintain a low rate of maternal mortality.

2. Does your county have adequate hospital facilities? If not, why not start a drive for an improvement in this important detail? Why be satisfied to work with inferior equipment? The public expects from you a perfect record.

3. Do you have competent anesthetists for your cases, and so avoid frequent accidents?

4. Do you take sufficient pains with the simple normal case, and thus avoid complications?

5. Do you treat abortions with the care which they require?

6. Do you call a consultant early in all abnormal conditions?

7. Do you enforce rules in your hospitals for closer supervision and more conservative treatment? Interns should have more supervision. This is a valuable opportunity for them to learn conservative obstetrics.

The committee appreciates the splendid cooperation of the physicians, nurses, hospitals, and the State Department of Health.

LESSON FROM A DEATH CERTIFICATE

NUMBER TWENTY-TWO

Grav 2; para 1. First baby stillborn after forceps delivery. Rachitic flat pelvis.

Cesarean done after membranes had been ruptured seven hours. Died of sepsis.

On account of past history, why could not an elective cesarean have been done earlier before rupture of membranes? It would have been safer. A. W. BINGHAM, M.D.

CONTACTS AND COMMENTS

PRACTICAL PROGRAMS

A characteristic of the programs of Medical Societies is their increasingly practical nature, and their adaptability to the every-day practice of family doctors. An example is the article on "Pyelitis" on page 399, which was read before the Clinical Conference of the State Society. Three-fourths of the members of The Medical Society of New Jersey are general practitioners, who are interested in "what to do" for their patients, rather than in the scientific details of "why" certain reactions follow the administration of certain drugs.

Brief abstracts of practical papers read before County Medical Societies will always be welcomed, and will be given preferred positions in the Journal. They will be read and remembered after finished dissertations are forgotten.

PHARMACEUTICAL RELATIONS

The Committee on *Pharmaceutical Relations* has prepared a readable article on the legal aspects of preparations of drugs and other therapeutic products which are sold in drugstores. Turn to page 411 and read the article by Drs. Ulmer and Fischelis.

Make it a practice to read the labels on proprietary articles, especially those for internal use; and tell your patients that the instructions and warnings are solely for their protection.

The control of "self prescribing" begins with the doctor himself.

PERSONAL NOTES FROM THE JOURNAL OF AUGUST, 1915

Dr. Henry C. Barkhorn, Newark, and wife were registered at the Sunnyside Hotel, Mt. Arlington, last month.

Dr. Francis H. Glazebrook, Morristown, has purchased a house occupied by the late Dr. Ubelacker, and is remodeling it before taking possession.

Dr. George N. J. Sommer, Trenton, spent a week last month at Mr. C. B. Kuser's cottage at Blooming Grove, Pa.

Dr. Samuel A. Baldwin, Newark, is registered at the Sunnyside Hotel, Mt. Arlington, Pa.

Dr. Frederick W. Becker, Newark, and family are occupying their cottage at Budd Lake.

EDITORIALS

It is a fundamental principle of editorial writing that the articles shall be brief and pointed. But now and then it seems wise to analyze a whole group of problems in one editorial, particularly when a number of essential conditions are involved, and must be solved seriatim.

A doctor is likely to be either a pessimist or an optimist; but the prophetic optimists are sure to prevail. Proof of this fact is demonstrated by a comparison of proceedings of the annual meeting a quarter of a century ago with the record of the broad lines of progress recorded in the proceedings of the annual meeting of 1940. Turn to editorial page 396 and consider the records of these meetings.

CYCLES OF JOURNAL ARTICLES

The contents of the Journal run in yearly cycles which extend from one annual meeting to the next; as a matter of fact the cycle of administration of last year extends two months into the present summer while the records of the annual meeting are prepared for publication in the August Journal.

The first phase of a new administration is one of comparative quiet, while the new officers and committees organize their plans for the coming year. But the Summer and Fall Journals will contain an excess of scientific articles which have been delayed because of use of space for the records of the current activities of the officers and committees during the previous year.

The Fall Journals will announce the plans of the new officers; while the Winter Journals will carry brief accounts of current activities.

The Spring Journals will carry the reports of accomplishments during the year, and that of May will have room for little else.

Considering each Journal separately, there may seem to be an unbalance in its planning; but the entire volume of the year will present a true picture of the Medical Society doing effective work along all lines of medical endeavor.

MEDICAL PREPAREDNESS

The two articles on *Medical Preparedness* (page 427), and *Physicians needed for the Army Service* (page 429), are exceedingly practical and timely, especially to younger phy-

sicians, for Army service offers unique opportunities for "getting things done", and "getting along with their fellows". The Army offers special opportunities in all lines of medical practice, especially in medical administration, and in keeping well persons strong and healthy.

The question with a young practitioner is not "Can I afford to enlist in the Army Medical Service?" It is rather "Can I afford *not* to enlist?"

LISTS OF COMMITTEE MEMBERS

It has been the custom to print a list of the members of the official body and committees of The Medical Society of New Jersey in each issue of the Journal; but the list will be printed quarterly, and only the more important officers will be listed monthly. There are two reasons for the decision:

1. A greater number of pages are needed for scientific and administrative articles.
2. The money now spent on the monthly lists may be more profitably utilized in promoting the projects of the Society,—such, for example, increasing the number of pages of scientific articles.

THE CENTER INSERT PAGES

The four center pages of the three summer Journals are explanatory of the plans of The Medical Society of New Jersey to distribute medical services in an equable manner to all in need. The projects which are proposed are new and novel, and must be tested by months of experience before they are pronounced perfect. The proper attitude for the individual physician to take is two-fold:

1. Sign up to participate in the plans;
2. Make constructive criticisms and suggestions after you have applied and tested the plans.

Preparedness is as necessary in private practice as in the national war emergency.

THE FALL CLINICAL CONFERENCE

The time is fast approaching for making detailed plans for the Fall Clinical Conference. Two constructive suggestions are:

1. The plans shall include a method of collecting the descriptions of the demonstrations for publication in the Journal, so that they may be available for those who are unable to attend the Conference.
2. The subjects chosen for discussion shall be common conditions, rarther than rarer dysfunction.

SCIENTIFIC PAPERS

The scientific papers which are published in the Journal come from three principal sources:

1. The Section Meetings of the State Society.
2. The regular meetings of the County Societies.
3. The staff meetings of the local hospitals.

It is impossible to publish all the excellent papers which are presented before the societies; and it is embarrassing to single out certain ones which have an outstanding interest and appeal.

Secretaries and Reporters of County Societies can assist in choosing papers by informing the editor about the reactions and wishes of those who heard the papers delivered.

THE ANNUAL TRANSACTIONS

The Transactions of the Annual Meeting of The Medical Society of New Jersey fill forty-four pages of the supplement of this, the August Journal. This is four pages less than last year; but it does not indicate a diminution of the amount of information that was imparted, or a curtailment of any of the activities of the State and County Societies. On the contrary, the number of activities have doubled in the last three or four years.

The principal cause of the lessened space required by the Transactions is the almost complete absence of acrimonious debates over questions of policy and practice.

The Society is "United" to a greater degree than ever before.

Some members ask why the items of the Transactions are numbered by sections and paragraphs instead of by pages. The reason is that pages are uniform in size, while the paragraphs vary in length from an inch, to half a dozen pages. Changing the text would often change the numbering of all succeeding pages; but if the paragraphs are numbered, each one can be inserted in its proper order without disarranging any of the other paragraphs or lines.

BOOK REVIEWS

Reviews of new books are important items in a medical journal. This department of the New Jersey Journal filled eleven pages during the year 1939, and appeared in eight issues. Two pages of book reviews are printed in this issue of the Journal.

Book reviews will be continued,—but with due regard to their value as compared with the activities of the societies of the State and the several counties.

STATE SOCIETY ACTIVITIES

BOARD OF TRUSTEES

A regular meeting of the Board of Trustees of The Medical Society of New Jersey was held on Sunday, July 7, 1940, at two p. m., in the Executive Offices, Trenton, N. J. Those present were: Dr. Costello, presiding; Drs. Morris, Lewis, Marsh, Hollinshed, Stahl, Hawkes, North, McBride, Fithian, and Green. There were also present Dr. LeRoy A. Wilkes, Executive Officer, who acted as Secretary; Dr. N. M. Scott, Executive Assistant, and Dr. Frank Overton, Editor of the Journal.

FALL CLINICAL CONFERENCE

The time and place of holding the Fall Clinical Conference were discussed, and a smaller center such as Trenton, Camden, or Paterson was considered. The President was authorized to investigate the facilities available and the wishes of the medical leaders in the several cities.

THE NEW JERSEY MEDICAL ASSOCIATION

The Board discussed the relations of State and County Medical Societies to the New Jersey State Medical Association, which is composed of Negro physicians, and has a membership of 126, of whom 50 are also members of The Medical Society of New Jersey. (Journal, July, p. 388.) The members of the Board of Trustees endorsed the proposal that steps be taken to offer the members of the Association opportunities for education and clinical instruction; and a special committee was appointed to carry this into effect.

COMMITTEE ON MEDICAL PREPAREDNESS

Dr. Morris announced the appointment of the following physicians as a Committee on Medical Preparedness:

Harold Corbusier, Plainfield
Albert Hullett, East Orange
Andrew F. McBride, Paterson
Charles H. Schlichter, Elizabeth
David B. Allman, Atlantic City
David A. Kraker, Newark
Thomas K. Lewis, Camden
Wells P. Eagleton, Newark
George H. Lathrope, Newton

The committee will perfect its own organization and will recommend a representative on the Preparedness Committee of the American Medical Association. (See pages 427 and 429.)

MEETING WITH COUNTY PRESIDENTS

President Morris made a report of the luncheon meeting with the County Presidents held in the Carteret Club, Trenton, on Sunday, June 16. (See Journal, July, p. 384.)

175TH ANNIVERSARY

Dr. Morris suggested the desirability of celebrating the 175th anniversary of the founding of The Medical Society of New Jersey on July 23, 1766. Two features for the anniversary were suggested:

1. An anniversary issue of The Journal.
2. A mid-year meeting of the Society.

The question of a special issue of The Journal was referred to the Publication Committee.

PUBLIC RELATIONS COMMITTEE

Dr. Costello reported havnig attended a meeting of the new Public Relations Committee in the home of the present Chairman, Dr. C. M. Robbins, Newark. Plans for the work of the new committee are now being developed.

MEDICAL AND SURGICAL PLAN FOR HOSPITALIZED PATIENTS

Dr. N. M. Scott, Executive Assistant, announced that the Medical Service Administration is preparing a "Plan" for insuring low-wage groups for meeting the expenses of their medical and surgical care, while they are hospitalized.

This plan was approved by the Trustees.

EMPLOYEES OF BOARDS OF EDUCATION

The following supplement to the rules governing the examination of employees of Boards of Education were adopted by the State Board of Education on May 11, 1940:

1. If in making these examinations for the school year ending June 30, 1940, all persons who were recommended for an x-ray of the chest have been x-rayed and, if certificates have been filed by the medical inspector for the remainder of the employees or by the individual employees to the effect that they are free from communicable or infectious disease, this shall constitute compliance with the regulation.

2. In those districts in which every employee has had an x-ray chest examination in accordance with the regulations of the local board of education, such examination shall constitute a compliance with the rule.

THE MEDICAL PREPAREDNESS COMMITTEE

The following information is submitted by the Medical Preparedness Committee of The Medical Society of New Jersey:

THE COMMITTEE

The committee was appointed by the President of this Society and its membership approved by the Board of Trustees on July 7, 1940.

The function of the committee is to cooperate with the Committee on Medical Preparedness appointed by the Board of Trustees of the American Medical Association in accordance with resolutions adopted by the House of Delegates of the Association in June, 1940. For details relative to the organization and activities of the National Committee, your attention is invited to the issues of the American Medical Association Journal, beginning with the week of June 22.

The members of the State Committee are:

Charles H. Schlichter, Elizabeth, Chairman
Harold D. Corbusier, Plainfield
Albert G. Hulett, East Orange
Andrew F. McBride, Paterson
David B. Allman, Atlantic City
David A. Kraker, Newark
Thomas K. Lewis, Camden
Wells P. Eagleton, Newark

Dr. Norman M. Scott, 143 East State Street, Trenton, New Jersey, Executive Assistant, has been appointed Secretary of the committee. Communications relative to the activities of this committee should be addressed to the above address for coördination and distribution to the members of the committee.

THE STATE REPRESENTATIVE

The American Medical Association requested the nomination of a member of this Society to serve as a State representative to the American Medical Association Committee on Medical Preparedness. Dr. Charles H. Schlichter has been nominated by this Society as its representative.

Notice of confirmation of this appointment was received from the American Medical Association on July 22, 1940.

COUNTY COMMITTEES

County Committees to parallel the State Committee have to date been appointed by the Presidents of the following county societies:

Mercer	Sussex
Monmouth	Union
Somerset	Warren

THE SITUATION IN GENERAL

The total number of reserve officers of the Medical Department of the Army is shown in the following table:

Medical	15,299
Dental	4,665
Veterinary	1,537
Sanitary	475
Medical Administrative	1,163
Total	23,139

These physicians will constitute the first medical personnel called to active duty when an emergency is declared by Congress. These officers constitute sufficient personnel to fill the demands of an army of 2,000,000 men.

The number of New Jersey physicians already enrolled in the Medical Reserve Corps is as follows:

Colonel	3
Lieutenant Colonel	8
Major	12
Captain	38
Lieutenant	408
Total	469

While numerically sufficient, they must be supplemented by specially qualified men not now members of the Reserve Corps, to fill specific positions in specific military units. These men with special qualifications will be selected from among those physicians who express a willingness to volunteer their services on the questionnaires as returned to the American Medical Association.

The second phase in the development of the military organization on a war basis calls for an army of four million men. This will require about fifteen thousand additional physicians. These physicians will be chosen according to the qualifications expressed on the questionnaires. They will be chosen to fit specific duties in specified units, and accorded the rank

commensurate with the duties assigned to them. This is done in an effort to prevent some of the confusion and delay in granting proper rank and making appropriate assignments which occurred during the World War. Every effort will be made during any future emergency to prevent "square peg in round hole" assignments.

Due consideration must be given to the distribution of medical services among the civilian population, and the maintenance of proper public health programs in each community. Steps will be taken to prevent any community from being depleted of the proper number and type of physicians to guarantee the care of civilian population during any emergencies. Medico-military units will be supplemented by the use of the facilities and personnel of the Veteran Administration. Modern medico-military units require the services of the younger physicians. The older physicians must bear in mind that their most valuable contribution will probably be in the care of the civilian population.

Officers of the Medical Reserve Corps cannot at present be called to active duty for more than fifteen days during any one year, unless an emergency is declared by Congress. This may be altered by legislation now pending in the Congress. The granting of commissions to physicians as reserve officers has recently been discontinued excepting for personnel to fill specific vacancies. See page 429 of this Journal. This will not interfere with the reserve officers' training corps plans for those already commissioned. Reserve officers may volunteer for assignment prior to the declaration of an emergency. There is a present need for such volunteer services from men willing to serve with the regular army medical corps for one year or longer during the present organization period. These officers will be granted the same pay, allowances, and privileges of regular army officers according to rank.

It seems plain from the above statements that no acute emergency or shortage of personnel exists at present. Plans being formulated now are to fulfill the requirements of any emergencies which may arise in the future.

Should Congress pass the Burke Compulsory Service Bill, there will be demand for a large number of physicians to serve on examining boards and to staff the hospitals and medical units necessary for the training and care of these conscriptive soldiers.

PERSONAL PROBLEMS OF THE PHYSICIAN

When an emergency is declared, the "Army of the United States" comes into existence automatically. This army makes no distinction between members of the Regular Army, National Guard, and Reserve Corps. All officers are on the same status in accordance with their rank. The pay and allowances of an officer called to active Federal service shall be the same pay and allowances of an officer of the regular army of the same rank and length of service. He will be paid mileage from his home to his first station; and from his last station to his home. On this economic basis, physicians must adjust their own private economic problems. Arrangements for this adjustment may require considerable thought, and should be well worked out in anticipation of an order to active duty if the physician states on the questionnaire that he is willing to volunteer his services.

Personal problems requiring particular attention may be:

An insurance program which may be difficult to maintain on an army salary;

The continued maintenance of private offices in accordance with a lease which cannot be cancelled on the physicians' departure to active duty;

The payment of rent or payments toward the purchase of a home;

Arrangements for protecting his monetary interests in his private practice during his absence.

In addition to the strictly monetary problems, there must be considered the effect of his departure on hospital appointments and appointments to community or State agencies involved in the maintenance of the health of the people or the distribution of medical care. Arrangements to adjust obligations in this respect should be given careful consideration if the physician states on the questionnaire that he is willing to volunteer for military service.

Grade	Annual Base Pay	Initial Monthly Pay	Rental Allowances and Subsistence per Month: With Dependents — Rental	With Dependents — Sub. 30 Days	Without Dependents — Rental	Without Dependents — Sub.	Limitations, Monthly Pay and Allowances
Colonel	$4000	$333.33	$120	$36	$80	$18	$600
Lieutenant-Colonel	3500	291.67	120	54	80	18	600
Major	3000	250.00	100	54	60	18	
Captain	2400	200.00	80	54	60	18	
First Lieutenant	2000	166.60	60	54	40	18	

For the information of physicians contemplating active military service, in an effort to help them adjust their private problems, a copy of the pay and allowance tables of the officers of the army is presented on the preceding page.

These base-pay rates are subject to increases of five per cent for each three-year period of active duty. Rental and subsistence are not allowed in cash to officers without dependents while on field duty.

THE QUESTIONNAIRE

A questionnaire has been mailed from the American Medical Association directly to each physician in this State. When completed, this questionnaire is to be returned directly to the American Medical Association. The data submitted will be transferred to punch cards, and will thus form an index of all physicians according to states, counties, and local communities. This index, as it refers to New Jersey, will be of inestimable value to this Society as a basis of a complete personnel index of its members. Physicians are urged to give this questionnaire their most careful and early consideration, to assure prompt, accurate, and complete returns to the office of the American Medical Association.

PHYSICIANS NEEDED FOR ARMY SERVICE

The following information, which has been received from the Surgeon General of the United States Army, will be of special interest to young practitioners who are seeking both experience and a means of livelihood.

The physician, like every other American, has become actively interested in our national security, and stands read to contribute his services as required for military preparedness. The immediate problem in this connection is one that concerns the War Department, and primarily the young physician.

The War Department must procure sufficient additional personnel from the medical profession to augment the medical services of the Regular Army when the various increases are made in its strength, as authorized by Congress to meet the partial emergency. The plans of the War Department are designed to make Army service attractive and instructive for the young physician.

If the physician holds a Medical Corps Reserve commission, he may be ordered to active duty if he so requests. If he does not hold a commission, but is under thirty-five years of age and is a comparatively recent graduate of an accredited school, he may secure an appointment in the Medical Corps Reserve for the purpose of obtaining extended active duty for a period of one year or longer.

Duty is given at General Hospitals, Station Hospitals, and with Tactical Units, and embraces all fields of general and specialized medicine and surgery. Excellent post-graduate training is obtainable in connection with Aviation Medicine.

After serving six months of active duty in the continental United States, a Reserve Officer may request duty in Hawaii, Panama, or other United States territories and possessions. The initial period for duty is for one year, and yearly extensions are obtainable thereafter until the international situation becomes more clarified and our domestic military program becomes stabilized.

Many young doctors who have served with the Army on extended active duty have taken the competitive examination for entrance into the Medical Corps of the Regular Army. Extended active duty affords an excellent opportunity for the physician to observe modern military medicine, and the facilities that exist for a complete and comprehensive medical practice.

Pay is according to rank, and, including subsistence and quarters, allowances for an officer with dependents, amount to an annual sum of $3,905 for a Captain, and $3,152 for a First Lieutenant; or, without dependents, to an annual sum of $3,450 for a Captain, and $2,696 for a First Lieutenant. In addition, reimbursement is made for travel to duty station and return.

Further information may be obtained by writing to The Surgeon General, U. S. Army, Washington, D. C.

The Secretary of the Medical Preparedness Committee of The Medical Society of New Jersey, 143 East State Street, Trenton, N. J., is ready to advise and assist any young physician who wishes to take advantage of this offer.

THE STATE SOCIETY AWARD, 1940

The Medical Society of New Jersey has authorized an award of one hundred dollars for the best essay on an original medical essay, submitted according to the following rules:

1. Any medical or surgical subject may be selected.

2. The essay must be unpublished and of interest to the general practitioner.

3. Contributions must come from members of the Society who are in good standing.

4. The manuscript must not exceed 5000 words; and shall be typewritten in English, in manuscript form, with double spacing, wide margins and be written on one side of the page, and five copies shall be submitted.

5. Manuscripts must be in the office of the Secretary of the State Society, Dr. Alfred Stahl, Lincoln Park, Newark, N. J., not later than April 15, 1941.

6. The winner shall be determined by a secret Awards Committee composed of five members of The Medical Society of New Jersey. The officers of the State Society are not eligible for the award.

7. The winner shall be awarded a cash prize of $100; and an invitation to present the contribution before the 1941 Annual Meeting of the State Society.

8. The Society reserves the right to make *no award*, if in the judgment of the committee no contribution is desirable.

NUMBER OF CHILDREN REPORTED RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1939

DIPHTHERIA TOXOID

County	Total to May 31	Month of June	Total to June 30	Average per Month
Atlantic	672	103	775	62.9
Bergen	2561	821	3382	281.8
Burlington	726	132	858	71.5
Camden	3177	635	3812	317.6
Cape May	76	7	83	6.9
Cumberland	160	2	162	13.5
Essex	7933	1253	9186	765.5
Gloucester	506	25	531	44.2
Hudson	11826	827	12653	1054.4
Hunterdon	543	297	840	70.
Mercer	2674	115	2789	232.4
Middlesex	1263	45	1308	109.
Monmouth	1201	200	1401	116.7
Morris	752	79	831	69.2
Ocean	162	36	198	16.5
Passaic	3815	1083	4898	408.1
Salem	209	13	222	18.5
Somerset	270	26	296	24.6
Sussex	140	0	140	11.6
Union	1488	983	2471	205.9
Warren	38	8	46	3.8
Totals	40192	6690	46882	3906.8

SMALLPOX VACCINE

County	Total to May 31	Month of June	Total to June 30	Average per Month
Atlantic	821	143	964	80.3
Bergen	2699	796	3495	291.2
Burlington	401	39	440	36.6
Camden	1081	81	1162	96.8
Cape May	99	6	105	8.7
Cumberland	122	14	136	11.3
Essex	5051	911	5962	496.8
Gloucester	246	56	302	25.1
Hudson	4039	774	4813	401.1
Hunterdon	505	2	507	42.2
Mercer	1146	121	1267	105.5
Middlesex	621	35	656	54.6
Monmouth	1284	190	1474	122.8
Morris	800	41	841	70.1
Ocean	68	56	124	10.3
Passaic	2463	357	2820	235.
Salem	220	18	238	19.8
Somerset	459	203	662	55.1
Sussex	0	1	1	.1
Union	1574	253	1827	152.2
Warren	131	34	165	13.7
Totals	23830	4131	27961	2330.1

DECEASED PHYSICIANS—NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Henry C. Carhart	76	May 22, 1940	Greystone Park	Blairstown	Chronic myocardial disease.
Isadore Haskell	52	May 25, 1940	Newark	Same	Arterio sclerosis.
John D. Moore	64	May 12, 1940	Bloomfield	Same	Cerebral hemorrhage.
David B. Pindar	74	May 5, 1940	Hoboken	Same	Acute septicaemia.
Murray E. Ramsey	72	May 9, 1940	Plainfield	Westfield	Arterio sclerosis.
William C. Raughley	76	May 11, 1940	Camden	Same	Heart conditions.
Hunter Robb	76	May 15, 1940	Burlington	Same	Broncho pneumonia.

NORTHERN NEW JERSEY DERMATOLOGICAL SOCIETY

The Annual Meeting of the Northern New Jersey Dermatological Society was held in the auditorium of the Academy of Medicine in Newark on March 20th, 1940, with Dr. Louis J. B. LeBel presiding. There were approximately twenty-five members and two guests present.

CASE PRESENTATIONS

Case for Diagnosis (presented by Dr. S. Roberts, of Newark):

W. S., a thirty-two-year-old colored man, who up to two months ago had no skin trouble. At that time he noticed the appearance of itchy spots on his face and neck, which have gradually spread over the entire body. The lesions are old, and sharply defined, with adherent scales on the face, neck, chest and back. There are a few thickened lichenified patches around the knees and elbows, and on the sternal area. The scales are covered with thick, greasy, solid patches.

Dr. Roberts reported that this condition had cleared up over 50 per cent under local therapy. The membership agreed on the diagnosis of seborrhoeic dermatitis.

Case for Diagnosis (presented by Dr. E. M. Satulsky, of Elizabeth):

R.J., a twenty-two-year-old colored man, who was first seen two weeks ago, complaining of loss of hair, and sores on the head. There were also some lumps in his mouth, and an eruption on the penis. Up to this time his general health had been good. There had been no previous skin trouble. A characteristic lesion was a bullae, filled with yellow serum, on a non-inflammatory base. A few annular hyper-pigmented areas were seen on the face and back. There were several small vessicles on the corona of the penis, and several macerated, pea-sized, whitish areas on the sides of the tongue. All complement fixation tests were negative, and there was no Nikolsky's sign present.

Dr. M. Saffron said that he had elicited a history that the patient had taken quinine two or three weeks before this began. Dr. N. B. Heller felt that this might possibly be an early Snear Usher syndrome. Dr. C. C. Carpenter agreed with the presenter, that this is probably an erythema multiforme bullosum.

Erythema Multiforme (presented by Dr. H. L. Sutton of Newark):

The eruption was of one day duration, and was symmetrical and bilateral, with quite an edema around the lower eyelids, with iris lesions on the extensor surfaces of the wrist and scattered lesions on the lower chest. It had begun with fever sores on the lips ten days previous.

Membership concurred in this diagnosis.

Case for Diagnosis (presented by Dr. S. Ravitz, of Newark):

N. H., a twenty-eight-year-old colored man, who had had a condition for the past nine years which consisted of severely pruritic eruption on the face, chest and back, and in the inguinal folds. The skin had gradually become thicker and more pigmented. Wassermann was four plus. The oral ingestion of iodides had caused a moderate flare-up. For this reason, During's disease was suggested as a diagnosis. It was strongly felt that the syphilis had nothing to do with this clinical picture.

Dr. S. Oleynick, in discussing this case, said he considered the condition to be one of chronic eczema. Dr. Carpenter stated that there had been no involvement of the sacral triangle, which is so frequently seen in During's disease, and there was no atrophy present, and he agreed with Dr. Oleynick that this was undoubtedly chronic eczema.

Keratosis Follicularis (Darier's disease). Presented by Dr. E. Brodkin, of Newark.

R. A., a white girl, aged ten years, who since the age of three years had had many keratotic, brownish papules surmounted by small crusts. These were seen at first only on the face; but had gradually spread over the chest. For the most part, no medication or x-ray treatments had been of help. Patient had been treated at the Vanderbilt Clinic in New York, as well as at the Skin and Cancer Hospital. Biopsy report supports the diagnosis. This case was presented for suggestions on treatment.

Dr. R. F. Madden felt that she should receive large doses of vitamin A, gradually working up to 200,000 units daily. Dr. N. B. Heller stated that he had seen this baby first when she was eighteen months old, and she had presented signs of the inception of this disease at that time. She had moderately improved by a summer spent at the shore. Dr. S. Oleynick had no suggestion to offer for treatment, but said that it was his experience that these cases got worse following puberty, with the sebaceous system producing fungating types of lesions in the sebaceous areas.

Secondary Syphilis (presented by Dr. S. Ravitz, of Newark):

R. W., a twenty-four-year-old colored man, who first had a lesion on his penis in July, 1939, which was dark-field positive. At this time the blood was negative, and no skin lesions were present. Treatment had been begun immediately and continued regularly, and to date he had had about ten injections of neo-arsphenamine and twenty of bismuth. Four weeks ago a generalized rash appeared, which consisted of pustules, papules, and hyper-pigmented scars where the lesions had subsided. There were a few superficially eroded, flat-topped papules in the anal cleft. Three complement fixation tests done last week had been negative.

Dr. S. Ravitz stated that he believed this to be a case of malignant syphilis. Dr. J. Higi pointed out that, if this was a secondary syphilitic eruption, his blood test should be strongly positive. He suggested fever therapy if this could be proved to be a resistent form of lues. Dr. McCauley said he had seen similar types of skin condition following the ingestion of bromo quinine. Dr. S. Oleynick pointed out that this man had lesions on his hands before he

had any history of syphilis, and he did not consider the papules in the anal cleft as condylomata, but believed that this might be an epidermal phytosis throughout. Dr. C. C. Carpenter stated that he had recently seen a similar case, a generalized erythema nodosum type of skin lesion, in lymphopathia, and he suggested that a Frei test be done on this man.

This case is to be reported at a later meeting.

Case for Diagnosis (presented by Dr. Frank J. McCauley, of Newark):

L. R., a white male, aged sixteen, who for the past four years has had round, faintly brownish lesions, with superficial telangectasia appearing in macular areas, for the most part on the upper thighs, with a few on the arms and trunk. There is no itching and no history of ingestion of drugs. Blood count was as follows:

W. B. C. 9,500
R. B. C. 5,550,000
Hgb. 16.0 grams, or 94 per cent
C. I. 85 per cent
Polys 58 per cent
Lympho 32 per cent
Mono two per cent
Eosin eight per cent
No shift.

This case provoked much discussion, and it was suggested that several biopsies be taken from both early and late lesions, as many members felt that it was a form of Majocchi's disease; and this typically shows hilarized blood vessels on microscopic examination. Dr. E. Satulsky stated that he thought this might be an atypical toxic purpura, and the patient should be investigated for foci of infection.

Case for Diagnosis (Keratotic Nevus) (presented by Dr. S. Ravitz, of Newark):

T. E., a white boy of four years of age, who since the age of eight months, had persistent, irregular, keratotic patches over the right scapula, right side of the neck, lower portion of the sacrum, and right gluteal fold. The individual lesion was a tiny, irregular, keratotic papule, which joined with others to form larger lace-like patches. The scales come away without any superficial bleeding, and there are no suggestive symptoms. This boy also had a large spleen and ectasia of the superficial vessels of the back.

It was suggested that this case be biopsied, and a subsequent report be presented.

Multiple Angiomata (presented by Dr. F. J. McCauley, of Newark):

L. B., a white man, aged twenty-two, who since infancy had had several angiomata, and further developed four or five new lesions in the past ten years. He has had occasional attacks of rectal bleeding, and in the last six months has been passing blood about once a month, and has had a severe anemia. The lesions average in size to that about the size of a walnut.

Membership agreed on the diagnosis of multiple angiomata, and believed that a poor prognosis was inevitable because there are, undoubtedly, other angiomata in the colon.

Lupus Vulgaris (presented by Dr. H. L. Sutton, of Newark):

M. N., a white female, aged thirty-one, who, following pneumonia at the age of five years, developed these lesions. They have, however, not grown very much in the past few years. The lesions are reddish plaqued on nodules slightly elevated and sharply demarcated, and show typical apple-jelly nodules on diascopic pressure, and are distributed over the right occipital region and beneath the chin.

The diagnosis of Lupus Vulgaris was concurred in by the membership, and a discussion was entered into by Drs. Heller, Abel, Mitchell and Oleynick. They brought out that we do not see as many of these cases in this country as are seen in Europe, probably because of climatic differences, as well as better diets in this country. In fact, it is unusual even to see these in tuberculosis hospitals. It was suggested that this case receive Finsen light; but caution should be used, as occasionally erysepelas has followed severe treatments.

Case for Diagnosis (presented by Dr. Ralph Salsberg, of Newark):

A white male, aged twenty-three, who has had this skin condition for four years. However, there was no associated itch. The condition began on the face and spread very rapidly over the body, and only slightly responded to the use of fractional x-ray therapy. The differential blood count showed 73 per cent PMNs, one per cent Es, and 20 per cent large and small lymphs. A biopsy had been taken, but the section had been poorly made, and Dr. Sattenstein, of New York, would only say that it suggested a mycosis fungoides.

Dr. McCauley suggested that this man have four infected teeth removed. Another biopsy was requested by the members, and this case will be reported on subsequently.

On Dr. Heller's motion, Dr. LeBel appointed a committee to present our petition for a Section on Dermatology in the State Medical Society, and Dr. F. McCauley, Dr. H. Abel and Dr. C. C. Carpenter were appointed.

COUNTY SOCIETY REPORTS

ESSEX COUNTY

Paul H. Hosp, M.D., Reporter

A special meeting of the *Essex County Medical Society* was held at the Academy of Medicine, Thursday, June 20th, 1940. The meeting was called to order promptly at 9 p.m. by the President, Dr. Harry N. Comando.

The purpose of the meeting was to explain to the members the operation of the Medical Service Plan of New Jersey, and to get the reaction of the members to the plan.

It was fully explained by Drs. E. W. Sprague, E. W. Lance and Norman M. Scott.

After a general discussion it was moved and seconded "That Essex County Medical Society approve the operation of the plan in Essex County". This motion was adopted without a dissenting vote.

Dr. Harry N. Comando, President of the society, has appointed the following physicians to serve on the Essex County Advisory Committee of the Medical Service Plan of N. J.: Royal A. Schaaf, Chairman; Louis Schneider, Otto Matheke, Harvey Herold, Herman Nash, William Crecca, William Areson, Thomas W. Harvey, Jr.

GLOUCESTER COUNTY

C. A. Bowersox, M.D., Reporter

The regular monthly meeting of the *Gloucester County Medical Society* was held in the Homestead Coffee Shop in Woodbury on May 16th.

ELECTION OF OFFICERS

The following officers were chosen for the ensuing year:

President, Henry B. Diverty, Woodbury
Vice-President, Frederick G. Wandall, Clayton
Secretary, Chester I. Ulmer, Gibbstown
Treasurer, Don B. Weems, Wenonah
Reporter, Clarence A. Bowersox, Woodbury
Historian, Dorothy M. Rogers, Woodbury
Trustees—J. Harris Underwood, three years; Herman W. Wright, two years (unexpired term of Dr. Brewer)
Censor—Isaac N. Patterson, three years
Delegates to State Medical Society:
Baxter A. Livingood, three years
William W. Pedrick, alternate
Member of Nominating Committee of State Society:
Baxter A. Livingood
Wendell J. Burkett, alternate

Delegates to Other County Medical Societies

Burlington—Henry B. Diverty, Isaac N. Patterson, Oran A. Wood
Camden—Don B. Weems, Baxter A. Livingood, Henry B. Diverty
Cape May—J. Harris Underwood, Frederick G. Wandall, Henry B. Diverty
Cumberland—Wendell J. Burkett, Louis K. Collins, Horace M. Fooder
Salem—Harry Nelson, William G. Harris, Ralph C. Venturo

FARM SECURITY ADMINISTRATION

Dr. Mott of the Farm Security Administration was present, and gave a talk setting forth the aims of the Department of Agriculture, which is attempting to establish a plan for the medical care of the low-wage farm group. He urged Gloucester County to establish a plan similar to the one in operation in Atlantic County. A committee was appointed to look into the matter, and consult further with Dr. Mott.

Dr. Norman M. Scott, of the Executive Office of the State Society, described the National Hospital Bill as it affects the general practitioner of New Jersey.

A collation was served after the meeting.

MORRIS COUNTY

F. Clyde Bowers, M.D., Reporter

A regular meeting of the *Morris County Medical Society* was held on Thursday evening, May 16, at Greystone Park State Hospital.

This was the annual clinical meeting, and the following program was presented by members of the medical staff of the State Hospital:

1. Alcohol and Its Relation to Mental Illness, Dr. Archie Crandell.
2. Present Status of Shock Therapy, Dr. Robert B. May.
3. Moving Picture Study of Convulsive Shock Therapy in Affective Disorders. This presentation was enthusiastically received by an appreciative audience, and discussed at length.

Refreshments were served.

The regular annual meeting of the *Morris County Medical Society* was held at the Spring Brook Country Club in Morristown on June 20, 1940. The afternoon was devoted to golf, prizes being awarded to Drs. Ryman, Terreri, Teskey, Gilbertson, and Plume. Following a sojourn at the nineteenth hole we convened in the dining room where a bounteous dinner was enjoyed by all, including many visitors from nearby counties, among whom were the President of the State Medical Society, Dr. Watson Morris, and the Executive Officer, Dr. LeRoy Wilkes.

The meeting was then called to order by Dr. McElroy, retiring President, and the reports of the various committees and delegates to the State Convention were given.

ELECTION OF OFFICERS

The annual election of officers was held and resulted as follows:

W. B. Gibb, President
D. W. Teller, Vice-President
George J. Young, Secretary
J. H. Harrington, Treasurer
F. Clyde Bowers, Reporter
Ervin McElroy, Frank L. Bird and Marshall D. Hogan, members of Executive Committee
B. G. Sherman and Alden P. King, Delegates to the State Medical Society
G. C. McMahon, Member of State Nominating Committee

STATE OFFICERS

The highlight of the evening was the announcement of the election of Dr. Costello as Chairman of the State Board of Trustees, and the reëlection of Dr. Young as State Treasurer.

SWIMMING POOLS

There was considerable discussion regarding the examination of children who wished to use the local swimming pools. It was finally decided that the public should be notified through the local press that the physicians of Morris County would make free examinations of the children of indigent families.

OLD AGE ASSISTANCE

A letter from the Morris County Welfare Board suggesting better coöperation with physicians as regards fees for their services rendered to those receiving old age assistance was referred to the Executive Committee.

PROSPECTS

Much has been accomplished in the year past under the capable leadership of Dr. McElroy; and with our new President we look forward to another successful administration, and a bigger and stronger County Society.

OCEAN COUNTY

R. A. Taylor, M.D., Reporter

A special meeting of the *Ocean County Medical Society* was held on Friday, June 28th, 1940, at the Engleside Hotel, Beach Haven, with twenty members present.

Dr. William E. Dodd, the newly elected President, was the host at a shore dinner given earlier in the evening, at which Dr. Herbert Willis, Mayor of Beach Haven, gave a short welcome.

ADDRESS OF PRESIDENT OBERT

The retiring President, Dr. Edwin Obert, then gave an address in which he suggested the following recommendations to his successors:

First, the Vice-President of the County Society should be one of the Delegates to the State Society meeting, in order to become familiar with its activities.

Second. There should be fewer committees in the County Society, instead of having a large number of committees in which the activities of the members would be dispersed.

Third. There should be closer correlation between the State and local activities, thereby avoiding duplication of effort.

RELATED ORGANIZATIONS

Guest speakers from local health organizations gave addresses as follows:

Mrs. Margaret Elwell, Director of the Old Age Welfare Board
Mrs. Abraham Goldstein, President of the Woman's Auxiliary of the local Society
Miss Ivy Dolby, Executive Secretary of the Ocean County Health Association
Mr. Wilbur Sigler, Trustee of the Paul Kimball Hospital
A. Paul King, Freeholder of Ocean County.

RELATION TO THE STATE MEDICAL SOCIETY

Dr. LeRoy Wilkes, Executive Secretary of New Jersey State Society, spoke on the relations of the County Society to the State organization.

A social dinner followed the meeting.

REPORTING COUNTY SOCIETY MEETINGS

During the last active period of holding meetings of the County Societies,—September, 1939,-July, 1940,—the roll-call disclosed the following facts:

Number of Meetings Scheduled	155
Number of Meetings Reported	105
Per Cent Reported	68

This is about the percentage of reports for previous years.

One hundred per cent of the *Presidents* of County Societies made annual reports to the House of Delegates last June.

Will the *Reporters* set a similar record in sending accounts of the monthly meetings to the Journal?

BOOKS RECEIVED

The books reviewed in these columns may be seen in the Library of the Academy of Medicine of Northern New Jersey.

Essentials of the Diagnostic Examination. By John B. Youmans. Pp. 417. Price $3.00. New York, The Commonwealth Fund. 1940.

Newer Nutrition in Pediatric Practice. By I. Newton Kugelmass. Pp. 1155. Price $10.00. Philadelphia, J. B. Lippincott. 1940.

Pneumoconiosis (silicosis), the story of dusty lungs; a preliminary report by Lewis Gregory Cole and William Cole. Pp. 290. Price $1.00. New York, John B. Pierce Foundation. 1940.

Patient's Dilemma; the quest for Medical Security in America. By Hugh Cabot. Pp. 284. New York, Renal & Hitchcock. 1940.

Compendium of regional diagnosis in lesions of the brain and spinal cord; a concise introduction to the principles of localization of diseases and injuries of the nervous system. By Robert Bing; translated and edited by Webb Haymaker. 11th ed. St. Louis, C. V. Mosby & Co. 1940.

Cancer in Childhood and a discussion of certain benign tumors. Edited by Harold W. Dargeon, Attending Pediatrician, Memorial Hospital, New York; Instructor in Pediatrics, College of Physicians and Surgeons, Columbia University. Pp. 114. Price $3.00. St. Louis, C. V. Mosby & Co. 1940.

Synopsis of Obstetrics. By Jennings C. Litzenberg. Pp. 394. Price $4.50. St. Louis, C. V. Mosby & Co. 1940.

Experimental Poliomyelitis. By Morris Schaeffer, Ph.D., and Ralph S. Muckenfuss, M.D. Dept. of Health, Bureau of Laboratories, New York. National Foundation for Infantile Paralysis. Pp. 158. 1940.

BOOK REVIEWS

Clinical Roentgenology of the Alimentary Tract, by Jacob Buckstein, M.D., Visiting Roentgenologist (Alimentary Tract Division), Bellevue Hospital, New York City; Consultant in Gastroenterology, Central Islip Hospital. 652 pp. with 525 original illustrations. Price $10.00. W. B. Saunders & Co., Philadelphia.

The concise manner in which the author has presented his material bespeaks his exceptional opportunities to check roentgenological findings in the operating and autopsy rooms. Although brief, the essentials are thoroughly presented, making this book a valuable one for those with limited roentgenological experience. The author hopes, and this reviewer believes, that the work does offer an approach to the best means of roentgenographic diagnosis and interpretation.

The evaluation of different methods and procedures is conservative and shows that the author has had much practical experience. The best example of this sane conservative yet authoritative manner of handling a debatable subject is his chapter on the appendix. Every practitioner of medicine should read it. By following his advice, one should be able to develop a practical and efficient method of examination.

The comprehensive subject and bibliographic indexes and references at the bottom of the pages greatly facilitate use of the book, and usually the early original references are given. Case records illustrate statements made and the reproductions of the roentgenograms are excellent. The reviewer would have been pleased to have found more statistics, which are useful in giving the inexperienced reader an idea of the relative frequency of occurrence of the various conditions.

The book is a credit to both author and publisher and should find its place on the active shelf of all interested in gastro-enterology.

W. James Marquis.

Modern Diabetic Care. By Herbert Pollack, A.B., Ph.D., M.D. Pp. 216. Price $2.00. New York, Harcourt Brace & Co. 1940.

In twenty-seven short chapters, Dr. Pollack, who is an instructor in Clinical Medicine at the Cornell Medical School and in charge of the Diabetic Clinic at Mt. Sinai Hospital in New York, has given the diabetic patient in very simple language a most complete and concise book on diabetes.

In his early chapters there is a full discussion of the history, the etiology, the course of the disease and the problems peculiar to this disease. There is also a simple but fine analysis of the digestion and assimilation of food as realted to carbohydrate metabolism.

In this book, Dr. Pollack has not overlooked any information that might be of value to the diabetic. He devotes an entire chapter to the technic of administration of insulin, giving detailed instructions and very many practical suggestions. In this, it is apparent that Dr. Pollack is not only a teacher, but a physician who has handled large numbers of diabetics and is aware of all the small but very important details in the treatment of the disease. For example, in the section on diets, in addition to giving the values of the different foods, substitutions and emergency diets, he has even taken into consideration diets for various nationalities.

Another valuable chapter in this book is the one dealing with the psychic effects of the disease on the growing child. He also goes into the problems besetting the adult diabetic. Should Diabetics Marry? What Trades Shall They Go Into? and etc. So that in addition to giving the diabetic a comprehensive and detailed discussion of the disease and its treatment, he assists him in finding his place in the social scheme as a normal person rather than an invalid.

This is a book that should be on the bookshelf of every diabetic.

Selma Weiss.

Primer of Allergy: A Guidebook for those who must find their way through the mazes of this strange and tantalizing state. By Warren T. Vaughan. Pp. 140. Price $1.50. St. Louis, C. V. Mosby & Co. 1939.

All allergists realize the difficulty of the task which the author of this book has undertaken. To explain the nature of allergy to laymen and patients calls for clear and simple language and the skillful use of understandable illustrations and examples. The author has accomplished this task very well. One may criticize the value of the abracadabrah or prefer analogies of his own to those of the author, but all will agree that the story of allergy is well presented for the class of reader for whom it was written.

L. W. B.

Proctology for the General Practitioner. By Frederick C. Smith, M.D., M.Sc., F.A.P.S., Proctologist to St. Luke's and Children's Hospital, Philadelphia. Pp. 386. Price $4.50. Philadelphia, F. A. Davis Company. 1939.

This is a concise, well-written book on some of the common disorders of the anus and rectum. The subject is treated clearly with treatments suggested for each of the conditions described. For one interested in a good illustrated picture of the anorectal line the frontispiece is an excellent diagrammatic illustration. A thorough understanding of it will aid in making clear the subject matter in this summary of proctologic disorders.

The one fault is that the book is too brief, and the subjects are not covered with sufficient detail. It may find a place as a handy reference book.

Trapping the Common Cold. By George S. Foster, M.D. Pp. 125. Price $1.25. New York, Fleming H. Revell. 1940.

Written for laymen, using many ingenious comparisons, the author departs frequently from proven fact and appears frequently as a fadist. The importance of living, with rest, exercise, diet, and water for drinking and bathing, and under conditions of optimum temperature and humidity, are emphasized, or over-emphasized, in a manner which may give results in lessened colds if followed.

Unto the Fourth Generation; Gonorrhea and Syphilis, what the layman should know. By Irving Simons, B.S., M.D. Pp. 243. Price $2.50. N. Y., E. P. Dutton & Co. 1940.

This is an extremely well written and complete study of gonorrhea and syphilis for the laity.

It is well illustrated by M. Emanuel, M.D., in the new semi-diagramatic, semi-cartoon type of black and white illustration. It stresses the importance of gonorrhea, and has a very excellent chapter on the facts and fallacies about non-venereal transmission of gonorrhea and syphilis which will go far to give the layman a sensible idea of these diseases. It is writen in clear, readable language which the layman will have no difficulty in understanding. It should help to cement relations between the patient and his physician.

While understanding that the clinic is necessary for certain types of cases, it makes a plea for the private treatment of all venereal cases, if necessary, at goyernment's expense.

Any layman reading this book from cover to cover will have a very clear picture of venereal diseases.

W. L. James, M.D.

Ten Years in the Congo. By W. E. Davis. Pp. 301. Price $2.50. New York, Reynal & Hitchcock. 1940.

This is an interesting and well-written account of a medical missionary's ten years spent in the Coquilhatville Province of the Belgian Congo. It tells of the daily and intimate life of the natives taboos and the types of diseases encountered and taboos an dthe types of diseases encountered and how they were combatted.

A good gift book for physician or layman.

Cancer in Childhood and a Discussion of Certain Benign Tumors. Edited by Harold W. Dargeon, M.D., F.A.A.P., Attending Pediatrician, Memorial Hospital for Cancer and Allied Diseases, New York; and Instructor in Pediatrics, College of Phyiscians and Surgeons, Columbia University. Illustrated. The C. V. Mosby Company, St. Louis. 1940. Pp. 114. Price $3.00.

This book consists of a series of short monographs by members of the Staff of the Memorial Hospital, covering certain types of malignancies occurring in children. It is an interesting reference book, and does not pretend to be all-inclusive. The references at the end of some of the chapters will be helpful to those who wish to investigate the subjects further.

This is a good outline, well published, at a reasonable price.

C. Abbott Beling, M.D.

The Vitamine. A Symposium Arranged Under the Auspices of the Council on Pharmacy and Chemistry and the Council on Foods of the American Medical Association. Imitation leather. Price, $1.50 postpaid. Pp. 637. Chicago: American Medical Association, 1939.

So much information has become available about the vitamins that it is difficult even for experts to keep up with the literature. The present volume is a welcome compendium of authoritative information about these accessory food factors. Each of the important vitamins is discussed from the viewpoint of chemistry, physiology, pathology, pharmacology, therapeutics, methods of assay, food sources, and human requirements. The volume is composed of thirty-one chapters written by experts, and is published under the auspices of the Council on Pharmacy and Chemistry and the Council on Foods of the American Medical Association.

This book should prove to be an indispensable volume for the library of every physician.

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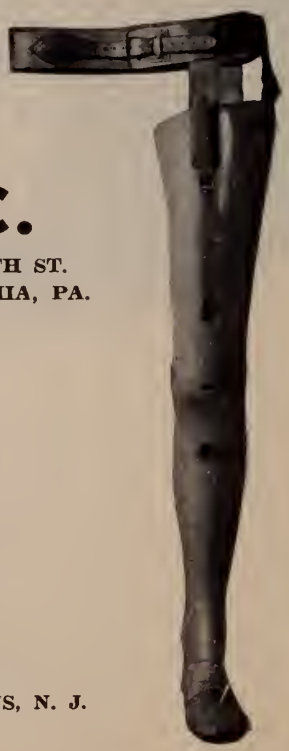

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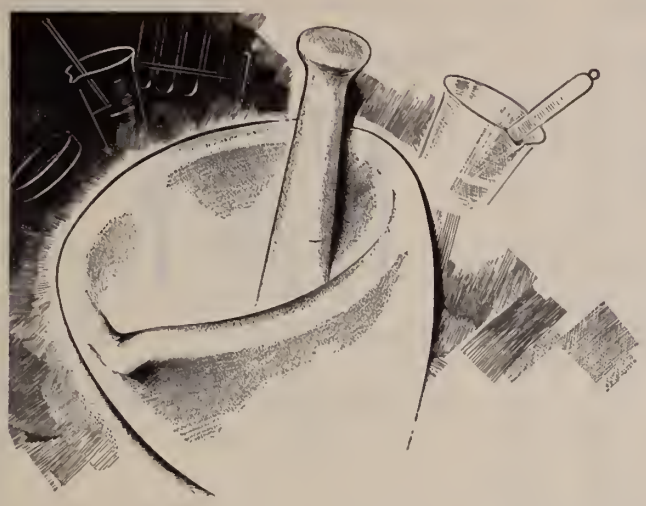

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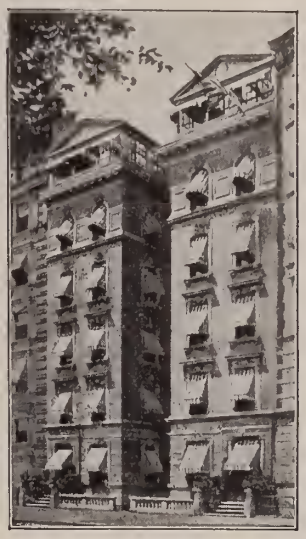

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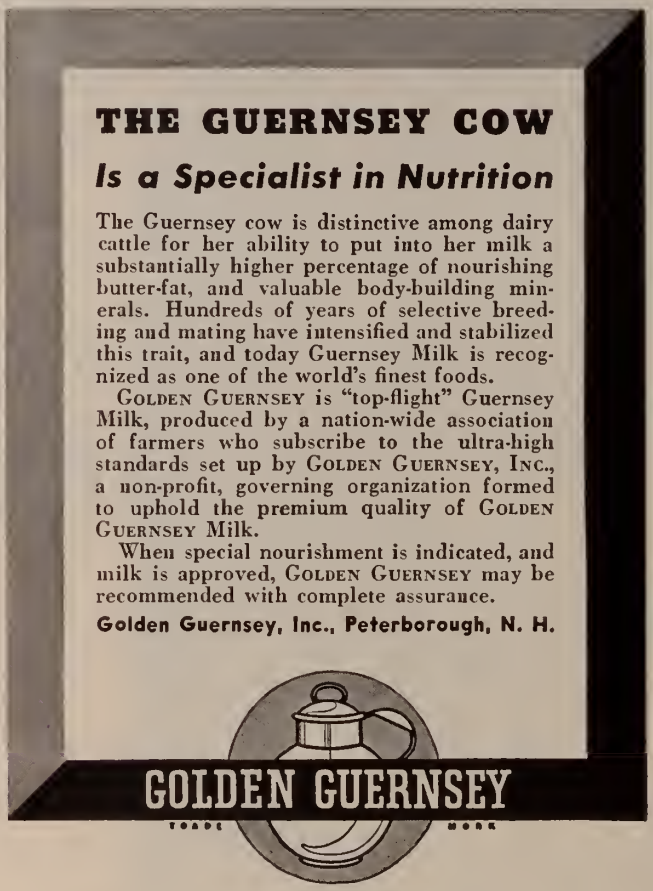

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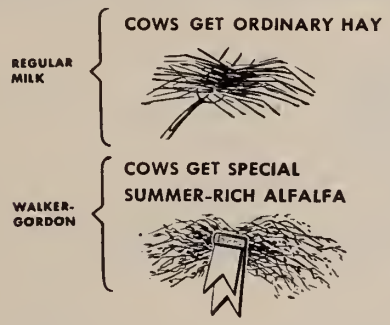

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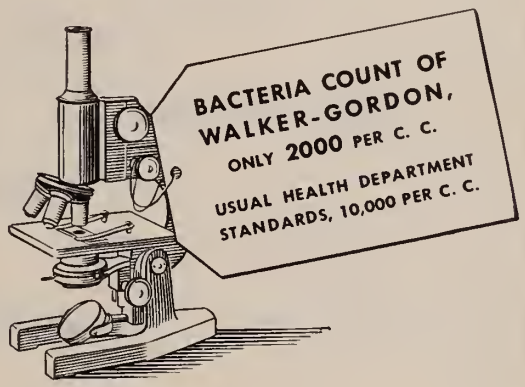

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Many researches (2) have established that a deficiency of iodine in food and water may produce a derangement of the thyroid gland known as simple or endemic goiter. The management of this condition, once present, is properly a matter for competent medical attention. However, it is agreed that normally the prevention of endemic goiter is purely a nutritional problem and that control of this disorder can be effected by providing for an adequate daily supply of iodine. It has been suggested (1, 2) that the probable human iodine requirement lies between 0.05 and 0.10 milligram per day, the higher amount being indicated for children and for pregnant and lactating women.

Due to the fact that the foods and water in certain regions—especially the so-called "goiter belt"—are low in iodine content, obviously some means of enhancing the iodine intake of persons residing in such localities should be provided. For this purpose, iodized salt has been proven most effective and is commonly favored for use under such circumstances (3). However, the low incidence of endemic goiter in seaboard localities—in which the plant and animal foods are exceptionally high in iodine—suggests the potential value of food sources of iodine.

Under normal circumstances, in goiterous regions, main dependence should be placed on iodized salt as a source of iodine. However, the value of foods high in content of this essential mineral should not be overlooked. As indicated above, foods grown in the coastal areas are exceptionally high in iodine; in addition, fish and marine products from coastal waters are also rich food sources of this element. Consequently, such foods—many of which are available as commercially canned foods—should serve as economical and convenient supplementary sources of iodine. Through intelligent use of iodized salt and the available food sources of iodine, an optimal daily supply of this dietary essential should readily be obtained.

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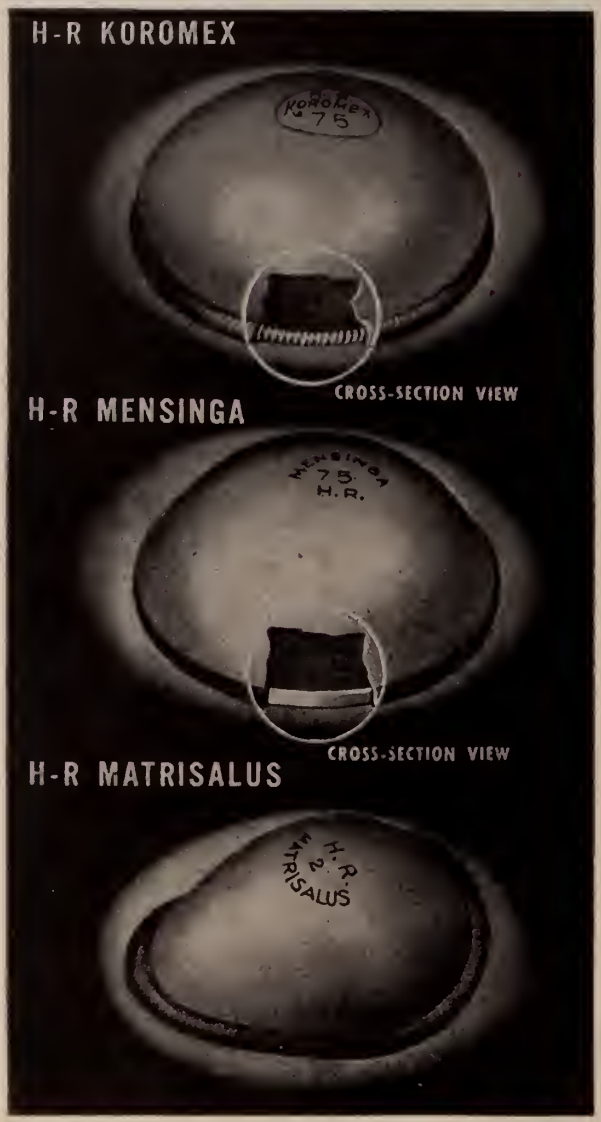

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STUDIES IN THE AVITAMINOSES

This page is the ninth of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A full color, two-page insert on the same subject appears in the August 17 issue of The Journal of the American Medical Association.

Casal's collar in a patient with advanced pellagra secondary to chronic alcoholism.

Illustration courtesy of Virgil P. W. Sydenstricker, M.D., University of Georgia Medical School, Augusta.

The scaling symmetrical pellagrous dermatitis of the hands.

The Dermatitis of Pellagra

The severe scaling dermatitis of the hands seen in most cases of advanced pellagra is pathologically identical with skin lesions developing elsewhere on the body surface. Microscopically, thickening of the skin, lymphocytic infiltration of the dermis, and hyaline degeneration of the intima of the smaller arterioles are observed. The early clinical changes consist of burning, tenderness, erythema, pigmentation, and mild vesiculation. The acute character of the eruption disappears after a variable period but if no treatment is instituted, the pigmentation becomes more intense and the scaling and desquamation more severe. As with other pellagrous skin lesions, the dermatitis of the hands is bilateral and symmetrical, and is sharply demarcated from the adjacent normal skin.

The dermatitis which frequently appears on the neck is known as Casal's collar. The lesion assumes its peculiar distribution because of the provocative action of sunlight upon the skin of pellagrins. The neck, exposed to the influence of sunlight, is thus frequently the site of the pellagrous dermatitis. However, unexposed portions of the skin, notably the upper thighs and perineum, may become similarly involved.

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EDITORIAL

Why a County Society?

Every successful County Medical Society embodies all the activities of the State Society, the only difference being in the number of their members.

The County Society serves as a training school for those who, from year to year, are elevated to the higher positions in the parent organization.

Another advantage in having county societies is that acquaintances and intimacies of their officers and members lead to contacts with other individuals and groups who have a part in health matters.

Physicians learn to know their legislators, and to make friendly contacts with laymen in business, civic organizations, and fraternal societies.

Doctors learn the individualities and characteristics of the various types of citizens, and can be a great influence in moulding public opinion.

The fundamental elements of medical leadership are learned in the County Society. The knowledge of what is practical and necessary to the welfare of the profession is derived from the experiences of the officers and the committeemen in their contacts with the people in their own communities. The county medical societies of New Jersey are especially fortunate because their officers and members are, from years of experience, in a position to give advice gained in the school of practical contacts with officers of other societies of a civic nature.

The policy of the officers and other members of the State Society in making frequent visits to the County Societies is a valuable asset to both organizations, for it provides a medium of exchange of ideas, plans, and procedures, particularly in dealing with novel or difficult problems.

It also provides for the more intimate social contacts which are essential to the success of any organization. Remember, *your* County Medical Society has an important place in *your* community; and its influence will depend largely on the amount of effort *you* spend in teaching the public to seek your counsel.

Your County Medical Society should be a central bureau of information in all matters pertaining to the health and welfare of the people of your community.

Watson B. Morris, M.D., *President.*

Prophetic Warnings

Peace has her victories, but also her enormous responsibilities and her heart-breaking failures. Events of these present days recall the words of Jeremiah, the doleful prophet of Israel, who spoke a vivid warning to his people in the year 600 B. C. when they were faced with an invasion by Persian hordes from the north:

> From the least even unto the greatest, everyone is given to covetousness. They have healed the hurt of the daughter of my people slightly, saying "Peace, peace" when there is no peace. Thus saith the Lord: "Behold a people cometh from the north country. They shall lay hold on bow and spear. They are cruel and have no mercy. We have heard the fame thereof and our hands wax feeble. We looked for peace but no good came; and for a time of health, and behold, trouble!"
>
> Is there no balm in Gilead? Is there no physician there? Why then is not the health of the daughter of my people recovered? Thus saith the Lord: "Let him that glorieth, glory in this—that he knoweth that I am the Lord which exercises loving kindness, judgment, and righteousness."

History is repeating itself; and physicians, almost alone of the learned professions, are taking active steps to be prepared for humanitary service in the Army and Navy, if war should involve America.

Medical Preparedness

Only those who served as medical officers during the World War can appreciate the value of active service in the Army or Navy, not only to their country, but also to the doctors themselves. It is only the abnormal Army or Navy physician that will be a misfit in private practice, or who fails to profit by his Army experience.

The experience of active service in the Army and Navy has a training value that exceeds that gained as a hospital interne, for it embraces all branches of medical relationships and practice, especially medical administration. The medical officer deals with all classes of men. He is their adviser in preventive medicine to a degree unknown in civil life. He examines the recruit, and prescribes the exercises and regimen that fits the weakling for strenuous duty. He supervises the sanitation of the camp, the living quarters, and the mess hall. He can enforce his advice; and the enlisted men obey him because they wish to do so in order to compete with their stronger comrades on equal terms.

When the soldier or sailor returns to civil life, he is a strong supporter of public health measures, because he appreciates their need, and the disinterested attitude of the public health officers.

Every effort is made to assign the newly commissioned medical officer to the duty for which he is already the best fitted by his experience and natural capability; but no matter what line of duty falls to his lot, he may be sure that he can capitalize his experience when he returns to private practice, or is appointed to a service in a civil hospital or public health position.

Medical service in any branch of the Army or Navy will make the doctor a better practitioner of medicine, and a better citizen in every way. The exceptions, which are comparatively few, only prove this general truth.

Factors in the Distribution of Medical Services

One of the most serious socio-economic problems confronting the nation today is that concerning the distribution of medical care. The problem is exceedingly complex, with many ramifications and implications which may be classed as—

1. Professional.
2. Economic.
3. Social.
4. Educational.
5. Moral.

1. PROFESSIONAL CARE

The fundamental element in the solution of the problem is the availability of professional medical care in all its branches—diagnostic, therapeutic, surgical, and rehabilitation. The members of the medical profession are no saints or miracle workers, although in their devotion to duty, and in their self-sacrificing efforts, they rank with the clergy. Physicians maintain a great system of medical societies,—district, county, state, and national,—whose primary object is to prepare every member of the medical profession to give every form of medical service that any citizen may require. The most severe critics of the medical profession admit this fact, but they make the charge that practicing physicians have failed to establish a system for distributing their services in an efficient manner to a very large proportion of the people.

Analyzing this charge, a student of the problem may safely assume that it is not the professional ability of physicians that is questioned, nor their willingness to minister to every individual sick person who needs their services. In the last analysis the charge is that physicians have not yet solved the *economic,* the *social,* the *educational,* and the *moral* deficiencies of the community which prevent a large proportion of the sick from utilizing the services which are offered by physicians. Each of these four groups of deficiencies must be corrected before physicians can distribute their services to all the people with efficiency.

2. ECONOMIC CONDITIONS

Physicians and their scientific societies are now earnestly engaged in correcting the economic deficiencies which prevent the distribution of their services to all who are in need of their ministrations. The physicians of New Jersey are donating their services in home relief, in clinics, and in hospitals, to an extent that is far beyond their proportional share of the work. Furthermore, they are engaged in developing a system of community participation in the good work, by municipalities, by cities, by counties, by states, and by the Federal Government. They are intensely practical in the personal application of their plans, in contrast with the propositions put forth by well-meaning theorists who mistake good intentions for sound knowledge and experience. Medical societies, representing the individual physicians, are now earnestly engaged in advising the community regarding its financial obligation to bring medical service within reach of those who lack the financial means to purchase it. Questions of this nature were the dominant topics of discussion at the last annual meeting of The Medical Society of New Jersey.

3. SOCIAL CONDITIONS

Providing the financial means to purchase medical services is only the first step in the efficient distribution of medical services. Equally important is the social aspect of the problem. Health cannot be imparted or bought, except to a minor degree by sanitation and the control of the spread of communicable diseases. A large proportion of the people value health and vigor only as a basis of entertainment and excitement. Even in public schools and colleges the dominating objective in physical training is to produce winning teams in football and other athletic sports. Training for athletic contests and hours of practice for musical and dramatic events, are as debilitating and exhausting as hours of chores in the house, the woodpile, and the barn. Boys and girls are transported to school in public buses and are then subjected to hours of extra curricular

training which is far more strenuous than a walk of a mile or two to school, and set chores to be done at home.

Just so long as the strenuous tempo of modern life continues, there will also be a crop of "nervous" conditions which the physicians will be unable to cure or prevent.

4. PUBLIC HEALTH EDUCATION

Medical societies throughout the land are now actively engaged in developing educational projects which are grouped under the title of "Public Relations". The people generally expect to have health imparted to them through drugs, and exercises, and diversions, transiently applied. The advice that is very properly reiterated by the Public Relations Committee of The Medical Society of New Jersey is very properly "Go to your doctor". But the voice of the medical profession is drowned by a hundred radio talks extolling the magical virtues of foods, and beautifiers, and prescriptions for "that tired feeling",—and the people pay these advertisers almost as much money as they pay the doctors.

It is up to the medical profession to develop a system of public health education which shall have the popular appeal of the radio advertisements.

The doctors themselves need to learn to follow the leadership of the Committee on Pharmaceutical Relations, and to write simple prescriptions for preparations which have a real therapeutic value.

5. MORAL CONDITIONS

Underlying all medical needs is the development of a sturdy moral character among the people. Half of a doctor's failures to cure his patients are due to their lack of moral fiber which shall impel them to stick by their doctor and carry out his directions, even to reforming their ways of living. Physicians excel all other groups of citizens in their devotion to their patients;—and their indispensible coworkers are public health nurses, welfare groups, school teachers, and the clergy.

6. THE FUTURE

When one considers the great progress which physicians have made in the solution of the economic problems of the distribution and utilization of medical services, there is justifiable ground for the expectation that they will solve the social, educational, and moral problems involved in raising the standard of health to heights that are now only dimly discerned.

The Element of Time

One factor of great importance is essential in coöperative endeavor—the element of time. That organization which can be definitely counted upon to go to work immediately and complete its voluntary assignment in the required or available time, is quickly recognized and most frequently consulted and relied upon.

Physicians, as a rule, are not trained to "schedules" prepared by someone other than themselves. Though they work long and continuous hours in their professional work, they do at times delay unnecessarily in completing their own assigned part in a Medical Society approved project, and thus unconsciously create certain delays and difficulties for their coworkers, thus presenting an unfavorable impression which could easily be avoided.

Do it now is a good rule to bear in mind. One man's delay can hold up, temporarily, the whole show. Prompt coöperation creates most favorable impressions on one's associates, and begets confidence and assistance.

LeRoy A. Wilkes, M.D.

Essentials of Medical Practice

The essentials of good medical practice are definite and limited:

1. A *personnel,* individually well adapted and suitably prepared by adequate scientific training and experience, working harmoniously without undue restrictions which hamper their best efforts.

2. Adequate *equipment* and quarters to provide the benefits inherent in their proper use.

3. A well planned and conducted *organization* to bring together the professional workers and those in need of their services, and make mutually satisfactory arrangements, including economic adjustments when necessary.

When these essential factors are provided, their good results will benefit all concerned, and the lesser factors need not cause great concern. It is possible for all these essentials to exist under either private or governmental auspices, and under variously designated plans for supply and distribution of medical care; but long experience and death and sickness rates indicate that the most favorable conditions for the growth and development of scientific advancement are generally those in which the patient is free to choose his medical adviser, and where he contributes, directly of his own free will, his coöperation and compensation for services rendered.

Shakespeare pertinently asks, "What's in a name?" (Romeo and Juliet). It is the essential factor or factors in any plan or system of medical service which should be constantly emphasized by those who are concerned in the benefits to be derived from such plans or systems. Complex terminology, variously interpreted and used, only confuses the issue. So-called "socialized medicine" offers an excellent example. The term has become "emotionally loaded".

Would it not be advisable and helpful to state clearly the essentials of good medical service, and avoid arbitrary, all-inclusive names which can be variously interpreted?

LEROY A. WILKES, M.D.,
Executive Officer.

Seasonal Work

Each administrative year of The Medical Society of New Jersey has four distinctive seasons.

Its spring-time of *planting* begins in early June, when the fields of operation are reapportioned among the incoming officers and committees. The new husbandmen prepare the soil for new crops, and plant the seed chosen from the most vigorous growths of the preceding year.

Its summer-time of *growth* begins in September, when the County Societies nurture the tender plants, and protect them against the weeds of destruction, the insects of ignorance, the droughts of indifference, and the thunderstorms of opposition.

Its autumn-time of *fruitage* begins in December when the green fields are in full blossom and are ripening their golden products.

Its *harvest-time* begins in March when the fruits of the season's growth are gathered and stored. Accounts of stock are taken, and estimates of the year's products are announced at the harvest festival which closes the year of growth and accomplishment.

The Medical Society of New Jersey began as an organization of individual workers, each concerned with his own area, and harvesting the crops which nature had planted.

The Society is now a great coöperative enterprise, in which each member tills his own area, and yet profits by the experience of all his colleagues; and his contribution is considered in estimating the great harvest which is gathered by the five thousand professional workers in the fields of public health in the State of New Jersey. The excellent results of the coöperative medical enterprise of last year are prophetic of still more tangible results to be attained during the present season of cultivation and growth.

In Memoriam

Dr. Joseph B. Harrison

A photograph taken in Atlantic City on April 28, 1937, while he was attending the Annual Meeting of The Medical Society of New Jersey for the sixty-second consecutive time.

Dr. Joseph Brock Harrison died in his home in Westfield, Union County, N. J., on August 26, 1940, aged 88 years. He was an ideal family physician, beloved and respected by his patients, his brother practitioners, and the community. Ever since he joined The Medical Society of New Jersey in 1877, a few months after his graduation in medicine, he had attended every annual meeting, sixty-four in number, including that of 1940, when as always his geniality, his alert mind, and his pleasing conversation endeared him to all his colleagues, and made him a center of attraction. Like Moses, the leader of Israel, "His eye was not dimmed, nor his natural force abated" (Deuteronomy 34, 7).

Dr. Harrison was a native of Alabama, and graduated in medicine from the State University. A year later, in 1876, he also graduated from the College of Physicians and Surgeons, New York, and at once settled in Westfield, New Jersey, where he practiced medicine with honor for sixty-three years. He took the first opportunity to join the Medical Society of Union County. A few months later, on May 22, 1877, his name was recorded as present at the One Hundred and Eleventh Annual Meeting of the State Society, and he was present for the sixty-fourth time at the Annual Meeting on June 4, 1940.

On June 6, 1936, Dr. Harrison was made an honorary member of The Medical Society of New Jersey in recognition of his long and faithful service in the organization, and his influence in his home county of Union.

In May, 1937, the Union County Alumni Club of Columbia University gave a dinner in Dr. Harrison's honor, at which Dr. Nicholas Murray Butler, President of the University, and Dr. Willard Rappelye, Dean of the College of Physicians and Surgeons, were the guest speakers.

Dr. Harrison was Secretary of the Union County Medical Society in 1897, and President in 1900. He was a founder of the Westfield Medical Society and served as its president. He was active in the State Society and served on important committees.

Dr. Harrison was also active in civic organizations in his home town. He was president of the Westfield Board of Health for thirty-five years. He was president of the Board of Education, a charter member of the local Rotary Club, and a director of the Westfield Trust Company, and also of the Westfield Savings and Loan Association. He was also a member of the Union County Milk Commission.

ORIGINAL ARTICLES

SURGICAL PROBLEMS IN HEREDITARY POLYDACTYLISM AND SYNDACTYLISM

By Spencer T. Snedecor, M.D., F.A.C.S., and
William K. Harryman, M.D., F.A.C.S., Hackensack, N. J.

Read before the Section on Surgery at the Annual Meeting of The Medical Society of New Jersey, in Atlantic City, June 5, 1940.

When the J——— family came to us, we discovered some exceedingly interesting surgical problems and genetic history. So we have reviewed the general subject of polydactylism and syndactylism, and now present our own surgical experience with this unique group of cases. In the one Jackson White family, seven of the nine children had this severe hereditary peculiarity of the hands and feet, and we were further able to trace it back through four generations.

Of course syphilis is a commonly recognized cause of all manner of congenital malformations; but in our cases the Wassermann test was assuredly negative in the last two generations. Two other accepted causes are hereditary abnormality of the germ cell, and intrauterine injury. We can easily see how club feet and joint dislocations may result from malposition within the uterus. Increased intrauterine pressure, amniotic bands, and disease or disturbance of the germ bed, are all theoretical explanations advanced by different writers to explain developmental anomalies. But our cases must belong to the defective germ plasm group, because we have been able to trace the same anomalies back in the same family for four generations.

According to a recent editorial in the Journal of the American Medical Association, "Little is known concerning the predisposition of families toward congenital defects." Dr. Douglas P. Murphy, of Philadelphia, who has compiled the most up-to-date scientific study of this subject, says that a number of generalizations may be drawn in respect to the hereditary occurrence of these defects:

1. Recurrence in a family with one defective offspring is 25 times as common as in families with normal children.

2. The older the mother the more likely the anomaly.

3. Conversely it is more common in the later born children.

4. Periods of relative sterility are a predisposing factor.

5. Defects are likely to appear in 50 per cent of subsequent children; and the same defect will occur in 50 per cent of them.

As somewhat of a contrast, our Jackson White family has had exceptional hereditary consistency, and tends to bear out the statement of Edwards that this condition is a stigma of degeneration occurring in persons of weakened intelligence. Hence we shall tell the story of the Jackson Whites.

JACKSON WHITES

On the Ramapo Mountain sides of northwest Bergen County, where it abuts New York State, live a sizable group of these families known as Jackson Whites. Their racial origin is a mixture of English, Hessian, Indian, and Negro; with perhaps one or two other nationalities in minor degree. During the Revolution an English sea captain named Jackson was commissioned to bring over a cargo of women for the Hessian soldiers garrisoned in New York. In the course of events he brought, or shanghaied, a boat-load of female derelicts off the streets of London. During the long rough passage disease took a heavy toll of their number; and so to fill out his quota he added some Negresses from the West Indies. When the war ended, these women were driven out of New York, and could not find a haven in respectable communities. They fled to the fastnesses of the Ramapo Mountains. With them went some of the Hessians who were abandoned by the British. These same mountains

also served as a safe retreat for remnants of Indian tribes, and for runaway slaves.

Altogether this strange polyglot gathering of humanity withdrew almost completely from any contact with civilization for a hundred and fifty years. Close intermarriage was the rule. A meager subsistence level, with inevitable vitamin deficiencies, a minimum of housing, clothing and comfort, and absence of education were casually accepted. As we trace the families back we find that by the early nineteenth century certain characteristic familial traits had appeared. Albinoism, and the hand and feet anomalies which we report, are noteworthy. Subnormal intelligence has been generally observed through most families. Even today we find them living in tumbledown houses or shacks, on the same mountainside, amid squalor and unsanitary conditions. The present generation is the first one to come into contact with civilization. Even so, they are still shy and suspicious, and do not receive strangers kindly. Our visits to their homes was sponsored by a public health nurse who has gained their confidence. She brings them down to our hospital for medical care.

FAMILY GENEALOGY

In the accompanying record (Fig. 1) of the family abnormalities a number of genetic factors are seen. Polydactylism and syndactylism are dominant characteristics, passed along by both male and female parents (Fig. 2). They developed in the second and third generations in about 50 per cent of the children; and in the fourth generation, in seven out of nine, although each mating was with a normal individual. Male and female occurrences are about equal. Fecundity and sub-normal intelligence are apparent throughout. The great-grandfather was said to be part Indian, British, and Hessian, and lived to old age. Grandmother Abby died at the age of 83 years.

The only report of a family comparable to

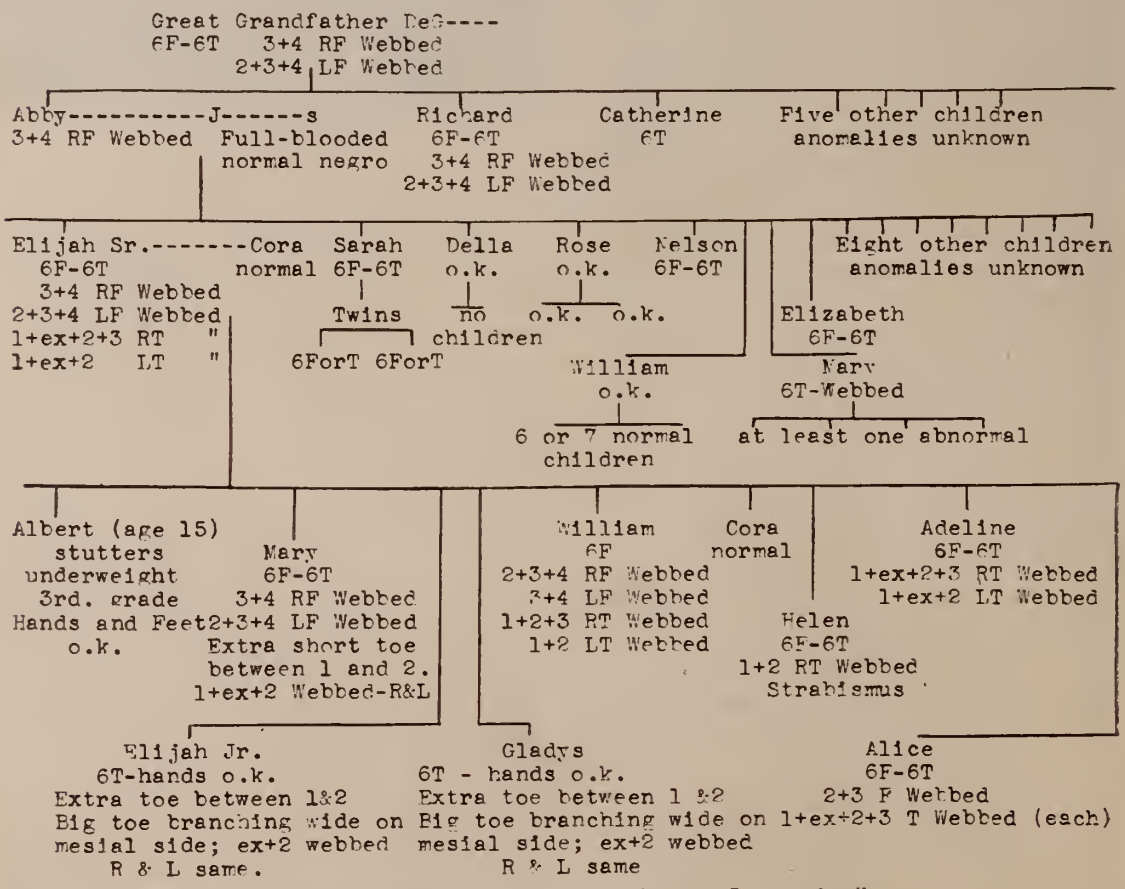

Fig. 1.—Anomaly pedigree of the DeG——— J——— family.

ours that we have found in the literature was written up in the J. A. M. A., February 21, 1925, Vol. LXXXIV, p. 576, by D. P. Murphy. He describes a similar family of Carolina mountaineers where the same factors of inbreeding, low intelligence, dietary deficiencies, and poverty existed in an outcast environment for a century.

SURGICAL PROBLEMS

The hands and feet, with their extra digits and webbing, present some surgical considerations that should not be considered too lightly.

The simplest form of polydactylism is a rudimentary extra finger or toe attached to the base of either the little finger or toe, or else to the thumb or big toe (Fig. 3). Snipping them off is simple. However, the more fully developed extra digits may have metacarpal or metatarsal bones, phalanges, and active functioning tendons. X-rays are required to establish the bony connections before the operation can be planned.

The skin incision should be outlined to take up all the redundant tissue in a place where pressure of the hand grip or the shoe will not irritate the scar. The bony connections can often be "disarticulated", but sometimes they must be removed by means of osteotome. The tendons of the removed part can be hitched advantageously to that of the next digit, which is often weak.

In our cases the polydactylism of the hands was remedied by cutting off the rudimentary tab attached to the base of the fifth finger. But the toes presented much more of a problem,

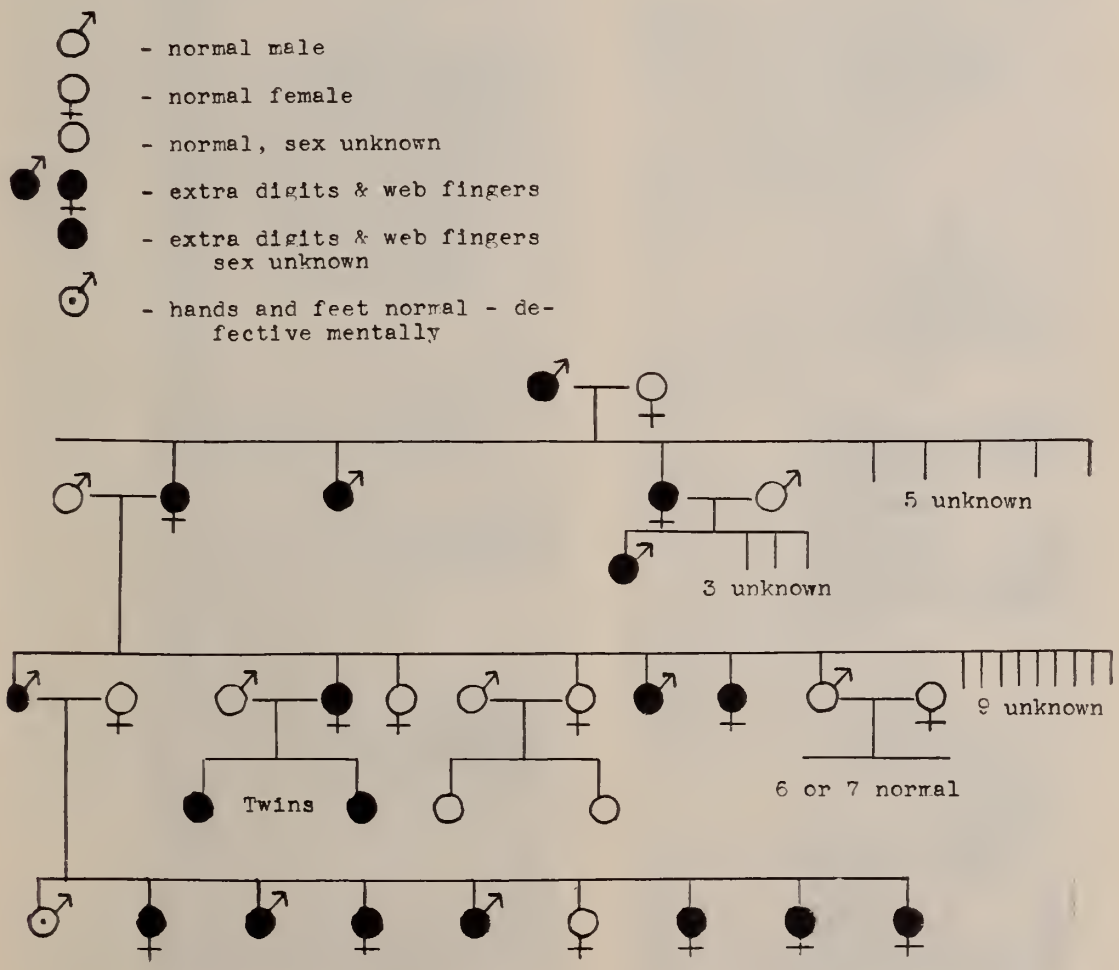

Fig. 2.—Genetic pedigree of the DeG——— J——— family.

Right *Left*

Fig. 3

POLYDACTYLISM IN H———, A GIRL AGED EIGHT YEARS

An extra finger tab on each little finger.
Six toes on each foot by a duplication of the big toe on each enlarged first metatarsal head. The big toe on the left foot has an extra rudimentary head.
There is webbing of the first three toes of the right foot, and also of the second and third toes of the left foot.

Right *Left*

Fig. 4

POLYDACTYLISM IN G———, A GIRL AGED FOUR YEARS

Six toes on each foot,—the first three on each foot being webbed, but without extra metatarsals.

Right *Left*

Fig. 5

E———, JR., A BOY AGED NINE YEARS

Six toes on each foot,—the second and third toes on each foot being webbed.
The second metatarsal on each foot is duplicated,—that on the right, completely; and that on the left, partially.

Right *Left*

Fig. 6

W———, A BOY AGED SIX YEARS

Hands—Webbing of third and fourth fingers of the right hand; and of the second, third and fourth of the left hand.
Fusion of the terminal phalanges of the third and fourth fingers of both hands. A finger-tab on fifth finger of the right hand.
Feet—Webbing of the first and second toes of both feet.
The x-ray reveals a rudimentary extra phalanx of the right big toe.

as can be seen by the photographs and x-rays. The feet had to be improved because the children obviously could not get their "splay" feet into shoes. (Figs. 4 and 5.) Which big toe should be removed? We decided that the best development and nutrition was in the outside toes; and so we removed the extra inside big toe, and transplanted the tendons into those of the other big toe. Then we pulled this outside toe around into a straight line with the metatarsal bone, and applied a plaster cast. Sometimes it was necessary to straighten the toe by gradual stages in two or three casts. After a month the feet were not normal, but the shoes which they had never worn before bound their toes into fairly satisfactory position.

Syndactylism (webbing) is another story (Fig. 6). With the toes it does not matter; but with the fingers this constitutes a severe handicap. In planning the operation it is wise to recall that we are dealing with an abnormal part, where the circulation in particular is likely to be defective. There may be only one artery between the two fingers, and that so exposed as to be easily injured. Nearly always the skin is so scant that even one finger could not be well covered without seriously denuding the other. The simple operation of splitting the web is not at all satisfactory. The large raw areas at the base tend to reform a web, and adhesions to form across; and so the scars are not good.

We have practiced the two-stage procedure, and feel that the better end result fully justifies it. The first stage consists in making an inverted "V" skin incision through the base of the web on the dorsal surface, at the normal level of the base of the finger. This is carried through, and sutured to the palmar surface, leaving an epithelialized tunnel. When this is healed, we do the secondary flap operation. The fingers are completely separated, but skin flaps are carefully cut from one finger in front, and the other in back, so that, when they are layed

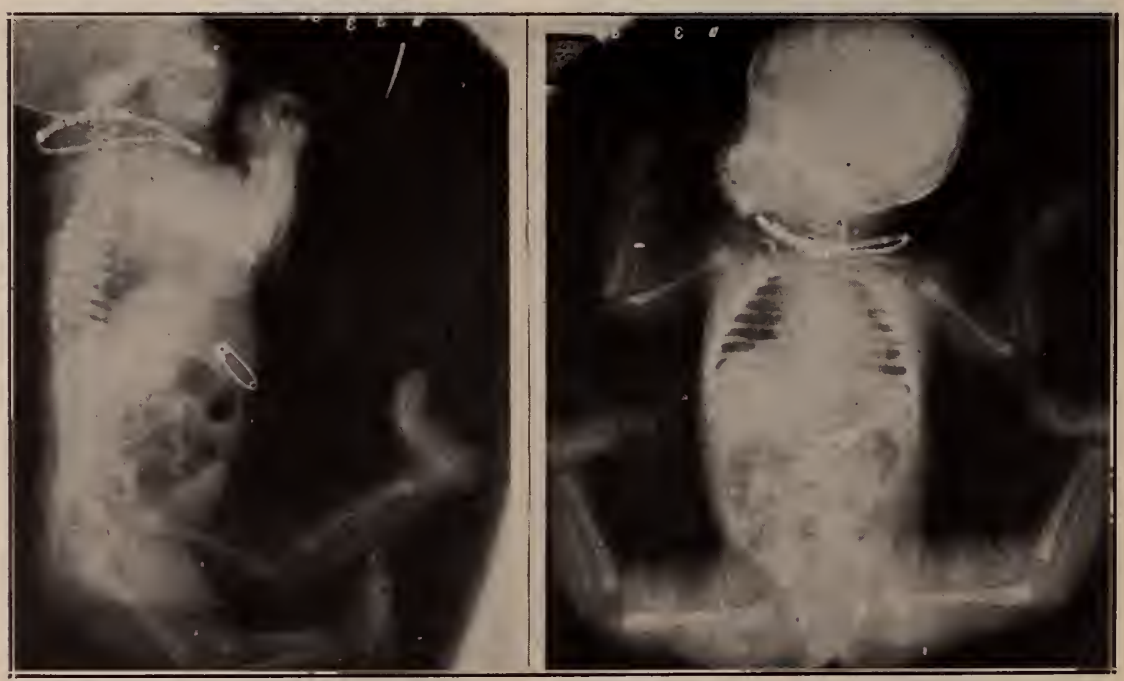

Fig. 7

BABY A———, AGED TWO DAYS

Congenital backward dislocation of both knees.
Six fingers and toes, and webbing.

around the fingers, the opposing surfaces of each finger will be skin.

The open areas on the front of one finger, and the back of the other, are then covered with split skin grafts.

Our results in these and other cases have shown nearly 100 per cent function; but the cosmetic results are often somewhat disappointing. The fingers show their scars, and do not develop as gracefully as normal fingers.

CONCLUSIONS

1. A Jackson White family with hereditary polydactylism and syndactylism has been traced back through four generations.

2. The contributing factors causing this defect to appear are shown to be inbreeding, low intelligence, dietary deficiencies, and poverty, in an outcast environment for many generations.

3. The dominant genetic characteristics of this anomaly through both the male and female are shown to occur in over 50 per cent of the progeny.

4. The surgical problems, which include the pathology, and the choice of operations, and our results are discussed. The two-stage plastic repair of the fingers is advised.

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CARCINOMA OF THE BLADDER

By VINCENT P. BUTLER, M.D., Jersey City, N. J.

Read at the Second Fall Clinical Conference of The Medical Society of New Jersey, on November 10, 1939, in Jersey City.

Bladder tumors may be classified clinically as *primary,* or *secondary.* The primary are those which have their origin in one of the layers of tissue which go to make up the bladder wall. The secondary ones are those which have their origin in some other structure such as the prostate gland, seminal vesicles, uterus, vagina, or sigmoid; and develop secondarily in the bladder as a result of direct extension or implantation.

The primary bladder tumors are further classed as follows:

1. Those arising from the epithelial lining mucosa of the bladder;

2. Those arising from the non-epithelial parts of the bladder and are of mesodermic origin; and

3. Those arising from misplaced or embryonal tissues.

Since tumors of the epithelial type constitute 95 per cent of all bladder tumors, this discussion will concern only that type.

The epithelial tumors are divided into three clinical classes:

1. Papillary epithelioma, known as papilloma of the bladder;

2. Papillary carcinoma; and

3. Infiltrating carcinoma.

PAPILLOMA

The papilloma in its simplest form is a finger-like elevation or villus of the epithelial lining of the bladder, having a central portion composed of blood vessels which are surrounded by a supporting network of fibrous tissue. The covering of all of this is epithelial tissue which is continuous with, and in every respect simulates, the arrangement of the adjoining epithelial surface above which the papilloma extends.

Most papillomas are made up of a basic portion, or *pedicle,* with some branches which extend outward in numerous *villi* or fronds. This pedicle may be narrow or wide, it may have a relatively long stalk or be quite short. If the pedicle is long, the tumor is then spoken of as *pedunculated;* but if it is short, it is called a *sessile* papilloma. The papilloma may occur singly, but there are many cases in which it is multiple.

The blood vessels and the connective tissue which make up the inner portion of the structure are continuous with the submucous layer of the bladder. Unlike the sessile type, the pedunculated papillomas are quite movable on the epithelial lining of the bladder, and in the exposed bladder can be lifted up so that the pedicle can be felt between the fingers.

The villi or fronds may grow in the shape of filaments whose outer ends may be either pointed or clubbed. Formerly it was believed that the clubbing was an indication of malignancy; but we now know that this may also occur when the papilloma is benign.

CARCINOMA

Probably the most frequent form of carcinoma of the bladder is the *papillary* type. It is frequently multiple and soft and friable; with a necrotic surface which projects into the lumen of the bladder. In many ways the papillary carcinoma and the benign papilloma are similar, but the chief points of difference are in respect to the *fixation,*—for even in a mildly advanced case the malignant tumor cannot be moved on the underlying structures.

When the infiltrating carcinoma is present, there is little if any protrusion of the tumor above the surrounding epithelial layer,—that is, there is no pedicle present;—but there is a marked edema around the edges of the infiltrated area. The surface is nodular, and the epithelial lining is thrown into irregular folds. Incrustation and ulceration usually occur. The edges of this ulceration are rolled up, and the floor of the ulceration is covered with a greyish deposit or is encrusted. This briefly is the appearance in the pathological picture presented through the cystoscope, or upon opening the bladder.

SYMPTOMS

When seen clinically, these cases present one or more of the following as the outstanding symptoms:

1. Hematuria.
2. Pain on urination.
3. Some disturbance in the act of urination.

1. *Hematuria.* This is the first, and in many cases the sole, symptom presented. At times it may be profuse, and at other times very slight. As a general condition the blood which is caused by the bladder tumor usually appears fresher than the blood which comes down from renal tumors. Clots may form of sufficiently large size to obstruct the bladder, and give rise to urinary retention. In some cases the hematuria will disappear spontaneously and recur at various intervals. This is the type of case that is frequently seen by the family physician, who is usually the first one consulted. Because of the appearance and disappearance of the blood in the urine the physician is tempted to defer an examination into the source of this bleeding, because it has stopped apparently without requiring any treatment. A prompt and thorough study of each case of hematuria will greatly increase the chance for early diagnosis, and successful treatment of the bladder tumor.

2. *Pain.* This is the outstanding symptom in about 25 per cent of cases. In the infiltrating carcinoma pain may be the only symptom, and hematuria may not occur. The pain complained of varies greatly, it may be associated with, or independent of, the act of urination. Frequently it is referred to the suprapubic re-

gion, or the perineum. At times it may radiate along the course of the sciatic nerves.

3. Disturbance in the act of *urination.* These may resemble the symptoms present in many other bladder conditions. They may range from a slight dysuria and burning, or pain on urination, to an almost complete retention with constant and intractable pain. When situated near the neck of the bladder, the symptoms appear to be much more severe. The desire to urinate may become so urgent, and the pain following the passage of a few drops of bloody urine, may be so severe that it leads to tenesmus,—that is a constant desire to void, preceded, accompanied, and followed by pain with slight relief before the cycle reappears.

A persistent pyuria, or a symptomless hematuria, or any of the above noted symptoms,—that is, hematuria, pain or urinary disturbance,—should arouse suspicion of bladder tumor, especially if the age of the patient puts him in the fifth or sixth decade of life, for according to the Carcinoma Registry of the American Urological Association 62.1 per cent of bladder carcinomas occur in the fifth and sixth decade.

DIAGNOSIS

In making a diagnosis of carcinoma of the bladder, we rely on the history, physical examination, cystoscopy, and x-ray.

This history of any of the above noted symptoms should immediately focus the examiner's attention on the possibility of bladder pathology.

The physical examination includes an examination of the abdomen, and a rectal examination by means of which the infiltration of the bladder mass can sometimes be felt, as well as extension of the growth to adjacent structures. The examination of the inguinal nodes may show the presence of metastases.

The most important factor in arriving at the diagnosis is the *cystoscopic* examination. Because of the diminished capacity of the bladder it may be, and frequently is, necessary to use an anesthetic. If so, caudal, parasacral, spinal, or gas-oxygen anesthesia may be used.

In *simple papilloma* the cystoscopic picture presented is very different and is not difficult for diagnosis. It is single or multiple, pedunculated, with well-developed villi and a non-infiltrating base; whereas the papillary carcinoma has a short pedicle with thick, blunted villi, a tendency to slough.

In addition to these visual signs, there is frequently some obstructive renal complications because of the back pressure on the kidney.

The *infiltrating carcinoma* is a flat, solid, ulcerating mass, without villi; and is usually sloughing. The base infiltrates the bladder wall, and the whole area is surrounded by edema. A biopsy should be taken at the time of the cystoscopic examination; however, too much reliance should not be placed upon the biopsy report especially, if it returns non-malignant.

Many observers feel that there are instances where the real diagnosis of malignancy, or non-malignancy, can be made only by the clinical appearance of the tumor, plus the response which it makes to some form of treatment,—that is, fulguration, deep x-ray, or radium. Malignancy, of course, should be suspected if the growth recurs, or if there is no response to the physical agents used in its treatment. Apart from its therapy, x-ray as an adjunct is helpful because, by means of a cystogram, we can show a defect or irregularity of the bladder depending upon whether it is a papillary or an ulcerating carcinoma. The ulcerating type will present a *crater,* whereas the papillary type will show an *elevation* in the outline of the bladder wall. Because of the proximity of the growth to the ureters, there is frequently an involvement of the kidney and ureter. An intravenous urogram, besides giving a cystogram, will show the amount of renal function, and the degree of damage, if any, which has been caused. X-ray of the pelvic bones will detect metastases to these parts.

TREATMENT

Treatment is a phase of bladder carcinoma in which all are or should be vitally interested. The family physician may be the first to see the patient, and the urologist makes the diagnosis; but the treatment as carried out today requires the urologist, the surgeon, and the roentgenologist, combining all of their skill.

When we realize that, according to the statistics of the Carcinoma Registry of the American Urological Association, only 23 per cent of 658 cases treated by all types of treatment survived five years, it is evident that there is still room for debate and improvement in the method of handling these cases.

At the present time our methods of attack upon bladder carcinoma include:

1. Fulguration alone; or
2. Fulguration followed by radium implantation either transurethrally or transvesically; or
3. Transurethral resection with the use of the cutting current by taking off the projecting portion of the carcinoma; or
4. Surgery, which includes partial cystectomy, and total cystectomy with implantation of the ureters into the bowel; and
5. Deep x-ray therapy.

In the treatment of the three main types of bladder carcinoma, the commoner methods of treatment, and the ones which seem to give as good result as any, although at best the results appear sometimes very discouraging, are:

1. The *benign papilloma* is most satisfactorily treated by fulguration, or removal by the cutting current. This procedure is followed by some men with implantation of radium seeds at the base of the tumor. In these cases the prognosis is very good. However, for these and all other types of bladder tumors whatever treatment they have received, frequent examinations for at least five years should be made before suspicion of malignancy is abandoned.

2. For the *papillary carcinoma,* if it is in an accessible place, a partial cystectomy may be done; and deep x-ray or radium implantation either through the opened bladder or through the urethra may be used. Transvesical fulgeration, either with or without subsequent implantation of radium seeds, is the common procedure; and a personal preference of all these types of treatment for carcinoma is transvesical fulgeration without any radium implantation. The prognosis is poor in these cases and the hope of success is dependent largely upon the locality of the tumor and the stage to which it has advanced when treatment is begun.

3. For the *infiltrating carcinoma,* deep x-ray therapy, radium implantation, and total cystectomy offer the only reasonable hopes for benefit; but the prognosis is very poor, and therefore radical means are justifiable, yet the results are extremely discouraging.

SUMMARY

The three important groups of bladder carcinoma which are commonly met with:

1. The papilloma which is usually benign, and will respond to treatment.
2. The papillary carcinoma, which if seen early and treated vigorously, may and probably will be benefited.
3. The infiltrating carcinoma, which is usually seen too late to be helped much by the methods of treatment at our disposal.

An early investigation of any symptoms which should arouse suspicion of carcinoma will greatly help in the ultimate outcome of any of these cases; and a plea is thus made for an early diagnosis.

HOSPITAL SERVICE PLANS AT THE CROSSROADS

A REVIEW OF CONDITIONS TO BE MET

By Paul Keller, M.D., New York, N. Y.

Medical Director, Associated Hospital Service, New York City

Delivered before the New Jersey Hospital Association in Atlantic City, June 6, 1940.

Having been for many years so closely identified with the New Jersey Hospital Association, I always feel a keen sense of delight when I am afforded the opportunity to participate in the Jersey Conferences.

During the past year I have served as Medical Director of the Associated Hospital Service of New York, and the views which I now express are largely the result of the experience gained serving in this capacity. My interest in hospital service plans, however, goes back to 1933 when I took an active part in organizing the Essex County Plan.

The rôle of non-profit Hospital Service Plans in the American community is an increasingly important one. The implications and potentialities of those vigorously growing young organizations for the furtherance of the welfare of our people are incalculable. It is only now, after approximately seven years of experimentation that the real significance of the contribution which these Plans are making to the health and well-being of our communities is becoming apparent.

Now is the time for us to review our position, consolidate our gains, and determine our course for the future. Private philanthropy in support of our voluntary hospitals has been declining, particularly during the depression years. The ability of the patient to pay the cost of his care also has decreased as a result of those years of financial difficulty.

It was the aim of many community leaders sponsoring Hospital Service Plans that the vast resources of medical science in our hospitals should be made available to those millions of Americans of modest and low incomes, who are in need of this service, but who are not prepared to meet the cost of unpredictable illnesses.

The changes in social and political attitudes which have taken place in recent years also have tended to emphasize the importance of finding new methods of making hospital service available to all, at a price that all can afford to pay.

The facilities for the best medical and hospital care the world has ever known now are available in most of our institutions; the technic and personnel is unequalled. But several bottle-necks exist in some places, and among some groups. One of these bottle-necks has been eliminated by our *Hospital Service Plans* which provide an opportunity for persons in the middle income group to budget the cost of modern hospital services on a low-cost prepayment basis. The sixty approved non-profit hospital service plans in the United States, it is estimated, will this year pay hospital bills for more than 500,000 subscriber-patients—bills totalling approximately $25,000,000, or $50 per subscriber.

The time-honored patient-physician relationship has been kept inviolate in the establishment of these Plans. A good beginning has been made toward the solution of an extremely important social and health problem as the economic hazard of unpredictable hospitalization has been eliminated for more than five million persons.

However, we must not lose sight of the fact that several times that number of persons are still unprotected. It is imperative that we make participation in our hospital service plans available to *lower income* groups, as well as to many of those who now, because of enrollment requirements, are not eligible as subscribers.

Hospital service plans are now at the crossroads; and under present conditions, even the most optimistic Plan can ill afford to rest in its efforts toward improvement, and holding the confidence of the public.

Upon reëntering this field of the non-profit hospital service plan, one of the most striking

and important impressions I received was the lack of understanding among hospital executives, trustees, and physicians, as to the basic community concept of the Plan, and the part which they themselves were expected to play in the administration and direction of Hospital Service Plans if they were to be conducted as non-profit community enterprises.

It was a matter of great surprise to me in meeting with hospital representatives and physicians during the past year to learn that so few understood that Hospital Service Plans operating under voluntary community auspices were intended to be, and are, an integral part of their own institutions and medical organizations, and that they themselves were to play a major part in the Plan serving as policy-forming directors. Hospital Service Plans cannot operate successfully, and in the best interests of the public unless the policy control is assumed by a *partnership directorate* composed of hospitals, physicians and subscribers.

VOLUNTARY, VS. COMMERCIAL PLANS

Many medical and hospital representatives have been viewing Hospital Service Plans somewhat in the same light as they look upon commercial insurance organizations. Their attitude, in many instances, has been the result of a lack of understanding of the true purpose and intent of voluntary non-profit Hospital Service Plans. The importance and value of these Plans operating under a coöperative community responsibility is, however, now becoming more clearly understood by hospitals and physicians, particularly as many now realize that service plans play such an important rôle in their own professional and economic life.

The entrance of the commercial insurance companies into the hospital field should be carefully considered by all hospital executives and members of the medical profession. Unlike hospital service plans, which operate with the coöperation of their member hospitals, commercial insurance companies are independent operators.

While it is reasonable to expect the commercial insurance companies to enter what appears at the outset to be a very promising field, I predict for them many headaches. Commercial insurance companies have always regarded any aspect of health insurance as an *unstable* business, because ill health can be influenced by voluntary action on the part of the policy-holder. It is interesting to note that one of the earliest insurance companies in this field has already withdrawn from it.

Whether or not the commercial carriers of hospital insurance remain in the field is primarily their concern. In the meantime, it is important, however, for hospital executives to recognize that hospital insurance through commercial carriers may affect hospital standards. The reason for this is simple. Since the benefits of commercial insurance companies are rendered in cash, and usually on an experience rating, the element of *competition* is always apparent; and this competition, I foresee, will drive the cash benefit down to a point where the services will be lost sight of, and the hospitals will be in the same position where they were five years ago, before the service plans were organized.

If the present-day voluntary system of medical and hospital care is to continue in the future as it has in the past, the representatives of these voluntary non-profit hospital groups must be unified, and must direct their planning program if we are to successfully meet the challenge and avoid the threat of governmental support and political control of our private health agencies.

CASH INDEMNITY BENEFITS

Recently a few Hospital Service Plans have eliminated some of their service features, and replaced them with cash indemnity allowances. Hospital Service Plans moving in this direction should be cautioned against cash indemnity features. The *service provisions* offered by the hospitals themselves through agreement with the Plans form the foundation of the success of these Plans and enable the hospitals to exercise a necessary control.

We could not, and have no desire to, compete with commercial companies on a cash-indemnity basis. We are intended to serve an entirely different purpose, since commercial insurance companies cover only selected employed groups in the middle and upper eco-

nomic classes, leaving unprotected the many millions within the lower income groups.

EXTENSION OF PLAN TO LOW INCOME GROUPS

Many localities are considering the possibility of extending non-profit Hospital Service Plans to include ward service at very low subscription rates in coöperation with organized medicine and hospitals. The implications of such a Plan are great, and proper coöperation among all interested parties would go a long way toward an eminently satisfactory solution of the complicated problem of medical and hospital care for the lower income groups. Such a Plan would relieve the welfare organizations, the hospitals, and the government of a great part of the burden now imposed upon them by present conditions. It might also provide for at least partial compensation to many of our physicians who now devote so much time, skill, and effort to hospital ward patients without recompense other than the experience and knowledge gained through such cases.

Extension of "Low Basic Plans" which would insure adequate payment for ward patients would go far toward aiding the financial stability of our member hospitals. Hospital facilities would be more fully utilized, and thus create a more economic use of hospital services.

The development of *hospital ward plans* will call for the fullest coöperation between the physicians and the Hospital Service Plans. The entire question of hospital staff and non-hospital staff service for ward facilities will have to be amicably and fairly settled. The matter of the professional fee for the physician's services must be discussed and a satisfactory solution reached. Closer coöperation between physicians and the Plans will help assure the growth and expansion of Hospital Service Plan benefits to the community.

PHYSICIANS

Physicians have begun to realize the value of Hospital Service Plans to themselves and to their patients. The practicing physician sees that his patients have readier access to needed hospitalization, and earlier hospital treatment. The physician realizes the therapeutic effect of freedom from worry over hospital bills. He is able to personally supervise the entire course of treatment accorded his patient throughout his hospital stay.

The practicing physician also realizes that the patient, relieved of the financial burden of hospital care, is in a better position to pay adequate professional fees.

The whole trend of Hospital Service Plans today is toward closer coöperation with the physicians of the community. Plans are welcoming the physicians' coöperation on their Board of Directors and Advisory Councils. The organization and expansion of *medical review boards*, consisting of physicians who can discuss hospital claims directly with the doctor on a professional and ethical basis, has done much toward the education and clarification of the workings and purposes of Hospital Service Plans.

HOSPITALS

There is much more than can be done by participating hospitals towards accomplishing a more inclusive coverage of subscribers requiring hospital care under the present types of contract. Probably one of the most important items for consideration is the *type of room accommodations* made available to subscribers under the terms of the contract providing "semi-private" accommodations. Wide variations exist in the interpretation of this definition, and there is great need for *standardization of its meaning* throughout the hospital field. Without a lengthy analysis of the problems involved, it might well be said that room and board should be furnished to all subscribers under the terms of a semi-private contract, without cost in every instance except those in which the patient voluntarily occupies a one-bed room. The practice of making an additional charge for so-called deluxe, multiple-bed rooms or of forcing subscribers to accept single-room accommodations creates only misunderstanding and hard feeling on the part of the subscriber, the doctor, the Plan and the hospital, and affects the reputation of the hospital when subscribers compare the experiences of their hospitalization.

ANESTHESIA

When anesthesia service is rendered to a subscriber, an effort should be made by the hospital to differentiate between those instances in which this service is rendered by the *hospital,* and that by a *private physician anesthetist.* Many misunderstandings arise when a subscriber who believes that anesthesia is being administered by a hospital employee is later faced with a bill for the services of a professional anesthetist, having had no prior knowledge that he was to have a physician anesthetist.

LABORATORY EXAMINATIONS

Almost all contracts for semi-private care provide for laboratory examinations consistent with the diagnosis for which the patient is admitted to the hospital. Each participating member hospital should be equipped to furnish such services to the subscriber without cost to him, so that he is not faced with a bill for charges for services rendered by an outside agency when the hospital is not properly equipped to render such service.

X-RAY EXAMINATIONS

The majority of semi-private contracts also provide for x-ray examinations consistent with the diagnosis for which the patient is admitted. Obviously, it is equally necessary that the hospital be equipped to render this service. The main difficulty here is the arrangement made with the roentgenologist affiliated with the hospital in which such service is rendered. Long before the inception of group hospital service plans, roentgenologists performed this service in affiliation with hospitals usually on one of three bases of remuneration: 1, an established fee per case; 2, a percentage of total collections basis; or 3, an annual retainer. Whatever the method of remuneration to the roentgenologist, no charge should be made in the arrangements between him and the hospital when a subscriber patient receives x-ray service under the Plan. Payment to the hospital for these services is included in the established per diem rate of payment by the Plan.

Financial arrangements should be made with the roentgenologist in the same manner as if the patient paid his bill for specific services at the hospital's regular rates.

HOSPITAL PLANS COMBINED WITH MEDICAL AND SURGICAL COVERAGE

The need for extension of the Plans to include medical and surgical coverage also becomes more obvious daily. A study of the need and possibility of such protection points again to the necessity for full coöperation between the medical profession and the Hospital Service Plans.

CONCLUSIONS

I. Hospital Service Plans should provide full and reasonably all-inclusive hospital services to subscribers. Exclusion of benefits need be very few if normal hospital demands are maintained. The important safeguard in maintaining normal hospital demands in Plan operations rests largely in the hands of physicians and hospitals in the control of length of stay of Plan patients and in the policy governing hospital admissions. While the Plan has no intention of interfering with the physician's care of his patient, it is important that the length of stay in all cases be limited to that necessary for adequate treatment. The Plan, however, cannot provide hospitalization in cases where the subscriber remains in the hospital after his discharge by the attending physician. An overstay of even one day on the part of each Plan patient could result in a serious strain on the Plan's reserve funds.

Another way in which the attending physician and the hospital play important rôles in successfully maintaining normal hospital demands is in limiting hospital services to those who actually require bed care for hospitalization. The Plan is only intended to provide hospitalization for conditions requiring bed care, and not for diagnostic x-ray or laboratory examinations or other diagnostic studies. These services are not allowable when the patient is physically able to go to the office of a physician for such service.

II. If hospital demands are maintained within a normal range, hospitalization plans in the future may go forward without curtailment of existing benefits. The Plans should en-

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THE MEDICAL SOCIETY OF NEW JERSEY

PRESENT STATUS

As the work of organizing the Medical Service Administration continues, one is impressed more and more with the fact that this is a very formidable undertaking. As our knowledge increases, we become more and more aware of the complicity of the problems involved. The members of this Society and the members of the profession in general must appreciate the extent of this undertaking and the responsibility they are assuming in promoting the Medical Service Administration. The success of the Medical Service Administration and its various plans requires that they appreciate the size of this experiment and that they give the undertaking their full support and active cooperation.

We have now arrived at the stage of developing an administrative plan, by which the Medical Service Administration will be operated on a system of efficient and economic procedures. To accomplish this, we are being assisted by representatives of a consulting actuarial firm and by representatives of the International Business Machines Corporation. These representatives have been working in the Executive Offices for two weeks, studying our By-Laws, the Rules and Regulations of our Plans, and the provisions of our Enabling Act. As this study progresses, they are formulating economical, routine administrative procedures which will conform to the contents of our Enabling Act, the requirements of the Commissioner of Banking and Insurance, and at the same time furnish us with sufficient statistical data from which we will be able to obtain information as to the cost of medical care and the causes of any deficit we sustain. The work of the consultants will be completed during the week of September 1. Our contract forms, By-Laws, and general procedures must then be reviewed and approved by the Commissioner of Banking and Insurance.

During the early days of September, the Medical Service Administration will be presented to the Executive Committees of the following component county societies:

Atlantic County—Monday, September 9
Bergen County—Tuesday, September 17
Gloucester County—Thursday, September 5
Monmouth County—Monday, September 10
Ocean County—Wednesday, September 11
Passaic County—Tuesday, September 10
Warren County—Sunday, September 8

PARTICIPATING PHYSICIANS

Our Enabling Act requires that in each county in which the Administration operates a Plan, 51 per cent of the physicians must become participating physicians of the Medical Service Administration. This will constitute the first requirement to be fulfilled in each county. Following the presentation of the Medical Service Administration in Essex County, a poll of the physicians of Essex County was made, and to date, 773 physicians out of a possible 1490 have expressed a desire to become participating physicians. This represents an excess over the 51 per cent required by law. Essex County Medical Society accomplished this poll by the distribution of return post cards.

THE SUCCESS OF THE MEDICAL SERVICE ADMINISTRATION

The Medical Service Administration and all of its activities are to be experimental. They will be controlled by the medical profession, and will be continued or discontinued according to the dic-

tates of the profession in New Jersey. A successful experiment will depend upon:

1. Active sponsorship, and the assumption of the responsibilities which such sponsorship entails, by The Medical Society of New Jersey.

2. The complete co-operation of the individual members of the medical profession of New Jersey.

3. The interest and sympathetic reaction of the laity.

4. Salability of Plans, to promote widespread participation, among employed persons in New Jersey.

5. Economical and efficient administration.

To be successful, the Medical Service Administration must blossom into:

1. A prosperous, self-supporting, permanent enterprise. If this is accomplished, we will demonstrate that the medical profession desires and is capable of administering its own affairs. Or

2. It may be carried on with such vigor that at the end of an experimental period, it will be demonstrated without a doubt that the distribution of medical care by voluntary insurance efforts is not adaptable to the needs of the people of New Jersey, or is not acceptable to the people of New Jersey.

Either one of the above results might be considered the result of a successful experiment.

EXPERIENCES OF OTHER STATE SOCIETIES

That our experience should be a success is supported by the experience in other states. There are three other state organizations operating plans similar to the plans contemplated by the Medical Service Administration of New Jersey:

1. *Michigan Medical Service.*—Michigan Medical Service is sponsored by The Medical Society of Michigan. Michigan Medical Service is a non-profit medical service corporation operating under the provisions of a special Enabling Act, and supervised by the Commissioner of Banking and Insurance. The corporation operates two plans, one a complete plan similar to our "Medical Service Plan", and a second plan for hospitalized patients similar to our plan, "Medical and Surgical Plan for Hospitalized Patients". The corporation started operation on March 15, 1940. While a separate corporation operating under the provisions of a separate Legislative Act, it is affiliated with The Michigan Hospital Plan, in that the Hospital Plan assumes the responsibilities and costs of solicitation and enrollment of beneficiaries for both Plans, the proportionate share of such costs being reimbursed by the Michigan Medical Service. To date, as of June 30, there were 65,062 subscribers, of which 63,646 were beneficiaries of their surgical plan for hospitalized patients, and 1,416 were beneficiaries of their Medical Service Plan. Over 50,000 of these beneficiaries are employees of the Ford Motor Company. The following is a quotation from the August, 1940, issue of the Journal of the Michigan State Medical Society:

"Following are several of the results gained in the operation of a professionally administered medical service Plan:

"1. Within three months, twenty groups of subscribers totaling more than 63,000 persons have been enrolled.

"2. Services have been rendered to 1,400 subscribers by 434 doctors of medicine.

"3. Over $50,000 has been paid to doctors for services rendered to subscribers.

"4. Checks have been mailed by Michigan Medical Service to approximately one out of every fifteen doctors in the state.

"5. The full schedule of benefits, equivalent to prevailing charges, was paid for all services.

"6. More than 3,100 doctors of medicine—approximately three-fourths of the total possible number—have registered with Michigan Medical Service indicating their willingness to render services for subscribers of the medical plan.

"7. During March, April, and May the earned income from subscribers was sufficient to pay doctors for services rendered and to meet administration expenses, leaving a small net balance. No advances from the Michigan State Medical Society have been received since February, 1940.

"The foregoing results tend to show the possibilities under a properly organized plan supported by the medical profession. * * * Michigan Medical Service has the distinction of having the largest enrollment of any voluntary medical service plan in the United States or in the entire world. This is real evidence that the people of Michigan desire to participate in a non-profit, non-political prepayment medical service plan, directed by doctors of medicine."

2. *California Physicians' Service.*—California Physicians' Service is sponsored by The California

Medical Association. It has been in operation approximately ten months. The California Physicians' Service administers a combined medical and hospital service plan, selling combined policies. It had as of July 31, 1940, 16,000 subscribers, of which approximately 2,000 were enrolled in June, and 1,500 in July. The progress of the California Physicians' Service has been slow but steady. It is not yet entirely self-supporting, probably in a large part due to the high cost of solicitation and enrollment, which is necessary during the early months. It has been necessary to call upon the California Medical Association for additional funds to support the organization. California Physicians' Service is proving successful as an experiment, and will probably be successful as a permanent enterprise.

3. *Associated Medical Services, Toronto.*—Associated Medical Service, Inc., Toronto, Ontario, is the original medical service corporation, which has formed a basis and inspiration for the formulation of other medical service corporations. It is closely affiliated with the Ontario Medical Association. It provides for the payment of medical and hospital costs. Its charter was granted on April 9, 1937. On January 1, 1938, it had 733 subscribers. On January 13, 1939, there were 4,020 subscribers. On February 13, 1940, there were 15,000 subscribers, and the number was increasing quite regularly by over 1,000 per month. Subscribers to this plan are accepted on an individual basis after physical examination. Associated Medical Services is a success. It is self-sustaining. It does not fulfill primarily a social need, as its costs are too high to reach the low-wage and medically indigent group, but it does show that there is a demand among self-supporting people for voluntary medical service plans on an insurance basis.

PRESENTATION TO COUNTY SOCIETIES

The Medical Service Administration of New Jersey is anxious to present the Administration to the Executive Committees, and later to the general membership of all component county societies of The Medical Society of New Jersey.

During the time allotted for presentation to the Executive Committees and to the general membership of the county societies it will not be possible to go into all the details necessary for a complete understanding of the objectives and ways and means of the Medical Service Administration and the Plans. A representative of the Board of Governors will be glad to go into details with any individual or group of individuals who are willing to devote sufficient time to allow for a complete presentation and discussion. The Board of Governors has made exhaustive study of all phases of this problem. The Board realizes that there will be criticisms, some of which will be justifiable. It is hoped that these criticisms will be constructive in nature. All criticisms will be carefully considered by the Board, and every effort will be made to correct defects or to justify any policies adopted by or decisions made by the Board of Governors. Our participating physicians must realize that the work of the Administration is an experiment. It is an experiment on their behalf, to guard their interests, and to promote the distribution of and payment for their services among a class of persons who now find it difficult to pay for adequate medical care.

E. W. Lance, M.D., *President*
John S. Thompson, *Secretary*
Augustus S. Knight, M.D., *Treasurer*
Joseph Bigley
William J. Carrington, M.D.
William G. Herrman, M.D.
George Merck
Edward W. Sprague, M.D.

Acting Secretary to Board
Norman M. Scott, M.D.
143 East State Street
Trenton, New Jersey

Please sign
CENSUS OF OPINION
on following page

PLEASE SIGN AND RETURN
"CENSUS OF OPINION"

Copies of By-Laws of the Medical Service Administration of New Jersey and Rules and Regulations of Medical Service Plans to be operated by the Administration will be forwarded to physicians making such a request.

You will be of assistance to us by returning over your signature the "Census of Opinion" submitted below.

CENSUS OF OPINION

I am / am not willing to become a participating physician of the Medical Service Administration of New Jersey.

(This is not a formal agreement.)

......, M.D.
(Signature)

.....
(County Address)

deavor to devise means of including those few hospital services which now cannot be included as benefits. Increased enrollment may enable Plans to provide payment to hospitals for some services which are now eliminated. The trend now is toward increased benefits consistent with actuarial requirements. There is a tendency toward lessening the number of those few illnesses not now covered by the Plan. In this connection the acute stages of venereal diseases, and the minor nervous and mental disorders, may be included as benefits under the Plan.

III. All member hospitals, physicians, and subscribers should regard Hospital Service Plans as their own organizations, and have adequate representation on the Boards of Directors and Executive Committees. Hospitals can well afford, under these conditions, to make a few sacrifices if necessary during the experimental and developmental stages of Hospital Service Plans. If the movement as a whole becomes permanently successful, it would undoubtedly bring financial stability to all our institutions, so that they can afford to make small sacrifices during this early period. Hospitals should also realize, in connection with hospital service payments, that there are few, if any, bad debts to be written off.

IV. Many widely varied reciprocal arrangements between Plans in connection with the enrollment of subscribers now exist. The Council on Hospital Service Plans of the American Hospital Association has for same time been engaged in a study of this problem on a national basis. Whatever the outcome, it would seem to me that arrangements for reciprocity in connection with enrollment should be *nationally uniform,* so as to create the impression in the minds of the national public of uniformity in non-profit Hospital Service Plans. This will create to some degree a feeling of confidence in the movement as a whole. It would seem feasible, if a subscriber to the Boston Plan was injured and admitted to one of the New York member hospitals, that Boston could guarantee payment to New York, which in turn would guarantee payment to its member hospital. New York in this instance would be acting simply as an agent in the exchange and forwarding of hospital payment.

V. We are reaching the saturation point in expansion of Plans designed for middle and upper income groups. There is now a need for a low-cost ward plan appealing to those who need it most, but who cannot afford present subscription rates. The development of a low-cost basic contract will undoubtedly open a tremendous field, and will widen the scope of the Plan to such a degree that benefits may be increased and subscription rates decreased.

PHYSICAL THERAPY IN GENERAL PRACTICE

By RICHARD KOVACS, M.D., New York

Professor of Physical Therapy, New York Polyclinic Medical School and Hospital

Read before a joint meeting of the Eastern Section of the American Congress of Physical Therapy with the Mercer County Medical Society, Trenton, New Jersey, April 10, 1940.

Treatment of disease and injury by physical methods has undergone a spectacular development during the past twenty-five years in the United States. Up to the time of the first World War the few medical men actively practicing physical therapy were looked upon by the majority of their colleagues with suspicion, mingled with pity. Scattered groups of enthusiasts practiced electrotherapy in one corner, hydrotherapy in another, and manipulation and massage in still another corner. There were no physical therapy departments in hospitals where the different physical methods could be corollated. Clinical and laboratory research could not be done, and the scrutinizing eye of the medical profession could not keep a watchful eye on the practitioners of these new methods of the healing art.

A change for the better came when, as a result of the World War, thousands of disabled men had to be put back into a state of comfort and functional activity. It became recognized, chiefly through information imported from abroad, that well equipped and conducted physical therapy departments are indispensable for this purpose, as adjuncts to orthodox medicine and surgery. Concurrently development of many new and highly effective methods of physical treatment, such as diathermy, and artificial ultra-violet radiation took place. Within a few years there became available a large body of technicians trained in physical therapy, and a good number of medical men capable of practicing it. But above all, the majority of medical men became convinced that the practice of physical therapy must be a part of the standard practice of medicine.

NEED OF PHYSICAL THERAPISTS

There is ample need and opportunity for the systematic use of physical measures by all medical men. However, the best interests of patients will be most satisfactorily secured if the possibilities and limitations of each group of physicians employing physical therapy are clearly understood. The general practitioner should be able to utilize simple thermal and hydriatic measures both at his office and at the bedside, and should be able to prescribe and demonstrate exercise for traumatic, arthritic, and other everyday conditions. He should employ elaborate pieces of equipment only after he has had competent clinical instruction in their use. Specialists in various fields of medicine, such as surgery, orthopedics, gynecology, and nose and throat diseases will all derive great satisfaction from such physical measures as are applicable to their respective fields, once they have had proper theoretical grounding, and at least the rudiments of clinical training in their employment. There is need in every large center of population, and certainly in all large hospitals, for medical men with special training in general physical therapy to be able to render service with all modern resources, such as fever therapy, under-water exercise, and the various electric and light treatments. It requires training and aptitude, as well as official support, to carry on clinical and experimental research work, and to check on the claims for the ever-increasing number of new devices. Properly trained technicians are indispensable for administering physical therapy in institutions, and in most physicians' offices. But it is not fair to expect technical aids who have been trained to employ physical measures only according to instruction, to be responsible for the ordering of treatments, and the judging of their efficiency. This will be the case if a department is only nominally in charge of a physician or a group of physicians who have neither special interest nor training in the subject.

BASIC KNOWLEDGE REQUIRED

For the efficient and safe application of any physical measure, the following basic knowledge is essential:

1. What is the physical nature of the form of energy employed?
2. What are its primary physical, and its secondary physiological, effects on the body?
3. In what pathological or functional changes does it prove clinically useful?
4. What is the correct technic of its employment?
5. What are its possible dangers and contraindications?

It is evident that any physical measure capable of doing good is also capable of doing harm if it is incorrectly applied. Likewise there is a threshold of intensity and duration where therapeutic efficiency begins; and there is a danger zone when that threshold is exceeded.

It is also evident that a definite diagnosis arrived at by all known methods, or at least an acceptable working diagnosis, is essential before any form of therapeutics is instituted. If physical treatment is being considered, either as a primary line of attack, or as an adjunct to other appropriate treatment, the next question should not be "What kind of apparatus shall be applied?" The query should be rather: "What type of physical agent, or combination of agents, will be best suited to overcome the anatomical or functional disorders in that individual patient?" We must strenuously resist the conception fostered by commercial interests that, for treating a given condition, a certain make of apparatus is necessary.

In order to obtain favorable clinical results by suitable physiological changes in the local tissues or in the general body economy, it is by no means necessary to possess a large array of machinery. It has been demonstrated over and over again that simple hot and cold applications, active exercise, and gentle manipulation can do a world of good by themselves; and these are the measures which all general practitioners should primarily learn to appreciate.

USE OF HEAT

Heat is the most frequently used and most versatile among physical treatment forces. Since the beginning of man's history hot springs were the Meccas of sufferers from rheumatic and other disabling conditions. Modern progress is now placing at our disposal a large number of thermal measures, through the medium of water, melted paraffin, heat radiation, and electricity. No matter what form of heat energy is applied, its immediate effect is a purely physical rise of temperature in the tissues. The degree and extent of this rise will vary according to the source of heating, its intensity, and the length of its application.

There is no entirely "safe" form of heating. When there is heat, there may be burns.

The secondary physiological effects of heating are:

1. Sedation of sensory and motor nerve irritation, when heating is employed in mild intensity.
2. Acceleration of the circulation, and of local and general metabolism.
3. Killing of heat sensitive microörganisms, or increasing body defenses against other organisms.

Hence in all kinds of subacute and chronic traumatism and inflammatory conditions, heating is a valuable curative agent when it is properly applied.

Cold applications of short duration bring about constriction of small blood vessels and contraction of superficial muscular and elastic tissues; and for this reason are useful in early stages of inflammation and traumatism.

The time-honored method of *hot fomentations* can be used in any home, and will furnish an effective means of relief in many acute "rheumatic" conditions such as lumbago, and sciatica.

Hot sitz baths can be used for prostatitis, painful hemorrhoids, and dysmenorrhea.

A stimulating compress—a cold compress covered with dry flannel so that it becomes gradually warmed—is very useful for home treatment of tonsillitis, laryngitis, bronchitis.

A *full hot bath* employed for five minutes to one-half hour, two or three times a week,

may exert marked benefits in many cases of chronic arthritis and rheumatoid conditions. Full wet packs can be effectively used for sedation; and also for home restraint in the excitement stage of various psychoses.

Heat Lamps.—Heat radiation from simple heat lamps offers nowadays almost indispensable aid to general practitioners for office and home application. It penetrates the entire thickness of the skin and the subcutaneous layer of fat, may affect the superficial layers of muscles and tendons and accessible bones. In many traumatic and inflammatory conditions of the extremities, trunk, and mucous membranes, *radiant* heating is fully efficient; and penetrating heating by long and short wave diathermy should be reserved for deeper situated tissues and inner organs.

Whirlpool Bath.—A hot whirlpool bath is an external thermal measure which produces in addition gentle mechanical stimulation, and a softening effect. A simple home outfit can be made from a washboiler with suitable hot water and air inlet, and water ejector working under ordinary water pressure. The Council on Physical Therapy of the American Medical Association is ready to furnish specifications for home building of such inexpensive types of equipment. Treatment in a whirlpool bath is quite valuable for the early treatment of stiffness, pain, and sluggish skin circulation following fractures and other injuries. In painful scars and adhesions, indolent and chronic suppurating wounds, and for some cases of chronic arthritis, treatments must be administered for an average of half an hour each time.

The questions of sufficient length of heat treatment, and the frequent necessity of its proper combination with other chiefly mechanical measures, loom large when one discusses the employment of high frequency heating apparatus, long and short wave diathermy by the general practitioner. When one has heard of patients treated with short wave apparatus hardly long enough to warm up the skin, and of post-traumatic conditions crying out for massage and manipulation following heating, but receiving only a perfunctory short wave treatment, one must declare emphatically that a general practitioner has no right to employ such apparatus without competent clinical instruction in its use and in its limitations.

On the other hand, physicians with a background of practical knowledge will find diathermy invaluable in many subacute and chronic inflammatory conditions of inner organs, joints and bursae. The spark gap apparatus also enables the performance of electrodesiccation, a most satisfactory method for removing benign growths, moles, warts, etc., of the skin and accessible mucous membranes. There appears to be no essential difference in clinical applicability between long and short wave diathermy.

USE OF SUNLIGHT

Natural heliotherapy and artificial *ultraviolet radiation* from mercury vapor or carbon arc lamps, may exert effects in two directions:

1. To local tissues it brings mild stimulation or destruction and a certain amount of bactericidal effect.
2. To the body as a whole it produces general tonic effects, improvement of the blood picture and specific antirachitic action.

Physicians should be able to take advantage of natural *sun radiation* whenever this is possible.

An ultraviolet lamp in the general practitioner's office should be of value in cases of secondary anemia, many forms of convalescence, some acute respiratory disorders, selected cases of pregnant and nursing mothers, and calcium and phosphrus deficiencies of children. There is very little or no excuse for some physicians' complacency in allowing self-treatment by home lamps to lay persons deluded by commercial advertisements. Sun treatment is of value when applied for a definite period, and in a definite dosage; and these requisites as a rule can be fulfilled only under the immediate supervision of a competent physician.

USE OF EXERCISE

Exercise is a widely applicable, but unfortunately too often neglected measure, in general practice. General exercise may be employed in derangements of the circulatory, respiratory, nervous, and digestive systems, for producing general alterative effects; special exercises

serve to overcome outstanding symptoms. Physicians can easily inform themselves of the simple technic of respiratory, abdominal, postural exercises, bed and standing exercises, and demonstrate and prescribe these as circumstances warrant.

Local exercises are important in traumatic lesions, and in affections of joints and nerves, such as chronic arthritis and various forms of paralysis. In fractures treated in the home, a *sling* suspended on an overhead pulley will enable effective exercising, with the patient managing the other end of the rope.

Underwater exercises enable patients with stiff joints and partially paralyzed muscles to carry out exercises with the aid of the buoyancy of the water; at the same time the heat of the water relaxes muscles and increases circulation. The well-known Hubbard tank, or even a large bath tub, offer means for this purpose.

Massage is the simplest and generally most effective mechanical measure. It requires only a pair of skilled hands, directed by a trained brain. There is no mystery to the simple movements of stroking, kneading, and friction. Physicians should more generally learn to apply massage. This will not only improve their sense of palpation and their ability to relieve many cases of trauma and fibrositis, but it will also secure appreciation of their patients for the personal services rendered. Physicians should at least be able to prescribe massage and supervise it in the early treatment of injuries.

USE OF REST

The use of *rest,* and the prevention of deformities in acute stages of arthritis and nerve injuries by suitable supports or splinting must be also appreciated by the general practitioner.

THE G. P. AND PHYSICAL THERAPY

It is evident that much more should be said about the technic and scope of the physical measures enumerated; but this is not practicable in a discussion of a limited extent. Physicians desiring full information will find nowadays a number of authoritative texts at their disposal, and are welcome to visit many well-conducted physical therapy departments. Systematic post-graduate instruction is also available for those in quest of actual working experience.

There can be no question of the advantages offered by properly employed physical measures in the treatment of many important conditions both in the general practitioner's office, and also at his patient's bedside. Physical methods of treatment will enable the shortening of period of disability and suffering in many acute conditions by means that as a rule can be directly applied to the affected parts, and do not interfere with other indicated treatment measures. They will also enable treatment of many of the chronic patients without the use of habit-forming drugs, and with measures of a general tonic nature. All this will greatly extend the personal service rendered by the physician, and will counteract the inroads by poorly educated manipulative cults and other irregular practitioners.

Physical therapy must be a constant part of every general practitioner's therapeutic resources.

2 East 88th Street

PUBLIC HEALTH OF TOMORROW

By Joseph R. Morrow, M.D., Ridgewood, N. J.

Medical Director and Superintendent, Bergen County Hospital, Ridgewood, N. J.

President's address before the Sixty-fifth Annual Convention of the New Jersey Health and Sanitary Association, November 17, 1939.

Phenomenal progress in all basic sciences has taken place, and this in a comparatively short time. It is therefore logical to conclude that the future holds promise of even more outstanding achievements. This remarkable success in all sciences has most comprehensively included medicine; and public health activities have occupied a most conspicuous place in this program. Considering the countless centuries comprising the life span of man, we note that all this progress has taken place in about one hundred years. One of the most amazing thoughts in this connection is that people are actually living today who were born before practically any of these stupendous changes took place; therefore, these changes have occurred within the course of a lifetime.

ANCIENT MEASURES

Men of medicine in ancient times practiced a very crude therapy. They lacked scientific knowledge of microscopy, pathology, and so many other things necessary to modern study. The empirical use of *cod-liver oil,* for example, was an established practice over a long period of time—many years before the oil of fish livers was scientifically known to contain such marvelous, potent principles which we now recognize as the *vitamins.*

Ultra-violet rays were known to be beneficial to human beings, and observations on them date back to antiquity,—hence the Sun-God worshippers. On observance of the importance of the sun for all animal and plant life, they developed religions in which the sun was revered and was considered endowed with vitalizing and life-giving principles.

Hydrotherapy.—Much could be said about the therapeutic use of *water,* which also dates back to ancient times, up through the advances that have been made to date. Hippocrates evidently rated high the physiological properties of water, and hydrotherapy has been used throughout the centuries, reaching its peak of perfection in the spas and therapeutic pools of today.

PREVENTIVE MEDICINE

While the emphasis in medicine in ancient times, and even until very recently, was along *curative* lines, it remained for moderns to introduce *preventive* medicine as probably the most important part of that science. Pioneers such as Pasteur, Lister, and Jenner, opened the way for preventive medicine. When bacteria were discovered, immunization and other preventive measures were natural sequences which developed, as did public health as we know it today.

The control of malaria and yellow fever through swamp clearance and mosquito extermination, with the subsequent completion of the Panama Canal in 1914, is a bright spot in public health progress.

Typhoid, cholera infantum, and other enteric diseases were responsible for pestilences and plagues, and a high infant mortality just a very short while ago; but these have practically all been eradicated. The conquest of diphtheria makes as interesting reading as the Arabian Nights series. Such a swift decline in the prevalence of diphtheria has taken place that today it is almost completely eliminated, and is now a medical curiosity where it was once the *scourge of childhood.* Its mortality rate for New Jersey was 148 per 100.000 population in 1888; but this dropped to 3.1 in 1930-34, and to 0.6 in 1937—less than one death per 100,000 of population. This great decline in diphtheria is due to the concerted efforts on the part of doctors, nurses, health officers, active Boards of Health, and various civic, private and official groups. Recently it was reported from one city in Bergen County that 90 per cent of the children were immunized against diphtheria. We believe that scarlet fever, erysipelas, and some other streptococcic infections are also fast disappearing as major prevalent diseases.

HEALTH OF SCHOOL CHILDREN

One of the most significant signs of the times, showing definitely the trend toward further pyramiding results of "disease conquests", was consummated recently by the passage in New Jersey of some Public Health Laws, after long years of effort on the part of doctors, public health workers, and nurses, to provide physical examinations, x-rays, tuberculin tests, and diphtheria immunization in the schools. This program has long been endorsed by the New Jersey Tuberculosis League and other agencies. The beneficial effects from this legislation are going to be revolutionary and far-reaching in promoting public health activities.

These are just some of the protective means which we have at our disposal for achieving remarkable results in disease prevention. During the past two decades much has been accomplished, but this is only a fraction of what good results are possible if *all* communities place at the disposal of their citizens the protective health facilities which are now available.

CHEMOTHERAPY

One of the most recent advances in medical progress is that made in the field of *chemotherapy*. From the time of Ehrlich's dramatic discovery that the arsenicals were specific against spirochetes, chemotherapy progressed slowly; but with the recent discovery of the therapeutic powers of some of the sulphur compounds, new inspiration has been given to scientific endeavor in this field.

Sulfanilamide, probably the century's greatest recent medical discovery, has proved effective in the treatment of the following diseases: scarlet fever, epidemic meningitis, erysipelas, child-bed fever, acute tonsillitis, septic sore throat, gonorrhea, and possibly undulant fever and others. Scientists, without knowing the intimate details of the therapeutic action of sulfanilamide, are trying out various theories in their efforts to learn more of its mystery and to point the way for the discovery of other drugs which will be specific remedies for diseases which are not covered by sulfanilamide. Already more than 1,000 derivatives from the drug have been turned over to animal experimentation for careful testing. One of these releases, sulfapyridine, has proved very effective in the treatment of pneumonia. There are many cases, however, in which treatment with this drug, in conjunction with specific sera, will still be the accepted method of therapy.

Another variant of sulfanilamide appears to have an inhibiting effect on the growth of the tubercle bacillus. It will require intensive laboratory work to determine the extent of treatment value it possesses.

We have every reason to believe that with research in chemotherapy we are on the threshold of other great discoveries in the realm of bio-chemistry; and that the public health of tomorrow will be benefited by the application of remarkable methods of therapy and effective remedies.

IRRADIATION

The new short-wave diathermy machine that produces such remarkable, beneficial results on sufferers depends for its marvelous effects on its swift and deeply penetrating properties. This radiant energy is generated from the same type of tube as that used in our radios.

THE COMMON COLD

The common cold we know is a predisposing factor in more dangerous diseases, such as pneumonia, and yet it is such a common-place occurrence that familiarity has bred contempt, and that which is much worse, carelessness. Such facts as these need to be brought repeatedly to the attention of the public.

TUBERCULOSIS

Splendid progress in the control of tuberculosis is being made through mass tuberculin testing. In educating the public to the importance of early diagnosis, we will be able to prevent and thus perhaps eventually eradicate the disease, just as an enlightened public was a major factor in the control of smallpox, diphtheria, and typhoid fever. We must impress upon the minds of the people that *early* tuberculosis, although difficult to diagnose, is *easy to cure,* while advanced tuberculosis is easy to diagnose but *difficult to cure.*

HEALTH EDUCATION

In this connection I would like to quote the late Dr. Livingston Farrand on Health Education:

> We must keep constantly in mind the real aim of public health education. We are not dealing primarily with the cure of disease. We are not dealing with the care of disease. These are very vital matters to the person who is suffering; but in the problem of public health, prevention is the great aim; and it supersedes everything else in importance.
>
> In these later years comes the assumption of responsibility for health education by our official health departments. That has been an enormous step forward.
>
> * * * If there is one thing necessary to a health department in its educational field, it is to have trained technical skill. * * * I am inclined to lay particular stress, as an educational agency, on the visiting nurse.
>
> If there is one particularly important aspect of this health education process, it is that it should be continuous. There is grave danger in these sudden spurts of emphasis upon a given subject of importance, and then letting it die down.

NEWER ADVANCES

One of the greatest advances is open discussion of venereal diseases, eliminating the Victorian ideas on this subject. Mandatory premarital and prenatal blood tests will make it possible to reduce the incidence of syphilis to a minimum.

Because of the discovery of many products and new uses for old ones, industry and the State will further protect workers from industrial hazards which are constantly increasing.

Measles, whooping cough, and scarlet fever will be reduced to lower incidence. Maternal deaths will also be included in the decrease. We have made great progress in the treatment of poliomyelitis. Our goal of a preventive for this dread disease, there is every reason to hope, will soon be found. There should be increased facilities for crippled and underprivileged children, including heart cases. Cancer is still a serious and major problem, and will require the greatest amount of investigation and research to secure final control. We must keep in mind that, as some of our old disease enemies are overcome, new ones appear, as did Rocky Mountain spotted fever, undulant fever, tularemia, and others.

PURE FOOD

Food handling and transportation companies are employing new methods for preserving food, and their public health aspects must be watched carefully. I might mention specifically the processes of preparation, distribution, and refrigeration of frozen fruits, vegetables, and poultry. While the quick freezing process preserves vitamin content, all precautions must be taken, from a sanitary standpoint, to insure against public health hazards in the employing of such new methods.

PUBLIC BATHING POOLS

Bathing places are a major public health problem, and proper sanitary control of them should be exercised. New Jersey is still one of the few states which has not passed adequate laws regarding sanitation of public pools.

REHABILITATION IN TUBERCULOSIS

The problem of rehabilitation and readmission of the tuberculosis patient is at last receiving national recognition. Leaders in the field are working for a solution of these neglected, yet deeply significant problems. Until they are solved, we can not reduce the high percentage of readmissions, many of which are no doubt due to lack of social and economic adjustment. We should provide appropriations for developing facilities in sanatoria and conditions in the homes and in the occupational world which will safeguard patients from relapse after discharge.

Discharged patients should be encouraged and not discriminated against by employers. We must help bring this about. Sickness causes dependency; and in shaping up the public health policies of tomorrow, it is essential that we have more adequate coöperation between the physician and our existing public health agencies.

EDUCATING PUBLIC HEALTH WORKERS

Higher standards in educational qualifications for all professional and public health workers are a welcome modern trend which is growing apace.

Adequate laboratory facilities are absolutely essential too; and we must do more to elevate

standards for workers in this field. There is no approved school of laboratory technic in New Jersey where students can secure laboratory training with corresponding credentials. Many hospitals must, of necessity, employ the apprenticeship system for training their laboratory workers, as we have been doing at Bergen Pines for some years. The New Jersey Health and Sanitary Association might well take the leadership in formulating and developing such a plan, and putting its stamp of approval and sponsorship on some laboratory, or organization—or more than one—whereby boys and girls in New Jersey could receive their laboratory training in their home state.

Public health is the concern of all, and protection of public health is closely associated with the natural function of the Government. The doctors can not get very far working alone, nor can the Health Department, nor any other single group. We must have everlasting "team work" with the frank coöperation of all; and must constantly stimulate and maintain an alert attitude. We must avoid the most obvious pitfalls of socialized medicine into which some of the foreign countries have fallen, and yet, at the same time, it is imperative that we develop an adequate program which will allow the widest latitude for the solution of many problems that are related to this matter. The average person evinces the greatest interest in procedures for disease prevention. The public wants to participate, and when given an opportunity, will coöperate to the greatest extent in eliminating disease; but the people must be reminded and properly guided repeatedly. The press is invaluable in this connection.

We must continue as in the past to study the needs of the people's health, and interpret to the people the best way of applying science to health promotion.

THE N. J. HEALTH ASSOCIATION

I would like at this time to review briefly the long and creditable history of the New Jersey Health and Sanitary Association. Organized in 1874, the Association has since that year held annual conferences regularly without a break. Today we are holding our sixty-fifth consecutive meeting, and I do not believe there is any other State organization of this kind which has had such a long life of active service. In fact, the American Public Health Association is only two years older than the New Jersey Association.

During the first twenty-five years of its existence, it was the only State organization then primarily interested in public health; and the forward-looking citizens of New Jersey came to the annual meetings and were inspired by the vision of lifting the load of preventable sickness and death from mankind.

The influence of this group on legislation was marked. Policies advocated by the Association during those early years were enacted into progressive laws of a few years later. Advances originated in our Association and promulgated by it include regulatory methods over the production and distribution of milk; supervision of water supplies; control of shell fish industry, mosquitos, and rabies; sewage disposal; medical inspection of school children; improved recording of vital statistics; the examination and licensing of health officials; and many others.

We are proud of our past and present activities, and are confident of the developments in the future. Our energetic and aggressive spirit shall continue in full force as an indication of the important part we play in the program for better health in New Jersey.

With evidences of whole-hearted interest and support on every side, and a growing "health consciousness", we have every reason to expect that the public health of tomorrow will far surpass the good health of today.

We, as the health workers of today, stand in a most strategic position as those responsible for the direction of the trend of public health activities and future legislation. It is our duty and within our means to make it possible so that men, women, and children will seldom die of a communicable disease—including tuberculosis—in the "World of Tomorrow".

BREAST MALADIES

By Frank E. Adair, M.D., Surgeon, The Memorial Hospital, New York City
Abstract of an address before the Atlantic County Medical Society, March 8, 1940.

Breast maladies of all types are on the increase. The increasing incidence of breast cancer may be partly explained by the fact that more people are living in the cancer age, together with the fact that a smaller number of the women nurse their children.

Many recent studies point to the close relationship between ovarian function and breast disease. From the estrogenic studies that are now under way, it is possible that eventually a diagnostic test for cancer may develop. Therapy for breast cancer may also eventuate with the use of the estrogenic and androgenic substances.

For disproportionate growth of breasts in children, surgery is contraindicated. Institution of gland therapy after the menses have first appeared in the young girl will produce a uniform breast growth.

The ointment form of estrogen is very useful in these cases.

For gynecomastis (excessive size of the male mammary gland) male sex hormones are useful.

Painful breasts appear premenstrually in nervous women who are thin. The pain at times radiates to the finger tips. Satisfactory gain in weight is necessary for this condition to improve. High voltage x-ray may be useful rarely. The injudicious use of estrogens in such cases may predispose to cancer.

Simple cysts are common, and may be bilateral. They can be treated by estrogens, or better yet, aspiration. Since they are likely to be multiple and recurrent, removal is not practical, and many cases can be carried along for many years with repeated aspiration.

Over 47 per cent of papillary cystadenoma, with bleeding nipple, become cancerous.

Fibroadenomas occur in young women, and are harmless as a rule. Many become absorbed in time.

For cancer of the breast, a five-year cure is obtained in 75 per cent of cases that are localized in the breast. In those having axillary involvement, 25 per cent have five-year cure by radical mastectomy alone.

Breast carcinoma in comparison is a resistant form of cancer. Studies have been made on the relative merits of surgery and x-ray. X-ray alone will cure 25 per cent of localized breast cancers. If the axilla is involved, surgery alone cures 25 per cent; preoperative radiation and radical surgery cures 29 per cent; operation and postoperative radiation cures 31 per cent; and radiation alone, none.

UNDULANT FEVER

By Frederic W. Lathrop, M.D., Plainfield, N. J.

Fifty years ago no differential diagnosis was complete without mentioning tuberculosis, or syphilis. Today undulant fever must be added as a real possibility in any obscure case, particularly in cases of unexplained fever.

Undulant fever shows a pleomorphism comparable only with the other two diseases. Its symptomatology ranges from neuritis to pneumonia; and from orchitis to encephalitis. Moreover this disease seems definitely on the increase in this country. For example, the reported cases of undulant fever in the United States have steadily increased from 24 in 1925, to 2,497 in 1937. In New Jersey the increase in reported cases has been from eight in 1929, to 64 in 1938. This increase is probably only apparent. With more complete pasteurization of milk, and better knowledge of the infection in cattle and goats, its incidence should be decreasing. However, more accurate recognition

of cases of undulant fever, due to the use of modern laboratory tests, shows the disease to be much more widely prevalent than is generally realized.

BRUCELLA ORGANISMS

Since the original work of Bruce [1] on Malta fever, Bang [2] on Bacillus abortus, and Evans [3] showing the similarity between the two organisms, it has been abundantly proved that the causative agent of undulant fever is the brucella group of organisms. This is a pleomorphic cocco-bacillary organism, gram negative, growing best under partially anaerobic conditions. There are three main types of this brucella group;—brucella melitensis found in goats, brucella suis in hogs, and brucella abortus in cattle, all pathogenic to man. Other animals may harbor these organisms from time to time.

Because of the great variety of symptoms caused by the brucella organism, and because undulating fever is often not a part of the symptom complex, most students of the disease prefer the name *brucellosis* rather than undulant fever. All three forms of brucellosis are found in New Jersey, but fortunately most of the reported cases have been due to brucella abortus, the infection coming from cattle. This is fortunate because this infection tends to be milder than the infection due to brucella melitensis. The mortality in brucella abortus infection is low, not more than two to five per cent.

TRANSMISSION

Brucellosis may be acquired either through infected milk; or more commonly through the handling of infected animals or the meat from such animals. The organism may enter through the intact skin as well as through scratches or abrasions in the skin or mucous membranes, or through the digestive tract. This disease is most common among goat herders, and among butchers and handlers of cattle. Although it has undoubtedly been acquired through drinking raw cow's milk, this source is relatively rare. This may be partly due to the relative mildness of brucella abortus infections. Infection due to brucella melitensis due to drinking raw goat's milk is very common in certain parts of the country, notably Texas, and is likely to be a more severe infection. It is important to note that of the 64 cases of brucellosis in New Jersey in 1938, 55 occurred in individuals who drank raw unpasteurized cow's milk.

SYMPTOMS

The ordinary case of undulant fever is generally recognized only after it has run on for a period of several weeks. The typical fever chart is one of gradual onset, with a progressive rise in temperature over a period of a week or two, to a height perhaps of 104 to 105; then gradual subsidence to normal; and followed by a similar rise of fever lasting again two or three weeks.

Unfortunately very few cases of brucellosis show this undulating type of fever. The usual chart shows an intermittent fever with no particular characteristics except for its persistence. There may be frequent exacerbations of the fever following exercise or excitement.

There are a few rather distinctive features which should suggest brucellosis. Outstanding are the drenching *sweats* which come over the patient at night. The sweating is often very profuse, requiring several changes of linen, and is almost always severe enough to be prominent in the patient's description of his illness.

An almost universal complaint is that of lassitude and fatiguability. There is none of the prostration or stupor of typhoid fever; even in the severe cases the mind is clear and alert. In the usual case the patient feels well enough to be at work in the morning; but in the afternoon he is overcome with a feeling of laziness and fatigue, so that he is unable to concentrate on his work. When this weakness is combined with headache or backache, it is easy to make the mistake of calling it "flu" or neurasthenia. This fatigue often lasts long after convalescence.

Anorexia is a prominent symptom, as is also an alarming loss in weight, at times progressing to emaciation.

Extraordinarily common, particularly in the post-febrile stage, is a neuritis, or arthralgia, especially in the region of the sciatic nerve or the hip joints.

These general symptoms of brucellosis are common to almost all cases. In addition there are frequently local symptoms in an astonishing variety of systems. Most common, perhaps are symptoms referable to the *respiratory system.* A hacking cough is present in more than a third of the patients. This is often associated with x-ray evidence of bronchitis and even of pneumonia. With cough, afternoon fever, fatigue, loss in weight, and night sweats, the confusion of the diagnosis with that of tuberculosis is obvious.

Neurological symptoms are an integral part of the disease due to brucella melitensis; and are very frequent in cases due to brucella abortus. The lassitude, languor, and inability to concentrate have already been mentioned. Peripheral neuritis is common, giving rise to pain in various regions of the body. Meningitis and meningo-encephalitis with major neurological symptoms, occur often enough to be mentioned as possibilities.

Prominent among *gastro-intestinal* symptoms are the anorexia, and associated constipation. Nausea is common, but not vomiting. Abdominal pain is very common. This is occasionally so severe as to lead to a diagnosis of appendicitis or gall-bladder disease, with unnecessary laparotomy.

Genito-urinary complaints are fairly common, with frequency and pain on micturition. One of the common complications is non-suppurative orchitis.

Cardiac complications occur mostly in the aged, but a vegetative endocarditis due to the brucella organism has been reported.

PHYSICAL SIGNS

When we come to the examination of a patient with brucellosis, there is a striking *lack of physical signs* to account for the illness. Frequently the patient is ambulatory, and is as much surprised as is the physician to learn he has a fever of 102 or 103. Even those patients seen in bed do not appear very ill.

There may be localizing signs with any of the complications, particularly evidences of bronchitis, orchitis, peripheral neuritis, or meningeal irritation. Abdominal tenderness is fairly common. The spleen is palpable in about a third of the cases. The blood count usually shows a leucopenia, and a mild secondary anaemia. There has not been found any physical sign characteristic of brucellosis. The lack of any positive findings whatever in the physical examination is so customary that the physician must think of brucellosis in any case of persistent fever.

LABORATORY TESTS

In determining a diagnosis of brucellosis we must depend on laboratory tests. These tests in the laboratory are very specific, and usually reliable. They are easily available to every physician, and must be employed whenever there is the slightest suspicion that brucellosis might be the causative factor of the illness. The two tests most commonly employed are the *agglutination* test, and the *skin sensitivity* test.

The easiest method of diagnosis is the *serum-agglutination test,* which is in every way comparable to the Widal test for typhoid fever. A reaction of 1:80 or above is regarded as diagnostic, but in suspicious cases a diagnosis can be made if a titer of 1:40 persists in several examinations. Brucella agglutinins may be present in the blood of veterinarians, packing-house employees and breeders of live stock as a result of previous infection. Positive tests have been obtained from the blood of individuals known to have drunk raw milk infected with brucella abortus, in the absence of any clinical manifestations. However, a positive test in the presence of suspicious symptoms is fairly conclusive evidence.

In recent years the *skin sensitivity* test has become increasingly important as a diagnostic method. Previously the test had been performed using a suspension of killed brucella organisms. With this method there were distressingly severe local and constitutional reactions. Recently "Brucellergen" has been perfected by Huddleson[4] and his co-workers. With the intradermal injection of brucellergen, an accurate gauge of the patient's sensitivity to brucella is obtained. Local necrosis and constitutional symptoms are rare. The test is performed in the same way as a tuberculin test, and the results are comparable. A posi-

tive test indicates sensitivity to the brucella organism which may be caused by either present or past infection.

Blood culture should always be done if laboratory facilities are available. They are positive during the acute stage, though the organism is rather difficult to grow. The opsonocytophagic test is valuable, but requires special laboratory training to evaluate properly.

PREVENTION

In the treatment of brucellosis, the most important is prophylaxis. If all cow's milk were pasteurized, all goat's milk pasteurized or boiled, and infected goats destroyed so that no cheese could be manufactured from infected milk, brucellosis would disappear from the general population.

TREATMENT

Evaluation of specific treatment has been difficult in a disease with such a variable course. The average duration is probably two or three months, but proved cases have been known to have active symptoms for from seven days to as many years.

Of all the forms of chemotherapy, *sulfanilamide* seems alone in giving any real promise of help. There are many reports of the successful use of sulfanilamide. However, many cases do not respond so satisfactorily. Sulfanilamide seems of most value in the acute phases of the disease, and to have relatively little effect in chronic cases. In chronic cases artificial fever therapy has been used successfully.

In specific treatment, *convalescent serum* is of undoubted value, but is usually unobtainable. Vaccine therapy has proved dangerous and unsatisfactory. Treatment with "Brucellin" as employed by Huddleson [4] seems to be distinctly helpful. He reports 75 per cent of his patients recovered within three weeks after beginning treatment, in both acute and chronic cases. He used doses of brucellin of 0.1 c.c. to one c.c. intramuscularly, sufficient to give definite systemic reaction. He feels that if the patient fails to show a reaction, it indicates he is not sensitized to brucella and further treatment with Brucellin is useless.

The general treatment consists of absolute bed rest until well along in convalescence; a light diet high in carbohydrates but particularly high in vitamines and minerals; and hydrotherapy for the fever. Salicylates and antipyretics are contraindicated.

SUMMARY

In summary, brucellosis or undulant fever is a disease affecting cattle, goats, pigs, and man. The disease in man is acquired through ingestion of raw milk or milk products from infected animals, or through contact with the animals themselves. The symptoms in man are extremely variable, but particularly they are continued or recurring fever, fatigue, profuse sweats, loss in weight, and neuritis.

The treatment is best carried on by the use of sulfanilamide and brucellin therapy.

The disease can be eradicated by pasteurization of all forms of milk and milk products, and eventually by the elimination of the infection in cattle and goats.

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MODERN TRENDS IN CESAREAN SECTION OPERATIONS

MATERNAL WELFARE ARTICLE NUMBER FIFTY-ONE

By ERWIN FLETCHER SMITH, M.D., F.A.C.S., New York, N. Y.

Read before the Section on Obstetrics and Gynecology, at the Annual Meeting of The Medical Society of New Jersey, June 6, 1940.

Most of the modern trends in Cesarean section technic, which have been advocated to lessen operative mortality and morbidity, are really quite old in their basic principles. Cesarean section operative procedures have varied from a postmortem classical incision made in an effort to save the life of the child, to the complicated exteriorization of an infected uterine fundus done with the hope of rescuing a septic mother. The postoperative comfort of the patient has received scant attention in the development of many of the different operations, perhaps even less than the operator's convenience. The classical section itself was infrequently performed before Sanger perfected the technic which has become so popular and is still so commonly utilized by most surgeons. This operation is of course an easy way to deliver a baby; but it carries an unduly high mortality rate for the mother and should now give way to other methods which have proved much safer.

Obstetrical opinion recorded in the literature and expressed in actual practice is almost unanimous that a lower uterine segment operation in a series of consecutive cases yields far superior results to a high fundal incision. All of the recent technical improvements have included a cervical incision, either longitudinal or transverse. The so-called low flap operations have increased their popularity to such extent that today most of the younger obstetricians no longer do the classical operation to save time, but actually they save time, and sometimes a life, by doing a quick flap operation. The exponents of the classical operation will be discredited not only by the mortality of the operation, but also by the dramatic postoperative comfort and absence of morbidity in the cervical operation, whether it be exclusion or extraperitoneal. To quote De Lee's maxim from his Year Book: "If it (the low-flap operation) is safer in presumably infected cases, for the same reasons, it is safer in clean cases, incontrovertibly." It is therefore logical that many other obstetricians are convinced that the transperitoneal exclusion and extraperitoneal operations are superior to the low-flap.

Physick in 1824 conceived the possibility of a perfect anatomical operation extraperitoneally by separating bladder from peritoneum to provide for a transverse uterine incision; but he never actually performed such an operation. In 1908 Frank and Selheim did perform a small series of transverse extraperitoneal operations, just before Latzko originated the extraperitoneal procedure which is now enthusiastically practiced by many obstetricians. In 1939 Waters revived the principle of the transverse extraperitoneal section, and has accumulated a large series of such operations. Ricci has described a somewhat similar technic and has also had a fairly large series of cases.

I now have a personal series of over forty transverse cervical sections which I have purposely alternated between extraperitoneal and peritoneal exclusion—some in infected, and some in elective cases not in labor. In this series of cases there have been six of placenta previa, two of abruptio placentae, and three breech presentations. There was no maternal mortality; and the fetal mortality was limited to the two babies in the two cases of abruptio, which were transferred to a city hospital service after prolonged neglect.

Exact knowledge of anatomy is of primary importance if these operations are to be done with the ease and simplicity of a low-flap. If the peritoneal cavity can be deliberately opened early in the operation, it may be easier for the operator to orientate the bladder, and may also to avoid the trauma of extensive dissection of the bladder from the abdominal or visceral peritoneum. The abundant areolar tissue around

the bladder is not disturbed, as it is in a Latzko or Physick operation. An exclusion operation done with clean and sharp dissection offers distinct advantages over one that bruises the bladder region. By a continuous review of personal cases I hope to determine from my own experience whether it is the retrovesical site of the incision isolated from the peritoneal fold (either punctured or intact), and not the originally intact peritoneum, which offers the true protection against infection. Certainly the exclusion operation is performed with comparative ease, while the bladder dissection operation requires greater operative skill, and will present certain difficulties in many cases; yet they both permit the same exposure, and an adequate retroperitoneal site for the uterine incision; and both remove this site from the peritoneal cavity with no danger of rupturing into it during the actual delivery.

For several years, in all cases in which it was unnecessary to enter the mid-abdominal cavity, I have performed an operation by a method which can be completed either extraperitoneally or with extraperitoneal features. This is accomplished with the simplicity of a low-flap procedure, but with the added safety of the extraperitoneal or single parietovisceral peritoneal exclusion closure. The skin, fascia, and uterine incisions are always identical in their nature and location, the only variation being that of the manner of handling of the peritoneum itself.

TECHNIC

A modified Pfannenstiel incision has been used regardless of the operative indication and the condition of the patient. This modification of the incision consists in the fascia being opened transversely about two inches higher (superiorly) than the skin incision, which provides more room for the subsequent extraction of the infant. After the fascia median raphe has been cut with scissors superiorly, and inferiorly anterior to the pyramidalis muscles down to the symphysis, the recti muscles are freed medially from their bed with the forefinger and divulsed laterally by retractors.

The parietal peritoneum now balloons up into the field. In the lower angle the bladder may be seen by following the urachus down to its insertion. Some authors advocate distending the bladder with a methylene blue solution, or inserting a stiff catheter before the operation, to delineate the upper vesical limits. Horner suggested the catheter or filling the bladder in his original letter describing Physic's idea in 1824, as he felt that this might aid anatomically. I personally believe that both procedures distort the normal field, and therefore prefer not to dilate the bladder, or to use a catheter except to catheterize the patient just before the operation.

Some obstetricians prefer to cut the transversalis fascia at this stage either transversely, or with a T incision. I have found it easier to begin blunt finger dissection just laterally on the right side about one inch below where the bladder appears to join the parietal peritoneum, and make a small hole in the loose areolar tissue, extending down upon the lower uterine segment to and against the presenting part of the infant (vertex or breech), which serves as an excellent guide. It is most important to go deep enough, that is, through the fascia uteri down to uterine muscle, which may be very thin at this point. Accidental rupture into the uterus here is of no consequence, and has occurred a few times without untoward results.

From this point the dissection is extended upwards (superiorly) where the visceral peritoneum is visualized, and may be found to recede just like a white hernial sac. When the avascular plane is entered, in most cases it will easily drop away from the bladder upon gentle pressure. If, as in some cases, peritoneal adhesions or firm attachment to the bladder slow up the operation or cause peritoneal lacerations, it is much better to hasten the operation by cutting across both parietal peritoneum and fascia transversalis, hugging the bladder, and then cutting the visceral peritoneum below at the vesico-uterine fold. By suturing both down to the lateral angles, an extraperitoneal site is thereby prepared for the remaining operative steps.

If the peritoneum does separate easily from the bladder laterally, then only the fascia transversalis strands are cut with the scissors, and the same extraperitoneal site as above described

is entered, omitting the suturing. In either case, the bladder is detached from the peritoneal cavity and is allowed to drop down into the space of Retzius below the symphysis. It is then entirely out of sight, thereby giving an unobstructed area with plenty of room for the extraction of a large infant.

By far the most advantageous and roomy uterine incision is the elliptical semi trap-door incision advocated by Phaneuf, Monroe Kerr and others. Such a transverse incision has been sponsored and popularized by Phaneuf in this country, while De Lee has vigorously insisted that the longitudinal is safer and easier. Marshal, of England (in his recent book), states that nearly all German operators are using the transverse, and that he himself prefers and uses such a transverse incision. If bleeding is encountered in making the incision with bandage scissors, it is preferable to suture the large sinuses with mattress sutures before proceeding, leaving the ends long for traction later in closing. Suction is used to remove liquor amnii and meconium, and to keep the field free from blood.

Upon completion of the uterine incision, the palpating hand is inserted if a vertex presentation, to ascertain and provide an occiput anterior position after the head has been pushed well up out of the pelvis. Torpin's vectis may be used, or one forceps blade often suffices, but I personally prefer to guide the head out after forceps are applied, with fundal and lateral pressure providing the expelling force. Pulmonary hyperventilation with oxygen and CO_2 at this time will frequently aid the resuscitation of the baby, if a general anaesthesia has been used. Gentle milking of the cord before clamping may also give the infant some additional blood which may help to prevent weight loss during the first few days.

As soon as the baby has been extracted the mother may be given pantopon or morphine hypodermically, and pituitrin into the uterine muscle, or ergotrate in a vein. In clean cases the placenta may be expressed manually, but in infected cases it is wiser not to enter the uterine cavity, allowing the effect of the pituitrin to expel the afterbirth. A two-inch strip of iodoform gauze is placed in the uterine cavity, for the purpose of dilating the cervix, establishing a free flow of lochia, and removing shreds of membranes upon its extraction forty-eight hours later. Continuous fundal pressure tends to keep the uterine wound margins well up in the incision, which facilitates rapid suturing and lessens bleeding during the closure. The uterine edges are coapted by a continuous suture. The fact that the superior segment is a little thicker than the inferior margin is of no consequence, according to Marshal, who found perfect union in an autopsied patient. The first layer is reinforced by a Lembert overlapping suture which may bring the vaginal wall up over the line of incision. A drain may be placed in the vagina or through the cervix into the vagina through a stab wound at this point. My personal preference is for the cervical drain, as advocated by Aldridge.

The bladder is allowed to drop back into place, and the recti muscles are approximated with three plain gut mattress sutures. The peritoneum, intact or excluded, is not disturbed. The fascia is closed by continuous chromic suture. Retention sutures are used only in cases in which abdominal drainage is employed. The skin is closed according to the operators preference. One strip of two-inch adhesive covers and holds a thin gauze pad over the incision. Extensive abdominal strapping is unnecessary.

CONCLUSIONS

A technic has been described which gives assurance of the operator placing the uterine incision retrovesically in the lower segment, with an exclusion or extraperitoneal feature which should make this operation as easy as, but safer than, the low flap procedure, which most operators today admit is safer than the classical section. If such an operation is indicated in an infected case, then it would certainly not be contraindicated in a clean case. Such operations avoid packing or handling of the intraperitoneal viscera, thus lessening postoperative adhesions and distension, and possible peritonitis. The postoperative morbidity in my small series of cases has certainly been negligible and the mortality nil. The most encouraging advantage of such an operative technic is the gratifying postoperative comfort and rapid recovery of the patient.

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LESSON FROM A DEATH CERTIFICATE

NUMBER TWENTY-THREE

Para i. Weight at four months' pregnancy, 170 pounds; at term, 204 pounds.

Watson induction. Nembutal gr. iii, scopolamine gr. 1/200. Following day nembutal gr. iii; paraldehyde drams v; and morphine sulphate gr. ¼. Pituitrin one c.c. given intravenously to stimulate weak pains on second day. In labor 34 hours, median axis-traction forceps delivery. Reacted fairly well, pulse 132. Two hours later became cyanotic, and vomited dark fluid and died.

Death certificate gave principal cause of death: Pulmonary collapse.

Did patient get too great a variety of drugs?

A. W. BINGHAM, M.D.

CONTACTS AND COMMENTS

UNION COUNTY SURVEY OF PREPAREDNESS

The Journal of August, page 429, carried the announcement that a copy of a questionnaire printed on a reply postcard had been prepared by the American Medical Association and sent to each physician in Union County, 360 in number, asking him to furnish information regarding his qualifications for army medical service, and his availability for active duty.

On August 14, the Secretary of the Union County Medical Society sent a reply postal card to each of the physicians of Union County asking two questions regarding the first questionnaire:

1. Did you receive a copy of the A. M. A. questionnaire?
2. If so, have you filled it out and returned it?

On August 28, the replies to the inquiry of August 14 were compiled with the following result:

There were 165 physicians who replied that they had answered the A. M. A. questionnaire.

There were 36 physicians who stated that they had not returned the A. M. A. blank; and of these, 24 stated that they had not received a copy of the blank, while 10 gave defective or ambiguous answers.

This survey indicates that about one-half of the physicians of Union County have answered the questionnaire. Further investigation will disclose the attitude of the doctors toward military service.

HISTORY OF THE PASSAIC COUNTY MEDICAL SOCIETY

The June, July and August issues of the Bulletin of the Passaic County Medical Society contain a history of the Society, written by Drs. K. E. McCamey, E. J. Marsh, and F. Vosburgh, filling twelve pages of the Journals. The County was organized in 1837, but the Medical Society was organized on January 16, 1844.

A history of the first half century of the Society, compiled by Dr. Alexander Rogers, was published in the Transactions of the State Society in 1894, filling fifty pages. Dr. Rogers began with the organization of the Society in 1844 and ended with the fiftieth anniversary of its founding.

The first installment of the present history described the medical practice before the organization of the county society, while the third installment described the events which occurred after Dr. Rogers' history had been written. The two histories give a complete picture of the Society.

THE BULLETIN OF THE MEDICAL SOCIETY OF CAPE MAY COUNTY

The great difficulty that confronts medical editors is that of holding the interest of their subscribers. Dr. Clarence W. Way, editor of the monthly Bulletin of The Cape May County Medical Society, solves the problem by publishing the photographs of some member on the front page of each issue, and devoting the remainder of the page to an account of his life. The September issue, which is Number 14 of the Bulletin, carries the photograph of Dr. S. S. Gidding, of Wildwood; and the accompanying description of his career demonstrates that Cape May County offers the social and welfare contacts which keep the doctor happily busy all day long.

THE AMBULANCE GONG!

The August Bulletin of the Passaic County Medical Society has the following comment on clanging ambulance gongs:

> The tradition of the dashing, clanging ambulance goes back to the last century, when all vehicles were horse-drawn, roads were fair at best, hospitals were fewer, and first-aid stations were rare. Under these conditions the ambulance was given the right-of-way on the street. With the removal of all these delays to prompt care, why do we cling to the alarming, nerve-wracking siren on our excellent modern ambulances?
>
> Official study has shown that hardly once in 100 ambulance calls is speed of any value. On the contrary, almost all patients, ill or injured, should be driven gently, quietly, smoothly. Yet in all cases the ambulance driver uses his petty authority to give himself a speed-thrill, scare the wits out of the more or less sick patient, rouse the neighborhood day and night by his shrill, defiant siren, and perhaps cause an accident with irreparable damage.
>
> The Association of Hospital Superintendents has both the knowledge and the power to bring the noisy ambulance into harmony with the quiet efficiency which is required in the hospitals proper. Is the minute or two gained in reaching the hospital

worth frightening the patient, halting all other traffic, and sending forth blasts of hellish noise?

How do the readers of this Journal feel in this matter? Of what use is the ambulance gong anyhow?

POST-GRADUATE COURSE IN VENEREAL DISEASES

A series of Post-Graduate Courses in Venereal Diseases has been prepared by the New Jersey State Department of Health, and approved by the Venereal Disease Committee of The Medical Society of New Jersey. The lectures will be given on Wednesday and Saturday mornings from 10 o'clock until noon, in six centers, according to the following schedule (except on Columbus Day, October 12):

Orange—Memorial Hospital
September 11 to October 23, 1940

Paterson—Board of Health
September 14 to October 26, 1940

Morristown—Memorial Hospital
September 18 to October 30, 1940

Trenton—Mercer Hospital
September 21 to November 2, 1940

Camden—Court House
September 25 to November 6, 1940

Neptune—Fitkin Memorial Hospital
September 28 to November 9, 1940

A four-page descriptive folder of the course has been prepared and mailed to every member of the State Society. There is no charge for the course.

PERSONALS IN 1915

The personal notes in the Journal of September, 1915 (twenty-five years ago), filled three full columns with notices regarding seventy-seven present members of The Medical Society of New Jersey. Nineteen of them told of pleasure trips, including the following:

Dr. Watson B. Morris, Springfield, and wife last month enjoyed an automobile trip around Long Island.

Dr. Alfred Stahl and wife spent a few days in August at Mendham.

Other notes of interest were:

Dr. Edward Guion, Atlantic City, after many years of faithful and efficient service, has resigned as health officer of that city.

Dr. Morris Frank, Bayonne, has been appointed Assistant City Physician.

Dr. Guy Payne, Cedar Grove, was recently elected president of the Overbrook Hospital Tennis Club.

Dr. Linn Emerson, Orange, read a paper before the Colorado Ophthalmological Congress, Denver, July 22, on "Business and Office Methods in Special Practice".

SUCCESS

"Success," in childhood I was told,
Meant laying up vast stores of gold;
A rich man was my "hero" then—
Although he landed in the "pen"!

In youth, my idea of "Success"
Had altered somewhat, more or less,
And I thought one who reached the "heights",
Like Lincoln—studied hard o' nights

And dreamed vast dreams beside a fire,
If to "Success" he did aspire,
And some day, without accident,
He'd be the Nation's president!

In young manhood, my thoughts had changed,
And up and down life's ladder ranged;
To be an actor, author—yes,
A doctor, banker—spelled "Success"!

The years slipped by—time turned the page,
And found me close to middle-age;
I'd won renown, and garnered wealth,
But now, to me, "Success" meant health.

I traveled ev'rywhere to find
That "boon of youth," I'd left behind,
And now, as toward old age I plod—
To me "Success" means finding God!

—JAMES EDWARD HUNGERFORD.

Reprinted by permission from the August, 1940, issue of Forbes Business Magazine, 120 Fifth Avenue, New York, N. Y.

ENROLLMENT FOR VOLUNTARY SERVICE TO "GUEST CHILDREN" FROM EUROPE

The Advisory Committee on Child Health requests that the following agreement be signed by the members of The Medical Society of New Jersey and mailed to the Executive Offices, 143 East State Street, Trenton, N. J.:

In conformity with the spirit made manifest and the action taken by our citizens who temporarily assume responsibility for "Guest Children" from war-torn Europe, I agree to professionally aid those foster parents, voluntarily, when circumstances make such action advisable.

. . . . . , M.D.
(Signature)

. . . . . .
(Address)

STATE SOCIETY ACTIVITIES

PHYSICIANS NEEDED FOR ARMY SERVICE

A limited number of appointments in the Army Medical Corps Reserve are available to recent graduates who have completed their internship and wish active duty for one year or longer.

Further details may be found on pages 427-429 of the August, 1940, issue of the Journal of The Medical Society of New Jersey.

MEDICAL PREPAREDNESS COMMITTEE OF THE MEDICAL SOCIETY OF NEW JERSEY
143 East State Street, Trenton, New Jersey

THE MEDICAL PREPAREDNESS COMMITTEE

The following information is submitted by the Medical Preparedness Committee of The Medical Society of New Jersey, whose chairman is Dr. Charles H. Schlichter, 556 North Broad Street, Elizabeth, N. J.

COUNTY COMMITTEES

County Committees on Medical Preparedness for War have been appointed by the following County Societies:

County — *Chairman*

Atlantic—R. A. Kilduffe, Atlantic City Hospital, Atlantic City

Bergen—Frederick Muller, 413 Third Street, Carlstadt

Burlington—Harry L. Rogers, 408 Main Street, Riverton

Camden—H. B. Decker, 527 Penn Street, Camden

Cumberland—Frank Sheppard, Millville

Hudson—Samuel A. Cosgrove, 254 Union Street, Jersey City

Hunterdon—Raymond Germain, High Bridge

Mercer—John H. McCullough, 523 East State Street, Trenton

Monmouth—W. F. Jamison, 501 Grand Avenue, Asbury Park

Morris—B. C. McMahon, 18 DeHart Street, Morristown

Ocean—William E. Dodd, Ocean Street and Bay Avenue, Beach Haven

Passaic—John C. McCoy, 292 Broadway, Paterson

Somerset—Edgar Flint, 44 East Somerset Street, Raritan

Sussex—L. R. Eddy, 40 Bank Street, Sussex

Union—M. G. Bensley, Overlook Hospital, Summit

Warren—William Varney, 122 Belvidere Avenue, Washington

The President of each County Society and the chairman of each county committee so far appointed have been furnished with a résumé of the activities of the State committee, and other pertinent information which will be of assistance in their county programs.

The next meeting of the State committee will be held on September 11 at 6 p. m. at the Essex House, Newark.

Dr. Schlichter will attend a meeting of the State chairmen in Chicago on September 20; and on his return there will be a joint meeting of county chairmen with the State committee.

MEDICAL MILITARY UNITS

In the World War there were two army hospitals organized by the personnel of New Jersey hospitals,—General Hospital No. 84, sponsored by Elizabeth General Hospital, and General Hospital No. 78, sponsored by Newark City Hospital. Their complete reorganization will probably be necessary if they are to become active.

THE NEEDS OF THE NAVY

The following information was received from Dr. Edward White, Captain M.C., U. S. Navy, Medical Officer of Third Naval District:

PHYSICIANS FOR THE NAVY

Physicians are needed in the Regular Navy, and in the Navy Reserve.

For the Navy Reserve male citizens under fifty years of age, graduates of Class "A" Medical Schools, who meet physical and professional re-

quirements, are eligible. Members obligate themselves to serve in the Navy in time of war, or during the existence of a national emergency declared by the President. In time of peace they may be ordered to active or training duty only with their own consent.

There are four classes of Reserves; and appointments to them are made without professional examination on presentation of satisfactory credentials.

Organized Reserve: Appointments are made only from members of the Volunteer, General Service Class in the grade of Assistant Surgeon with the rank of Lieutenant (junior grade). Officers are required, and paid, to perform one period of drill a week, and fourteen (14) days of active training duty annually. Their purpose is to be ready for immediate mobilization in the United States Fleet.

Volunteer, General Service Class: Appointments are made only as Assistant Surgeon with the rank of Lieutenant (junior grade) the same as First Lieutenant in the Army, between the ages of twenty-seven and thirty-five. Members are not required to perform drills or training duty, but may request such duty, with or without pay, depending on the availability of funds. In a limited number of cases this may include aviation training. Mobilization may be either with the Fleet, or within the continental limits of the United States, or in the United States' possessions.

Volunteer, Special Service Class: Appointments are made in this class with the ranks of Lieutenant (junior grade), Lieutenant and Lieutenant Commander according to the candidate's age, professional standing and academic seniority. Members are not required to perform drills or training duty but may request such duty with or without pay depending on the availability of funds. This class is composed of men who have had special professional training or have qualified as specialists. Ordinarily their mobilization is within the continental limits of the United States or its possessions.

Merchant Marine Reserve: Appointments in this class are made from Medical Officers of the Merchant Marine.

Members of all these classes are needed for active duty at the present time and they are invited to request such duty for the period of emergency. Many are already on duty.

The Regular Navy needs young doctors between twenty-one and thirty-two, graduates of Class "A" Medical Colleges, and with at least one year's interneship. There is also an opportunity for fourth-year medical students to take an examination for entrance as Acting Assistant Surgeons. If successful, they are given their interneships in the Navy after graduation.

Further information about the Regular Service may be obtained by writing to The Surgeon General, U. S. Navy, Washington, D. C.

For information about the Naval Reserve it is preferable to write to the Commandant of the Naval District in which the applicant resides. The Third Naval District includes Mercer, Monmouth and all counties north thereof (Commandant, Third Naval District, 90 Church Street, New York).

The Fourth Naval District includes Burlington, Ocean and all counties south thereof (Commandant, Fourth Naval District, Philadelphia, Pa.).

SELECTIVE SERVICE PLAN

The Selective Service Plan as operated in the World War is being rewritten. A tentative plan has been submitted by Major General Magee to the General Staff for approval.

This tentative plan provides for State and Federal Examination Boards.

THE STATE EXAMINATION BOARD

These boards will be under State Control. There will be approximately 6,000 local examination boards in the nation. The physician members of these boards will conduct the physical examination of registrants. Physical examinations will be made only on such registrants who are in Class I,—that is, those who are economically and socially subject to conscription.

Whether or not there will be State Medical Advisory Boards is as yet undecided.

ARMY PHYSICAL EXAMINATION BOARDS

There will be approximately 100 Army Physical Examination Boards, which will be located in Army Posts, or at other appropriate locations. There will be eleven members on each Board, consisting of one orthopedist, one general surgeon, three internists, two ophthalmologists, one otorhinolaryngologist, one neuropsychiatrist, one clinical pathologist, and one dentist.

These Boards will conduct the final examinations. It will probably be necessary to supplement the regular army members of these Boards by civilian physicians, who will be paid on a per diem basis.

SELECTIVE SERVICE PLANS IN NEW JERSEY

Governor A. Harry Moore has appointed Dr. John H. McCullough as Medical Adviser in matters relating to medical preparedness in New Jersey. Dr. McCullough is a Brigadier General, New Jersey National Guards (retired); and is formulating plans for the organization and operation of examination boards, working in coöperation with the State Committee of The Medical Society of New Jersey.

Address communications to: Norman M. Scott, M.D., Secretary, Medical Preparedness Committee, 143 East State Street, Trenton, N. J.

AGES OF THE STATE MEDICAL SOCIETIES

The following table indicates the year in which each of the seven oldest State Medical Societies was organized:

1.	New Jersey	July 23, 1766
2.	Massachusetts	1781
3.	Delaware	1789
4.	New Hampshire	1791
5.	Connecticut	1792
6.	Maryland	1798
7.	New York	1806

THE MEDICAL SERVICE ADMINISTRATION

The Board of Governors of the Medical Service Administration, whose organization and work have been fully described in the Journals of May, June, July, and August, 1940, is now actively engaged with plans for administering the health insurance services which have been proposed. The present efforts are directed to compiling the rules and regulations to be observed by physicians and the insured parties.

The Board of Governors is now engaged in the work of setting up the blank forms which will be used in administering the proposed services. These forms include:

1. An agreement to be signed by each participating physician. A copy of this form must be signed by at least 51 per cent of the practicing physicians of a county before the services may be put into operation in the county.
2. An agreement to be signed by the insured person or the head of each family whose members are insured. This agreement is a legal document similar to a policy issued by a life insurance company.
3. Forms of bills for services rendered by physicians, and receipts for their payment.
4. Blank forms of reprints to be made by the Board of Governors to the State Insurance Department concerning the operation of each "Plan", and including financial statements of the accounts, and of the amounts still due, and balances on hand.

It is extremely important that all these forms shall be clear, full, and explicit in order to be legally binding on all the parties concerned with the insurance. They are therefore being compiled by an expert actuary under the direction of the Board of Governors; and are subjected to practical tests in order to insure their accuracy and clearness.

SURVEY OF HOSPITAL OUT-PATIENT DEPARTMENTS

An intensive survey of the out-patient departments of the hospitals of New Jersey is planned by the Committee on Hospital Relationships of The Medical Society of New Jersey, acting with a committee of the New Jersey Hospital Association, and with Dr. Emil Frankel, representing the State Department of Institutions and Agencies of New Jersey.

OBJECTIVES

Primarily, the out-patient department of a hospital gives medical and surgical service to *walking* patients of the low-wage and indigent classes, in distinction from *bed* patients. This service is similar to that of the office practice of general practitioners.

Secondarily, it has three objectives:

A. To discover the more serious conditions whose diagnosis and treatment require bedside study.

B. To give follow-up treatment to patients discharged from the free wards of the hospital.

C. To provide clinical material for the teaching projects of the hospital.

ORGANIZATION

The organization of out-patient departments varies between two extremes:

1. A *departmental* organization, each division in charge of an experienced chief who is a member of the regular hospital staff; and whose working staff consists largely of mem-

bers of the interne staff and of younger practitioners who are ambitious to continue their studies and researches along special lines.

This organization also includes a staff of experienced visiting nurses and welfare workers who discover the house conditions of the patients, and instruct them and their families how to carry out the directions of the attending physicians.

In these high-class out-patient departments case histories of all the patients are kept as accurately and fully as in the bedside departments of the hospital. Also the services of visiting nurses and welfare workers are utilized.

2. At the other extreme an out-patient unpartment consists of an unorganized and unsupervised staff of attending physicians and surgeons, who make superficial diagnoses, give prescriptions for mixtures which are listed in the hospital formulary, and apply simple dressings to surgical cases.

FEES

In many out-patient departments of hospitals, each patient is charged a small fee which is only a fraction of that charged by a family doctor for an office call. Patients are therefore prone to abuse their opportunities. They wander from clinic to clinic, and are unwilling to carry out a regimen beyond taking a dose of medicine. How to deal with this great class of chronic repeaters is a problem which requires expert investigation by visiting nurses, social workers, and officials of departments of welfare.

COÖPERATING WITH THE FEDERAL W. P. A.

The deficiencies and abuses of the out-patient departments of hospitals are now receiving the earnest attention of the Committee on Hospital Relationships of The Medical Society of New Jersey and its associated committees. To make a diagnosis of the present conditions existing in the out-patient services is costly and time-consuming, but is a necessary preliminary to instituting methods for their correction. The committee is therefore considering a method of utilizing the services of the Federal Works Progress Administration in making a study of all the out-patient departments and clinics of the hospitals of New Jersey. This survey would include the following information regarding the out-patient department of each hospital of New Jersey:

1. The services offered.
2. The details of the organization of the staff which offers the services.
3. The number of patients received in each division of the service.
4. The methods of determining diagnoses and following up the patients, the treatments given, and the results attained.
5. The costs of the varied services.
6. The results attained.
7. The abuses of the services.

A condition under which the W. P. A. will undertake the survey is that the work shall be sponsored by a governmental organization, such as the Department of Institutions and Agencies. The further coöperation of The Medical Society and the Hospital Association should insure the success of the survey.

BOARD OF MEDICAL EXAMINERS

The following is a report of the Board's activities in enforcing the Medical Practice Act since our last report:

February 20th, 1940, Nellie C. Hameister, an unlicensed physician, of East Orange, was tried before Judge McMahon in the First District Court of Newark, for practicing medicine without a license, and decision reserved. Decision was rendered in favor of the Board on February 26th, and penalty paid.

February 29th, Edmund J. Hogan, a licensed chiropractor, of Jersey City, was tried for practicing medicine without a license, was convicted and paid the penalty.

March 19th, 1940, decision was rendered in favor of the Board in the case of John Jost, an unlicensed chiropractor, of Vineland, who was tried for practicing medicine without a license on October 10th, 1939. He failed to pay the penalty and was committed to the Cumberland County Jail for ten days on July 12th, 1940.

March 29th, 1940, Sadie Levinsky-Phillips, a registered pharmacist, of Camden, was tried for practicing medicine without a license, before Judge Sheehan in the First District Court of Camden, found guilty and sentenced to one day in jail.

April 2nd, 1940, Hadiat Ullah, an herbalist, of Hackensack, was arrested for practicing medicine without a license. He was unable to secure bail and was committed to jail. He pleaded guilty on April 4th.

April 10th, 1940, the license to practice medicine and surgery of John F. Zielinski, of Trenton, was revoked by the Board.

April 24th, 1940, Lorenzo Bello, of Newark, was tried before Judge McMahon in the First District Court of Newark, and found guilty of practicing medicine without a license. He was unable to pay the penalty and was sentenced to ten days in jail.

May, 1940, Felicia Kornreich, of Paterson, paid the penalty to the Attorney General for practicing medicine without a license.

May, 1940, William Hendry, a chiropodist, of Passaic, paid the penalty to the Attorney General for continuing to practice chiropody without having secured an annual certificate of registration.

May, 1940, Lillian Prien, a physio-therapist, of Hackensack, paid the penalty to the Attorney General for practicing medicine without a license.

May, 1940, Gustiniano Coppola, a registered pharmacist, of Paterson, paid the penalty to the Attorney General for practicing medicine without a license.

June, 1940, Lucia Raffone, a licensed midwife, of Newark, paid the penalty to the Attorney General for practicing medicine without a license.

June, 1940, William Schwarzbach, a registered pharmacist, of Newark, paid the penalty for practicing medicine without a license.

June 20th, 1940, the case against Joseph Congilose, of Jersey City, was dismissed. Defendant was admonished by the Judge of the First District Court of Jersey City, and warned that if he again practices medicine he will have to serve sixty days in jail.

June 25th, 1940, Jack E. Albaugh, an unlicensed chiropractor, of East Orange, pleaded guilty to a charge of practicing medicine without a license before Judge McMahon in the First District Court of Newark.

July 9th, Harry Newman, a health lecturer, of Atlantic City, was tried before Judge Warke in the Circuit Court in Atlantic City for practicing medicine without a license, and decision reserved. Decision was rendered in favor of the defendant on July 30th.

July 30th, 1940, Judge Warke, of Atlantic City, rendered a decision in favor of the defendant in the case of Arthur Gross, an unlicensed practitioner, of Atlantic City, who was tried for practicing medicine without a license September 9th, 1939.

E. S. Hallinger, Secretary.

ACADEMY OF MEDICINE PROGRAM

Franklin J. Tobey, M.D., Secretary

The *Academy of Medicine of Northern New Jersey* will begin its thirtieth season on Thursday, October 3rd, with a meeting under the auspices of the Section on Obstetrics and Gynecology.

LIBRARY

The Medical Library will be open on September first, and is looking forward to a very busy season. The library (one of the best medical libraries in the State) has been growing steadily in the number of books and journals, and in its service to physicians, dentists, and the laity. All physicians and dentists, whether they are Fellows of the Academy or not, are invited to avail themselves of its facilities.

OFFICERS

The officers of the sections for the year are as follows:

Surgery—
- William H. Huber, M.D., Chairman, 587 Prospect Street, Maplewood
- D. E. Kavanaugh, M.D., Secretary, 566 Mt. Prospect Avenue, Newark

Medicine and Pediatrics—
- Lewis W. Brown, M.D., Chairman, 160 Roseville Avenue, Newark
- H. C. Crossfield, M.D., Secretary, 144 Harrison Street, East Orange

Eye, Ear, Nose and Throat—
- C. W. Barkhorn, M.D., Chairman, 223 Roseville Avenue, Newark
- W. F. McKim. M.D., Secretary. 317 Roseville Avenue, Newark

Obstetrics and Gynecology—
- Robert R. White, M.D., Chairman, 25 South Munn Avenue, East Orange
- H. B. Wilson, M.D., Secretary, 430 Union Street, Hackensack

PROGRAM FOR OCTOBER

Thursday, October 3, 1940, 8:45 p. m.
Obstetrics and Gynecology
"The Treatment of Incomplete Abortion", Herbert F. Traut, M.D., Associate Professor of Obstetrics and Gynecology, Cornell Medical College

Tuesday, October 8, 8:45 p. m.
Medicine and Pediatrics
"Sulfathiazole in the Treatment of Pneumonia", Harrison S. Flippin, M.D., Instructor, Graduate Medical School, University of Pennsylvania

Monday, October 14
Eye, Ear, Nose and Throat
Clinical Meeting at the Newark Eye and Ear Infirmary, 77 Central Avenue, Newark

Thursday, October 17, 8:45 p. m.
Stated Meeting of the Academy
"The Present Status of Digitalis Therapy", Arthur C. DeGraaf, M.D., New York University and Bellevue Hospital. Discussion opened by Arthur Fischberg, M.D., Mt. Sinai Hospital, New York.

MEDICAL HISTORY ITEMS IN RECENT JOURNALS

The following references to the medical history of New Jersey, and to the projects of the Medical Societies of the State and its counties, are contained in the Journals of The Medical Society of New Jersey, 1935-1940. There are 130 references, or an average of two in each issue of the Journal.

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Objectives and Duties of The Medical Society of New Jersey, by John Blane, in 1862	Jan.	1939	54
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Organized Medicine in New Jersey, Development of (Ed.)	July	1938	407
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Wickes, Dr. Stephen, Medical Historian	Sept.	1936	542

COUNTY MEDICAL SOCIETIES OF NEW JERSEY
DATES OF MEETINGS, SEPTEMBER, 1940—JULY, 1941

County	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July
Atlantic		11	8	13	10	14	14	11	9		
Bergen	10	8	12	10	14	11	11	8	13	10	
Burlington	12	10	14	12	9	13	13	10	8		
Camden		1	5	3	7	4	4	1	6		
Cape May		8	12	10	14	11	11	8	13		
Cumberland		8		10		11		8		10	
Essex		10	14	12	9	13	13	10	8		
Gloucester	19	17	21	19	16	20	20	17	15		
Hudson		1	5	3	7	4	4	1	6		
Hunterdon		22			28			22			22
Mercer		9	13	11	8	12	12	9	14	11	
Middlesex		16	20	18	15	19	19	16	21	18	
Monmouth	25	23	27	25	22	26	26	23	28	25	
Morris		17		19			20			19	
Ocean		9	13	11	8	12	12	9	14		
Passaic	12	10	14	12	9	13	13	10	8		
Salem	20	18	15	20	17	21	21	18	16		
Somerset		10	14	12	9	13	13	10	8	12	
Sussex									13		
Union	11		13		8		12	9	14		
Warren		15			21			15			15

COUNTY SOCIETY COMING MEETINGS

SEPTEMBER, 1940

10 Bergen
11 Union
12 Burlington
12 Passaic
19 Gloucester
20 Salem
25 Monmouth

OCTOBER, 1940

1 Camden
1 Hudson
8 Bergen
8 Cape May
8 Cumberland
9 Mercer
9 Ocean
10 Burlington
10 Essex
10 Passaic
10 Somerset
11 Atlantic
15 Warren
16 Middlesex
17 Gloucester
17 Morris
18 Salem
22 Hunterdon
23 Monmouth

OBITUARIES

EDWARD WYKER CLOSSON

Dr. Edward Wyker Closson, of Lambertville, N. J., died on July 20, 1940, aged seventy-nine years. He was the son of Dr. Albert Closson, and was born in Bridgeton, Pa., September 17, 1861, and graduated from Doylestown Academy in 1883. He received his M.D. degree from the New York University Medical School in 1885, and at once began practice in Lambertville, N. J., in the office of his preceptor, Dr. Rice, and remained in the same office during all his years of practice. He joined the Hunterdon County Medical Society in 1886, and was its senior member when he died.

Dr. Closson was active in social and civic affairs, a leader in the Masonic Lodge, postmaster of Lambertville, coroner, and president of the Lambertville National Bank. He exemplified the ideal qualities of a family doctor, and an active citizen of his home town.

On July 27, 1937, the Hunterdon County Medical Society honored Dr. Closson and two other members with certificates of over fifty years of practice. A description of the event, and a portrait of Dr. Closson was printed in the Journal of August, 1937, page 537.

PHILLIP DU BOIS BUNTING

Dr. Phillip DuBois Bunting, a former President of the Union County Medical Society, and Chief Obstetrician of Elizabeth General Hospital since 1910 and member of the Elizabeth Board of Health for twenty-three years, died on June 29, 1940, aged sixty-eight years.

Dr. Bunting was born in Ellenville, N. Y., and graduated in 1898 from the Yale University Medical School. He served his interneship at Elizabeth General Hospital. After his interneship, he began his practice in Elizabeth and became a member of the hospital's dispensary staff.

Dr. Bunting was also Vice-President of the hospital's Medical Board and Consulting Obstetrician at the Bonnie Burn Sanatorium, New Providence, N. J., and at Rahway Memorial Hospital, Rahway, N. J. He established New Jersey's first pre-natal clinic in 1910 at Elizabeth General Hospital, and in 1911 established Elizabeth's first tubercular clinic, also at Elizabeth General Hospital.

Dr. Bunting was appointed to the Elizabeth Board of Health in 1917 and served as President in 1921, 1926, 1934 and 1938. During the World War he was a Captain in the Medical Reserve Corps and served overseas.

On June 30, the Clinical Society of the Elizabeth General Hospital adopted the following citation:

> Dr. Bunting was a gentleman of exceptional personality. He was conscientious to a fault, and every patient was a subject for his untiring care and attention. He was a loyal, steadfast friend to his colleagues in general, and his assistants and internes in particular.

DR. HARRY BERGER

Dr. Harry Berger, of Trenton, N. J., was fatally injured on the afternoon of July 21, 1940, when the car which he was driving crashed into a telephone pole.

Dr. Berger was fifty-one years of age. He was born in the year 1889, and graduated from the New York Homeopathic Hospital in 1914.

He was Chief of the Department of Obstetrics and Gynecology of the McKinley Hospital in Trenton, and a leader in local philanthropies.

Obituary of Dr. J. R. Harrison, page 442.

DECEASED PHYSICIANS—NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Ferdinand G. Angeny	70	June 21, 1940	Avon-by-the-Sea	Same	Cerebral hemorrhage.
John Bruyere	81	June 24, 1940	W'sh'gt'n Crossing	Trenton	Cerebral hemorrhage.
Philip D. Bunting	62	June 8, 1940	Elizabeth	Same	Tumor of brain.
Rogers T. Fox	51	June 22, 1940	Florence	Same	Myocardial degeneration.
J. Edward Rayne	60	June 28, 1940	Elizabeth	Same	Coronary thrombosis.
Jennie S. Sharp	67	June 21, 1940	Haddonfield	Same	Bronchiectasis.
John B. Beekman	86	July 10, 1940	Summit	Bedminster	Old age.
Harry Berger	51	July 21, 1940	Trenton	Same	Automobile accident.
Edward W. Closson	78	July 19, 1940	Lambertville	Same	Arterial sclerosis.
Daniel S. Hardenberg	60	July 28, 1940	Jersey City	Same	Endocarditis.

THE FALL MEETING OF THE WELFARE COMMITTEE, THAT WAS ANNOUNCED FOR OCTOBER 13, WILL BE HELD ON SUNDAY, OCTOBER 6, IN TRENTON.

ESSEX COUNTY

P. H. Hosp, M.D., Reporter

Dr. Ricard N. Connolly retired as bacteriologist of the Department of Health, Newark, N. J., after forty-five years of faithful service. There is no man in the medical profession who has more friends than Dr. Connolly. Quiet in his ways, yet always progressive, he always had a ready ear to listen to those who asked advice, and the advice given was always sound. He was especially the friend of the young man.

At his laboratory his co-workers were fond of him: and so it happened that on Wednesday evening, June 26, 1940, these co-workers at the laboratory and City Hospital presented Dr. Connolly with a United States Observatory mercury barometer.

The presentation was made the occasion of a little party at the home of Dr. Harold A. Tarbell, of Newark, who has been Dr. Connolly's associate for the past thirty-six years.

The presentation was made by Director Pierce R. Franklin of the Department of Public Affairs. Congratulatory remarks were made by Dr. Harold Tarbell, Dr. Harrison Martland, Dr. Earl Snavely, Dr. Joseph Gardam, Miss Katharine Smoker, Dr. Paul H. Hosp, and Mr. Albert Edell.

Mercer County Auxiliary

Reported by Mrs. C. Chester Chianese, Publicity Chairman

An Executive Board meeting of the *Woman's Auxiliary to the Mercer County Medical Society* was held at the home of Mrs. George N. J. Sommer, West State Strcet, Trenton, N. J., on Friday evening, August second. Mrs. Sommer, President, presided. Plans for the coming year were discussed, and chairmen of various committees were named.

Officers for the year 1940-1941 are as follows:

Mrs. George N. J. Sommer, President
Mrs. Charles F. Adams, First Vice-President
Mrs. A. Dunbar Hutchinson, Second Vice-President
Mrs. Robert J. Cottone, President-Elect
Mrs. Ralph J. Belford, Recording Secretary
Mrs. Paul Klempner, Treasurer
Advisory Board: Mrs. C. Chester Chianese, Mrs. James J. McGuire, Mrs. Alton S. Fell

It was approved that the first regular Fall meeting of the organization will be held at Saint Francis Hospital in October.

Following the business session, members present enjoyed a social hour. Dainty refreshments were served by our gracious hostess.

CHEST PHYSICIANS ORGANIZE

The New Jersey Chapter of the American College of Chest Physicians was organized at the annual meeting of the American College of Chest Physicians held at the Biltmore Hotel, New York City, June 10, 1940. Dr. Martin H. Collier, Grenloch, was elected President; Dr. Joseph M. Morrow, Ridgewood, Vice-President; and Dr. Charles I. Silk, Perth Amboy, Secretary.

The New Jersey Chapter of the American College of Chest Physicians has applied to the National Association for a charter. Dr. Marcus W. Newcomb is the Governor of the American College of Chest Physicians for the State of New Jersey.

The New Jersey Chapter of the American College of Chest Physicians will meet at the time and place of the annual meeting of The Medical Society of New Jersey.

NUMBER OF CHILDREN REPORTED RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1940

County	Toxoid	Vaccine	County	Toxoid	Vaccine
Atlantic	49	51	Middlesex	7	16
Bergen	212	244	Monmouth	748	112
Burlington	3	21	Morris	16	49
Camden	387	71	Ocean	4	0
Cape May	4	3	Passaic	549	448
Cumberland	3	14	Salem	5	9
Essex	433	623	Somerset	3	12
Gloucester	2	15	Sussex	0	0
Hudson	32	80	Union	561	88
Hunterdon	1	4	Warren	32	56
Mercer	1	3	Totals	3052	1919

BOOKS RECEIVED FOR REVIEW

Introduction to Medicine. By Don C. Sutton, M.S., M.D., with an introduction by Ada Belle McCleery, R.N. Pp. 642. Price $3.25. St. Louis, C. V. Mosby Co. 1940.

Chemotherapy and Serum Therapy of Pneumonia. By Frederick T. Lord, Elliott S. Robinson and Roderick Heffron. Pp. 174. Price $1.00. N. Y., The Commonwealth Fund. 1940.

Artificial Pneumothorax: Its Practical Application in the Treatment of Pulmonary Tuberculosis. Contributions by Saranac Lake physicians to the studies of the Trudeau Foundation. Edited by Edward N. Packard, John N. Hayes and Sidney F. Blanchet. Pp. 300. Price $4.00. Philadelphia, Lea & Febiger. 1940.

Minor Surgery. By Frederick Christopher. 4th ed. Pp. 990. Price $10.00. Philadelphia, W. B. Saunders. 1940.

BOOK REVIEWS

INJECTION TREATMENT. By Penn Riddle, B.S., M.D., F.A.C.S. W. B. Saunders Co., Philadelphia. 1940. Pp. 290. Price $5.50.

Treatment of certain pathology in the body by injections has come to stay with the advent of more satisfactory solutions, with the refinement in technic, and with the greater understanding of the physiology and pathology involved. Some physicians are more prone than others to accept different types of injection treatment as the preferable and logical method. Nevertheless the method has come up out of the hands of the charlatans and substandard practitioners into the realm of the accredited practitioner. Unless the ethical physicians are conversant with the methods involved they will continue to lose patients to someone usually less qualified to do the work well, and less thoughtful of the patient.

For these reasons Dr. Riddle's book is a very important volume containing the most recent methods of injection treatment of all parts of the body. Such a book is especially to be commended for the fact that it is a treatise on the subject rather than a sales talk without any mention of the failures and dangers. The section on hernias is especially good in that it presents the pros and cons of the methods with a very detailed description of all the factors involved in treatment. The book should be recommended to any practitioner who wishes to give sclerosing injections, for it gives a very clear dissertation of the principles involved and the pitfalls to be avoided. The author presents a clear discussion of the technic to be employed. Arguments may be advanced against using sclerosants in certain parts of the body, as advocated in this book, but almost everyone can pick out several types of cases in which the injection method may be employed in his own practice.

CIBA SYMPOSIA, a magazine on medical history, published monthly by the Ciba Pharmaceutical Products, Summit, New Jersey, for free distribution to the members of the medical profession.

This is a monthly journal of thirty-two pages, devoted principally to medical history. It is profusely illustrated with classical pictures, and carries only a page or two of announcements of the publisher's products. Its articles are written in a style that is concise and interesting. The printing and the illustrations conform to the highest standards of printing and engraving.

Number 5 of Volume 2,—that of August, 1940,—contains five articles:

1. Infant Hygiene in the Older Medical Literature.
2. The Care of the New-born Infant in History.
3. Infant Feeding.
4. Medico-historical Notes.
5. Important Early Works on Pediatrics.

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Both the general practitioner and the medical writer and lecturer will find the Symposia a perennial source of information and inspiration.

INTRODUCTION TO MEDICINE. By Don C. Sutton, M.S., M.D., Associate Professor of Medicine, Northwestern University School of Medicine. With introduction by Ada Belle McCleery, R.N., Superintendent, Evanston Hospital, Evanston, Illinois. 642 pp. with 144 text illustrations and 14 color plates. St. Louis, The C. V. Mosby Co. 1940.

This book is well organized, and the main portion is approached through an excellent introduction and a short consideration of mental reactions in disease. There is much useful information and material in the work, and it is all easily located. The author places pneumonia under contagious diseases instead of under diseases of the respiratory tract; and typhoid fever appears under diseases caused by food and drink. Apparently the emphasis on prevention leads to this grouping.

There are too many factors included which are purely of interest to the physician, and are not within the scope of observation or interest of the intelligent nurse, such as, for example, the finer technical details of physical findings. The book would profit from more thorough and more detailed consideration of nursing care itself. But on the whole, the book is well written and organized, and will be read with interest and profit by both instructors and student nurses.

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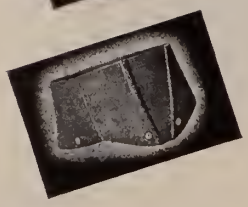

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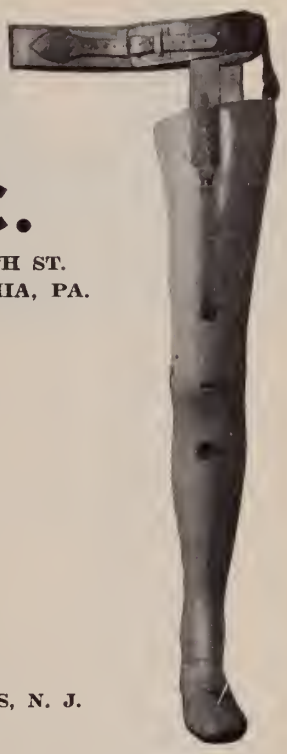

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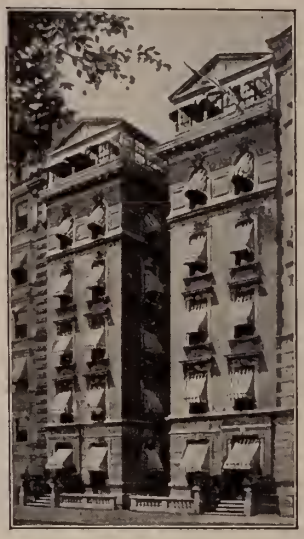

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THE THIRD FALL CLINICAL CONFERENCE OF THE MEDICAL SOCIETY OF NEW JERSEY, IN ESSEX COUNTY, NOVEMBER 27 AND 28, 1940
SEE ANNOUNCEMENT PAGE 491

THE JOURNAL

OF

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THE DATE

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THE HOURS

10 a. m. to 1 p. m. — Addresses
1 p. m. to 2 p. m. — Luncheon
2 p. m. to 5 p. m. — Addresses

Any member of The Medical Society of New Jersey will be cordially welcomed to any part of the program.

The Committee will appreciate receiving a postcard announcing your intention to attend the symposium, addressed to

DR. R. F. HEGEMAN, Somerville, N. J.

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[Over]

ANNOUNCEMENT TO YOUNGER PHYSICIANS, AND TO MEDICAL STUDENTS

The following important item of news regarding Medical Preparedness has just been received from the American Medical Association:

The following Bill,—S-4396,—was introduced in the Senate of the United States by Senator Murray on September 18, and referred to the Committee on Military Affairs:

A BILL

To amend the Selective Training and Service Act of 1940.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled: That section 4 of the Selective Training and Service Act of 1940 is hereby amended by adding at the end thereof the following new subsection:

"(c) Any man selected for training and service under this Act (1) who has been awarded a degree of doctor of medicine or doctor of dental surgery by a recognized medical or dental school, (2) who holds a valid license to practice medicine, surgery, or dentistry in any State, Territory, or possession of the United States, or the District of Columbia, and is engaged in such practice at the time of his selection, and (3) whose physical and mental fitness for such training and service has been satisfactorily determined, shall, in lieu of induction into the land or naval forces of the United States for such training and service, be commissioned as an officer in the Medical Department Reserve, Officers' Reserve Corps, and ordered into the active military service of the United States as provided in the joint resolution approved August 27, 1940."

Sec. 2. Subsection (d) of section 5 of such Act is hereby amended by adding at the end thereof the following new sentences: "Medical and dental students at recognized medical and dental schools, and internes and resident physicians, surgeons, and dentists at recognized hospitals, shall be exempt from training and service (but not from registration) under this Act. Notwithstanding any other provision of law, any such medical or dental student, interne, or resident physician, surgeon, or dentist who is a member of a reserve component of the land or naval forces of the United States shall not be ordered or called to active duty or into active service in any of such forces without his consent, except in time of war."

A companion bill, H. R. 10587, introduced, by request, by Representative McCormack, is pending in the House Committee on Military Affairs.

[Over]

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Watson B. Morris, *Ex-Officio* ..... Springfield
Alfred Stahl, *Ex-Officio* ..... Newark

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William J. Carrington ..... Atlantic City
Samuel Barbash ..... Atlantic City

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Joseph R. Morrow ..... Ridgewood
Spencer T. Snedecor ..... Hackensack
William K. Harryman ..... Hackensack
Frederick C. Dilger ..... Hackensack

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Ernest G. Hummel (Camden County) ..... Camden
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J. Irving Fort ..... Newark
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Chester I. Ulmer ..... Gibbstown
Louis K. Collins ..... Glassboro

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Berthold S. Pollak ..... Jersey City
Frederic J. Quigley ..... Union City
William W. Maver ..... Jersey City
Andrew C. Ruoff ..... Union City

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D. Leo Haggerty (Mercer County) ..... Trenton
Allen G. Ireland ..... Trenton
Joseph E. Raycroft ..... Princeton
Charles H. Mitchell ..... Trenton

Edward F. Klein (Middlesex County) ..... Perth Amboy
Joseph H. Kler ..... New Brunswick
Jacob J. Mann ..... Perth Amboy
William C. Wilentz ..... Perth Amboy
Henry Haywood ..... New Brunswick

C. Byron Blaisdell (Monmouth County) ..... Long Branch
Stanley Nichols ..... Long Branch
Robert E. Watkins ..... Belmar

Byron G. Sherman (Morris County) ..... Morristown
Franklin W. Rice ..... Morristown

Adolph Towbin (Ocean County) ..... Lakewood
J. Edwin Obert ..... New Egypt

Sigurd W. Johnsen (Passaic County) ..... Passaic
J. Allen Yager ..... Paterson
Thomas E. Manly ..... Paterson
Thomas A. Clay ..... Paterson

C. Spencer Davison (Salem County) ..... Salem

Frank L. Field (Somerset County) ..... Far Hills

James H. Spencer, Jr. (Sussex County) ..... Franklin
August W. Groeschel ..... Sussex

C. Hartley Berry (Union County) ..... Summit
Frederic W. Lathrop ..... Plainfield
Norman W. Burritt ..... Summit
Lorrimer B. Armstrong ..... Westfield
Cedric C. Carpenter ..... Summit
Elmer P. Weigel ..... Plainfield
Frank H. Warncke ..... Elizabeth

William H. Varney (Warren County) ..... Washington

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Meetings in Trenton at 11:00 a. m. on October 13; December 8; February 9; April 13

Legislation

BERTHOLD S. POLLAK, *Chairman* ..... Jersey City
WENDELL J. BURKETT, *Vice-Chairman* ..... Pitman
WILLIAM C. WILENTZ ..... Perth Amboy
ROBERT E. WATKINS ..... Belmar
H. ROY VAN NESS ..... Newark
THOMAS E. MANLY ..... Paterson
JOSEPH M. KUDER ..... Mt. Holly
THOMAS A. CLAY ..... Paterson
CHARLES H. MITCHELL ..... Trenton
FREDERIC J. QUIGLEY, *Executive Secretary* ..... Union City
SAMUEL ALEXANDER, *Consultant* ..... Park Ridge

Medical Practice

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HENRY B. DECKER, *Vice-Chairman* ..... Camden
SIGURD W. JOHNSEN ..... Passaic
CHESTER I. ULMER ..... Gibbstown
SAMUEL BARBASH ..... Atlantic City
CEDRIC C. CARPENTER ..... Summit
WILLIAM K. HARRYMAN ..... Hackensack
A. CHARLES ZEHNDER ..... Newark
ANDREW C. RUOFF ..... Union City
HERSCHEL S. MURPHY ..... Roselle
THOMAS K. LEWIS, *Consultant* ..... Camden

Public Health

STANLEY NICHOLS, *Chairman* ..... Long Branch
FREDERIC W. LATHROP, *Vice-Chairman* ..... Plainfield
ABRAHAM E. JAFFIN ..... Jersey City
ARTHUR W. BINGHAM ..... East Orange
EDGAR A. ILL ..... Newark
JULIUS LEVY ..... Newark

Public Health—Continued

ELBERT S. SHERMAN ..... Newark
C. BYRON BLAISDELL ..... Long Branch
ALLEN G. IRELAND ..... Trenton
FREDERICK G. DILGER ..... Hackensack
ELMER P. WEIGEL ..... Plainfield
JOSEPH E. RAYCROFT ..... Princeton
THOMAS M. KAIN ..... Camden
MILLARD F. SEWALL ..... Bridgeton
FRANK H. WARNCKE ..... Elizabeth
CHESTER R. BROWN ..... Arlington
WILLIAM H. VARNEY ..... Washington
ALDRICH C. CROWE, *Consultant* ..... Ocean City
ROBERT P. FISCHELIS, Phar. D., *Technical Adviser,* New Jersey Pharmaceutical Association ..... Trenton
MARGARET ASHMUN, R.N., *Technical Adviser,* New Jersey State Nurses' Association ..... Orange
WALTER G. ALEXANDER, M.D., *Technical Adviser,* New Jersey State Medical Association ..... Orange
J. M. WISAN, D.D.S., *Technical Adviser,* New Jersey State Dental Society ..... Elizabeth

Public Relations

CHARLES M. ROBBINS, *Chairman* ..... Newark
G. BARTON BARLOW, *Vice-Chairman* ..... Englewood
EDGAR P. CARDWELL ..... Newark
LOUIS K. COLLINS ..... Glassboro
HAROLD D. BARNSHAW ..... Camden
AUGUST H. GROESCHEL ..... Sussex
ROYAL A. SCHAAF ..... Newark
J. EDWIN OBERT ..... New Egypt
RALPH M. L. BUCHANAN ..... Phillipsburg
HENRY A. DAVIDSON ..... Newark
GEORGE W. FITHIAN, *Consultant* ..... Perth Amboy

ADVISORY COMMITTEES TO PUBLIC HEALTH SUB-COMMITTEE

Meetings at the call of the Chairmen

Adult Health Supervision

WILLIAM H. VARNEY, *Chairman* ..... Washington
EDWARD C. KLEIN, JR. ..... Newark
LEE C. HUMMEL ..... Salem
FRANCIS R. MEYERS ..... Paterson
IVAN V. SMITH ..... Pittstown
HAROLD A. KAZMANN ..... Long Branch
GEORGE J. MCDONNELL ..... Freehold
RALPH K. HOLLINSHED, *Consultant* ..... Westville

Cancer Control

EDGAR A. ILL, *Chairman* ..... Newark
OTTO R. HOLTERS, *Vice-Chairman* ..... Asbury Park
WILLIAM G. HERRMAN ..... Asbury Park
CHARLES B. WOODMAN ..... Morristown
THOMAS J. SUMMEY ..... Moorestown
WILLIAM O. WUESTER ..... Elizabeth
PHILIP AVERY ..... Bound Brook
WILLIAM ANTOPOL ..... Newark
NICHOLAS M. ALTER ..... Jersey City
LEONID S. SNEGIREFF ..... Trenton
WILLIAM SPICKERS ..... Paterson
F. E. KEIR ..... Englewood
THOMAS B. LEE, *Consultant* ..... Camden

Child Health

CHESTER R. BROWN, *Chairman* ..... Arlington
STANLEY NICHOLS, *Vice-Chairman* ..... Long Branch
WALTER B. STEWART ..... Atlantic City
ARTHUR F. ACKERMAN ..... Summit
ERNEST G. HUMMEL ..... Camden
L. CHARLES ROSENBERG ..... Newark
FREDERIC W. LATHROP ..... Plainfield
IRVING OKIN ..... Passaic
ARTHUR HEYMAN ..... Newark
J. PHILLIP STOUT ..... Jersey City
ALDRICH C. CROWE, *Consultant* ..... Ocean City

Conservation of Vision

ELBERT S. SHERMAN, *Chairman* ..... Newark
GEORGE J. HOLMES, *Vice-Chairman* ..... Newark
HALVOR L. HARLEY ..... Atlantic City
WALLACE PYLE ..... Jersey City
ENOCH BLACKWELL ..... Trenton
CHARLES H. SCHLICHTER ..... Elizabeth
JAMES S. SHIPMAN ..... Camden
JOSEPH H. KLER ..... New Brunswick
WILLIAM E. BOOZAN ..... Elizabeth
DAVID C. BRAUN ..... Newton
ELIAS J. MARSH, *Consultant* ..... Paterson

Crippled Children

ELMER P. WEIGEL, *Chairman* ..... Plainfield
TOUFICK NICOLA, *Vice-Chairman* ..... Montclair
FREDERICK G. DILGER ..... Hackensack
SETH B. SPRAGUE ..... Jersey City
OSWALD R. CARLANDER ..... Merchantville
JAMES P. PREGNALL ..... Asbury Park
JOHN E. TOYE ..... Arlington
WILLIAM F. COSTELLO, *Consultant* ..... Dover

Maternal Welfare

ARTHUR W. BINGHAM, *Chairman* ..... East Orange
J. CARLISLE BROWN, *Vice-Chairman* ..... Atlantic City
SAMUEL A. COSGROVE ..... Jersey City
WALTER B. MOUNT ..... Montclair
ROBERT A. MACKENZIE ..... Asbury Park
J. HARRIS UNDERWOOD ..... Woodbury
HARRISON B. WILSON ..... Hackensack
MAYNARD G. BENSLEY ..... Summit
CARL H. ILL ..... Newark
JULIUS LEVY ..... Newark
HAMMELL P. SHIPPS ..... Delanco
WILLIAM M. SULLIVAN, JR. ..... Passaic
WILLIAM HEATLEY ..... Red Bank
GEORGE B. GERMAN ..... Camden
WILLIAM K. PUDNEY ..... Montclair
THOMAS B. LEE, *Consultant* ..... Camden

Mental Hygiene

JOSEPH E. RAYCROFT, *Chairman* ..... Princeton
JOHANNES F. PESSEL, *Vice-Chairman* ..... Trenton
CLARENCE M. TRIPPE ..... Asbury Park
HENRY A. DAVIDSON ..... Newark
WILLIAM M. DOODY ..... Jersey City
ELIC A. DENBO ..... Camden
ARTHUR C. ZUCK ..... Washington
J. BERKELEY GORDON ..... Marlboro
JULIUS LEVY ..... Newark
ALLEN G. IRELAND ..... Trenton
CARL H. ILL ..... Newark
KARL ROTHSCHILD ..... New Brunswick
AMBROSE DOWD, *Technical Adviser,* representing Institutions and Agencies ..... Newark

Pneumonia Control

THOMAS M. KAIN, *Chairman* ..... Camden
FRED VOSBURGH, *Vice-Chairman* ..... Passaic
CHARLES F. RATHGEBER ..... East Orange
CLAUDE E. MCKENNEY ..... Jersey City
LEONARD M. BERMAN ..... Summit
FRANK J. ALTSCHUL ..... Long Branch
SAMUEL ALEXANDER, *Consultant* ..... Park Ridge

Tuberculosis

Abraham E. Jaffin, *Chairman* ..... Jersey City
Joseph R. Morrow, *Vice-Chairman* ..... Ridgewood
John E. Runnells ..... Scotch Plains
Harold S. Hatch ..... Morristown
Samuel B. English ..... Glen Gardner
Clyde M. Fish ..... Pleasantville
Leo B. Drake ..... Franklin
Thomas H. McGlade ..... Camden
Norman W. Burritt ..... Summit
J. Earle Stuart ..... Plainfield
Martin H. Collier ..... Grenloch
George J. Young, *Consultant* ..... Morristown
Henry H. Kessler, *Technical Adviser*, representing Department of Labor ..... Newark

Traffic Accidents

Millard F. Sewall, *Chairman* ..... Bridgeton
Christian P. Segard, *Vice-Chairman* ..... Leona
Thomas S. P. Fitch ..... Plainfield
Philip W. Baker ..... Highbridge
Clarence P. Lummis ..... Pennsgrove
LeRoy W. Black ..... Rutherford
William Callery ..... Weehawken
J. Howard Hornberger, *Consultant* ..... Roebling
Arnold Vey (Mr.), *Technical Adviser*, representing Department of Labor ..... Trenton

Venereal Disease

C. Byron Blaisdell, *Chairman* ..... Long Branch
Joseph E. Higi, *Vice-Chairman* ..... Orange
John S. Kessell ..... East Orange
Baxter A. Livengood ..... Woodbury
Irving Lerman ..... Elizabeth
Arthur J. Casselman ..... Camden
William F. Costello, *Consultant* ..... Dover
Daniel Bergsma, *Technical Adviser*, representing Department of Health ..... Trenton

ADVISORY COMMITTEES TO MEDICAL PRACTICE SUB-COMMITTEE

Meetings at the call of the Chairmen

Auxiliary Medical Services

Sigurd W. Johnsen, *Chairman* ..... Passaic
Arturo R. Casilli, *Vice-Chairman* ..... Elizabeth
Eugene G. Herbener ..... Lakewood
Walter A. Taylor ..... Trenton
Jerome H. Samuel ..... Newark
W. James Marquis ..... Newark
Asher Yaguda ..... Newark
Alfred Stahl, *Consultant* ..... Newark

Contract Practice

Andrew C. Ruoff, *Chairman* ..... Union City
Harvey T. Herold, *Vice-Chairman* ..... Newark
Henry Haywood ..... New Brunswick
Edward F. Klein ..... Perth Amboy
J. Howard Hornberger, *Consultant* ..... Roebling

Hospital Relationships

Henry B. Decker, *Chairman* ..... Camden
Spencer T. Snedecor, *Vice-Chairman* ..... Hackensack
George O'Hanlon ..... Jersey City
Charles Hyman ..... Atlantic City
Earl H. Snavely ..... Newark
James H. Spencer, Jr. ..... Franklin
Edward A. Y. Schellenger ..... Camden
Thomas K. Lewis, *Consultant* ..... Camden

Industrial Health and Hygiene

Cedric C. Carpenter, *Chairman* ..... Summit
Leslie E. Myatt, *Vice-Chairman* ..... Bridgeton
H. Irving Dunn ..... Elizabeth
Donald O. Hamblin ..... Bound Brook
James M. Carlisle ..... Westfield
William F. Costello, *Consultant* ..... Dover

Medical Care of the Indigent and Low-Wage Group

Herschel S. Murphy, *Chairman* ..... Roselle
Byron G. Sherman, *Vice-Chairman* ..... Morristown
D. Leo Haggerty ..... Trenton
Frank L. Field ..... Far Hills
Wilbur Watts ..... Trenton
Thomas A. Clay ..... Paterson
Edward J. Callahan ..... Westfield
George W. Fithian, *Consultant* ..... Perth Amboy

Nursing and Nursing Education

A. Charles Zehnder, *Chairman* ..... Newark
George M. Knowles, *Vice-Chairman* ..... Hackensack
Henry Subin ..... Atlantic City
Victor Knapp ..... Asbury Park
H. Wesley Jack ..... Camden
David W. Green, *Consultant* ..... Salem

Pharmaceutical Problems

Chester I. Ulmer, *Chairman* ..... Gibbstown
Reeve L. Ballinger, *Vice-Chairman* ..... Arlington
Irving Okin ..... Passaic
Jacob J. Mann ..... Perth Amboy
Daniel W. Teller ..... Morristown
Ralph K. Hollinshed, *Consultant* ..... Westville

Workmen's Compensation

William K. Harryman, *Chairman* ..... Hackensack
Joseph F. Londrigan, *Vice-Chairman* ..... Jersey City
Daniel F. Featherston ..... Asbury Park
Henry H. Kessler ..... Newark
Clarence W. Way ..... Sea Isle City
Edwin R. Ristine ..... Camden
Andrew F. McBride, *Consultant* ..... Paterson
Stephen Lorenz, *Technical Adviser*, representing N. J. Department of Labor ..... Trenton

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Albert G. Hulett ..... East Orange
Andrew F. McBride ..... Paterson
Harold D. Corbusier ..... Plainfield
David B. Allman ..... Atlantic City
Thomas K. Lewis ..... Camden
David A. Kraker ..... Newark
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UNION	George Knauer, Elizabeth	Frederic W. Lathrop, Plainfield... Tel. 6-0940	Cedric C. Carpenter, Summit
WARREN	Ralph Buchanan, Phillipsburg	Neumann C. Marlett, Belvidere... Tel. 99	H. B. Bossard, Phillipsburg

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County	Name	Address	Telephone
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BURLINGTON	F. D. Fahrenbruch	101 Garden St., Mt. Holly	237
CAMDEN	Edmund Hessert	700 Haddon Ave., Collingswood	607
CAPE MAY	Clarence W. Way	Sea Isle City	55
CUMBERLAND	J. S. Knowles	318 N. Second St., Millville	52
ESSEX	Alfred Muerlin	158 S. Harrison St., East Orange	Orange 5-9026
GLOUCESTER	Chester I. Ulmer	Gibbstown	Paulsboro 18
HUDSON	Joseph P. Donnelly	58 Kensington Ave., Jersey City	Bergen 3-0454
HUNTERDON	P. W. Baker	High Bridge	170-R-2
MERCER	James R. Harman	824 W. State St., Trenton	3-0436
MIDDLESEX	Charles H. Calvin	80 Commerce St., Perth Amboy	4-0941
MONMOUTH	William Heatley	23 Monmouth St., Red Bank	80
MORRIS	George L. Nicoll	48 W. Blackwell St., Dover	180
OCEAN	George W. Gaumer	422 First St., Lakewood	81
PASSAIC	Theodore K. Graham	279 Park Ave., Paterson	Sherwood 2-9422 and 1607
SALEM	William T. Hilliard	105 Market St., Salem	332
SOMERSET	Samuel H. Pogoloff	Manville	Somerville 1228
SUSSEX	H. M. Aitken	Ogdensburg	Franklin 2002
UNION	Arthur E. Tator	57 DeForest Ave., Summit	6-0313
WARREN	Clyde Smith	167 W. Washington Ave., Washington	650

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**Medical Record, Aug. 21, 1940*

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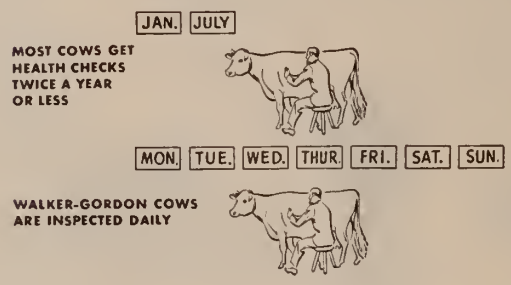

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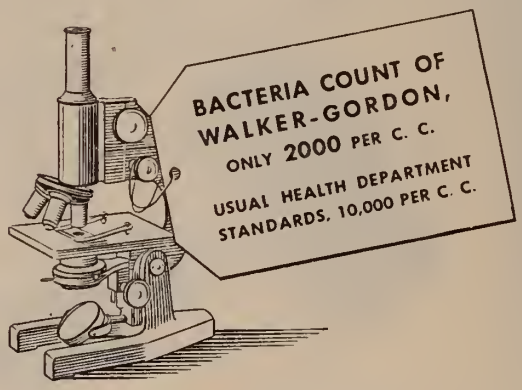

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Rich in cream, rich in valuable milk solids, every glassful of GOLDEN GUERNSEY helps growing youngsters maintain strength and vitality at a difficult time.

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2. A protein that provides the amino acids essential for adequate nutrition and growth.
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*S.M.A., a trade mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and physical properties.

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Protein S.M.A. (acidulated) is a modified form of S.M.A., intended to meet the special nutritional needs of the premature and undernourished infant and for infants requiring a high protein intake.

Protein S.M.A. (acidulated) is similar to both casein milk and lactic acid milk, but presents additional nutritional elements lacking in both.

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A growing appreciation of the importance of vitamin A in the diet leads to a consideration of the excellent source of this vitamin (as well as C) in tomato juice. The vitamin A content of tomato juice is several times that of orange juice.

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Kemp's Sun-Rayed tomato juice is a "thick" juice made from vine-ripened, *whole,* U. S. Government grade, carefully cored tomatoes. All the vitamin-packed solids are converted into juice by Kemp's patented process No. 1746657 which insures high retention of vitamins A, B_1 and C, homogenizes the colorful solids and prevents the juice from being thin or watery.

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Into *this* eye was instilled the smoke solution from Philip Morris Cigarettes—

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OBSERVATION: Smoke solution from ordinary cigarettes produced *3 times* the edema produced by Philip Morris cigarettes.*

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Adequate preparation of patient, proper technic of administration, and the use of Neoarsphenamine Merck, are definite contributions to the treatment of early syphilis.

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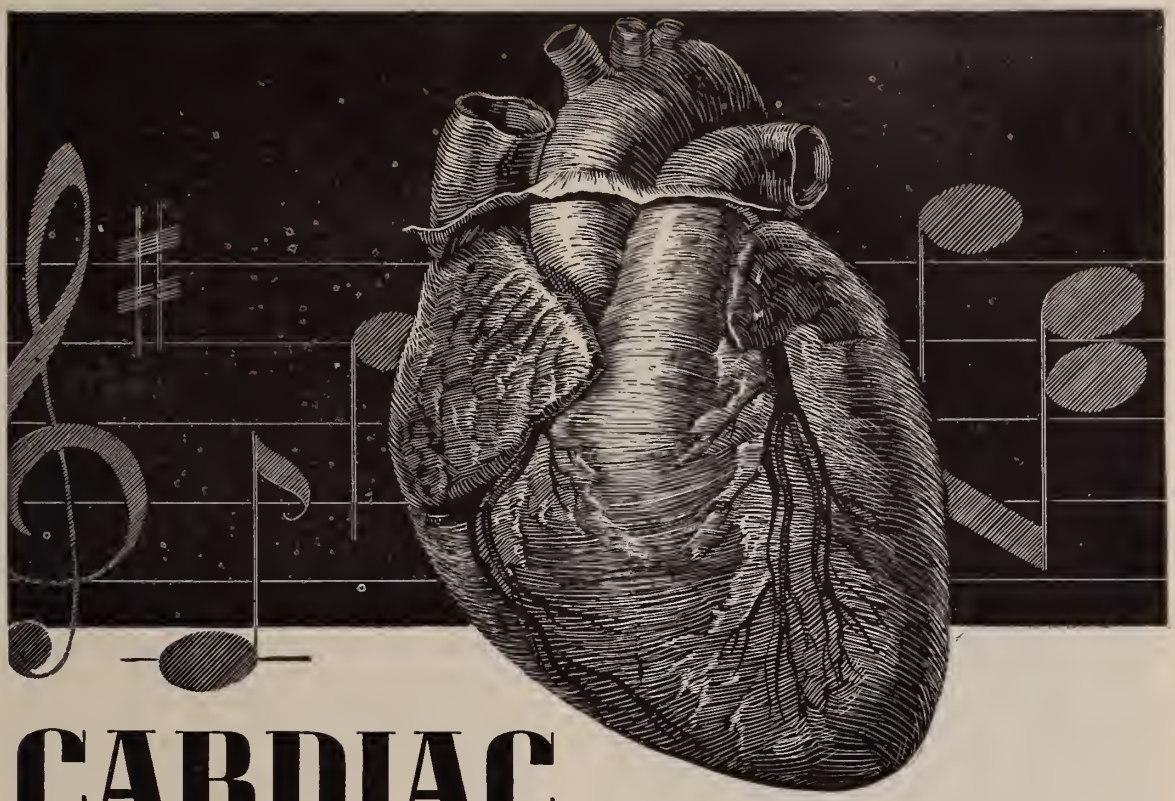

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DIGIFOLINE

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—useful in auricular fibrillation, congestive circulatory failure, loss of cardiac tone, etc.

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STUDIES IN THE AVITAMINOSES

This page is the tenth of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A full color, two-page insert on the same subject appears in the September 14 issue of The Journal of the American Medical Association.

Photograph courtesy of C. P. Rhoods, M. D., Memorial Hospital for the Treotment of Cancer and Allied Diseoses, New York City.

The Glossitis of PELLAGRA

The glossitis of pellagra is usually among the early symptoms. It is manifested initially by hyperesthesia, which frequently develops before objective signs. As the deficiency state becomes more pronounced, desquamation of the superficial epithelium gives the tongue a beefy red, smooth, dry appearance. During desquamation, secondary infection with Vincent's organisms or Monilia frequently occurs, producing a thick white or yellow coating which ultimately is shed. The tongue becomes swollen, and fissures and aphthous ulcers develop on its surface. The inflammatory process spreads to the buccal mucosa, the gums, the lips and the pharynx, producing superficial ulcerations in these areas.

The Dermatitis of PELLAGRA

The skin lesions of pellagra are considered one of the diagnostic signs; they are seen on the hands, neck, under the breasts, on the perineum, and on the legs. They usually are bilateral and are sharply demarcated from the surrounding normal skin. At first the involved area becomes erythematous and tender, resembling a mild sunburn. The skin is tense and swollen; itching and burning may be severe. At this stage vesicles or bullae frequently appear. After a period of weeks or months, the edema subsides, the erythema disappears, and the involved skin may assume a more normal appearance. Residual pigmentation persists, however, especially about the hair follicles.

Illustrotion courtesy of Henry Field, Jr., University of Michigon Medical School, Ann Arbor.

UPJOHN

Prerequisite to Pneumonia control — Type the invading organism!

PNEUMONIA TYPING SERA (Rabbit)

Lederle

Containing *Stabilized* Blue Dye which improves practicality of the Lederle Typing Sera

REGARDLESS of the therapeutic measure adopted, whether it be chemotherapy alone, chemotherapy plus specific serum, or specific serum alone; an accepted principle in pneumonia control is first to take sputum samples for determining the type of pneumococcus. The accepted method of typing is based upon the accurate and rapid Neufeld or "Capsular swelling" reaction.

To further enhance the convenience and practicality of typing sera, Lederle has added a stable blue dye which, unlike the methylene blue in the former sera, does not lose its staining ability. The presence of the stabilized dye is a time saver for the technician and avoids irregularities of dilution which must be expected when the technician adds his own methylene blue to clear serum.

"Pneumococcus Typing Sera *Lederle* (Rabbit)" with blue dye added are available for types 1 to 33 in 1.0 cc. vials, and in packages of 5 capillary tubes for individual tests.

To reduce conveniently the number of tests, combinations are offered as follows:

Mixture "A"—containing Types 1, 2, and 7.

Mixture "B"—containing Types 3, 4, 5, 6, and 8.

Mixture "C"—containing Types 9, 12, 14, 15, 17, and 33*.

Mixture "D"—containing Types 10, 11, 13, 20, 22, and 24.

Mixture "E"—containing Types 16, 18, 19, 21, and 28.

Mixture "F"—containing Types 23, 25, 27, 29, 31, and 32.

*Note the inclusion of Type 33!

Also available in packages of 5 tests, in 5 capillary tubes, and 1.0 cc. vials,

"B. Friedlander Typing Sera *Lederle* (Rabbit)"

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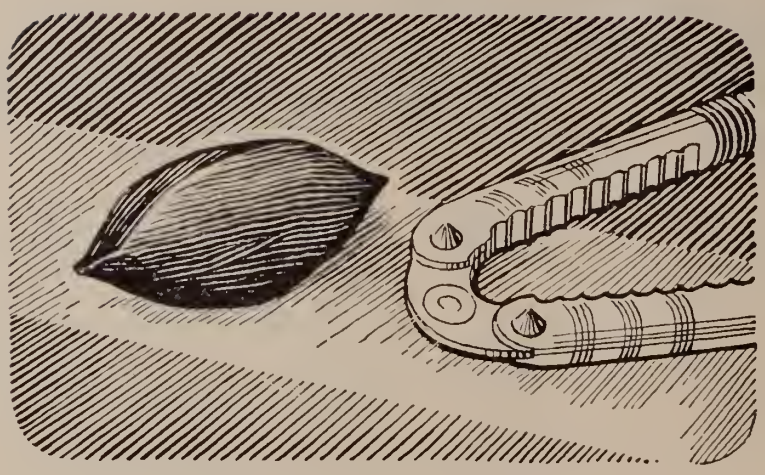

This is the pili-nut

The pili-nut is the toughest nut in the world to crack. Neither the ordinary nut-cracker nor the ordinary hammer will break its shell. Yet it can be opened. What is true of the pili-nut is equally true of many research problems. They're tough nuts. Ordinary methods won't open them—but they can be opened.

With the isolation of Adrenalin, the shell of endocrine mystery began to give way. This discovery first showed that the elusive hormones were definite chemical substances; it led to the unfolding of present-day knowledge of endocrinology.

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For relief of the Nasal Congestion in:
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The patient is placed in a supine position, with the chin and external auditory meatus in a line perpendicular to the floor. While the patient repeats the letter "k" in rapid succession, from 2 to 4 cc. of Neo-Synephrin Hydrochloride ¼% Solution is instilled into one nostril, the other being held closed. Alternating suction, not to exceed 5 pounds, is repeated about 12 times. The same procedure is applied to the other nostril, and the patient is allowed to sit up.

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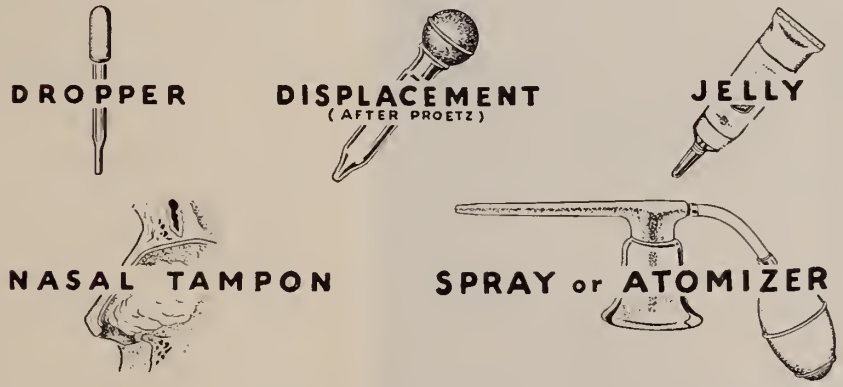

Neo-Synephrin Hydrochloride
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for dropper, displacement, tampon, spray or atomizer (non-metallic)

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convenient for the ambulant patient

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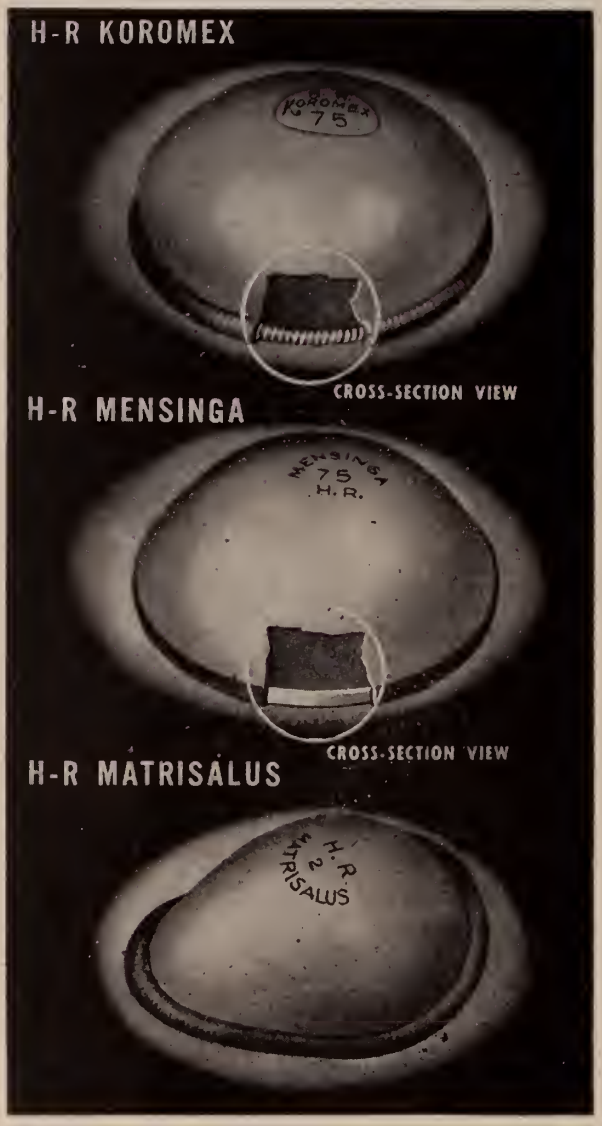

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The H-R Koromex diaphragm (coil spring type) is available in sizes from No. 50 to No. 105 mm., and is indicated for use in all normal anatomies.

The H-R Mensinga diaphragm (watch or flat spring) is available in sizes from No. 50 to No. 90 mm. including half sizes, and is indicated where there is a slight redundancy of the mucosa of the retro pubic space, or a slight relaxation of the anterior vaginal wall.

The H-R Matrisalus diaphragm is available in sizes—No. 1 to No. 6 corresponding to 65, 70, 75, 80, 85 and 90 mm. This special shaped diaphragm is indicated in cases of cystocele or prolapse where, owing to relaxed vaginal walls, the ordinary diaphragm cannot be retained in position.

Send for copy of "Physician's Diaphragm Chart and Fitting Technique"

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THE TRACE ELEMENTS IN BIOLOGICAL MATERIALS

● Students of nutrition recognize a total of some thirteen inorganic elements either as essential to humans or, in our present state of knowledge, as probably desirable for complete nutrition. For certain of these elements—definitely proven to be essential—reasonable estimates of the daily human requirements have been made. In addition, the distribution in common foods of minerals, especially those essential minerals most apt to be deficient in the diet, is well understood. Certainly, enough information appears to be at hand to insure an optimal supply for the individual of these essential or desirable elements through modern diet planning.

However, for many years it has been known that traces of elements, other than those known to be essential, may be present in animal and plant tissues (1, 2). Improvements in analytical techniques have been made and greater precautions observed in the handling of the materials used for analysis in studies reported within recent years. The results of these newer investigations have only served to confirm the fact observed in the older studies, namely, that "trace elements" may be present in biological materials, including mammalian tissues, along with the other elements recognized or accepted as essential in nutrition.

A fairly complete list of the trace elements includes silicon, aluminum, fluorine, nickel, arsenic, bromine, rubidium, barium, and selenium. The persistent occurrence of these elements in foods and in animal tissues logically raises two questions. First, are these elements essential in human nutrition, and second, assuming them to be essential, how might an adequate supply be obtained.

For the first of these two questions, there is as yet no conclusive answer (1, 2). Study of the possible part the trace elements may play in normal body functions comprises one of the frontiers of nutritional research. The fact that the trace elements are more or less consistently present in animal tissues is not necessarily conclusive proof of their essential character in nutrition; further research alone must decide that point.

The second of the above questions can be answered somewhat indirectly. It is not illogical to believe that we already recognize as essential those elements whose serious deficiency in the diet may produce the most serious irregularities in the human organism. Further, as stated above, the distribution of the known essential minerals in foods is well understood and by modern diet planning an adequate supply of these nutrients should be readily attained. It is not meant to imply that all of the trace elements are without significance in human nutrition, or that one essential nutrient is more important than another. Instead, it is intended to suggest that the distribution of all elements in foods is probably such that a protective diet—calculated to supply optimal amounts of all known essential minerals—should also supply the proper amounts of any unknown essential elements, as well.

Thus, the need for following the modern pattern of diet formulation is further indicated. The most practical means of insuring the needed quantities of all essential nutrients—recognized or as yet undiscovered—is to plan the ration according to the concepts and teachings of the modern science of nutrition. In pursuing the modern diet pattern (2), commercially canned foods should prove both valuable and convenient.

AMERICAN CAN COMPANY
230 Park Avenue, New York, N. Y.

REFERENCES

1. 1939. Mineral Metabolism, Alfred T. Shohl, Reinhold, New York.
2. 1939. Food and Life, Yearbook of Agriculture, U. S. Dept. Agri., U. S. Government Printing Office, Washington, D. C.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-fourth in a series, which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

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reinforced by a regimen of **REST. RELAXATION. RECREATION. DIET. ENTERTAINMENT**

. . . Such is a Cure at Saratoga Spa

The importance of the great $8,500,000 development which the State of New York has wrought around the springs of naturally carbonated mineral waters at Saratoga is not in a series of magnificent buildings—but in the therapeutic purposes which they together serve.

Great Spa Bath Houses, the most modernly equipped in the world, are only one element. The scientific administration of carbonated mineral water baths of regulated gas content, temperature and duration is of primary importance in the treatment of heart and circulatory conditions, the rheumatic diseases, the neurasthenias, and for tonic purposes in convalescence.

In other conditions the drinking of certain Waters, or their inhalation in nebulized form may be prescribed.

But beyond the specific hydrotherapy or crounotherapy employed stands a Spa regimen of related importance—and for which complete facilities are provided.

The complete picture of what the Spa is and does is unfolded in a series of professional papers which are worthy of special reading. May we not send them to you? Write W. S. McClellan, M.D., Medical Director, mentioning that you'd like a set of Spa Publications. Address him c/o Saratoga Spa, 159, Saratoga Springs, N. Y.

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SHOULD GIVE A DEFINITE ANSWER

With many forms of medication, a prolonged trial is necessary to determine whether or not the patient is being benefited. This is usually not the case with 'Benzedrine Sulfate Tablets'.

The first few doses are sufficient, in most instances, to determine for the individual patient:

(1) Whether or not he will benefit by 'Benzedrine Sulfate' therapy.

(2) The correct dosage for his individual requirements.

It is advisable to begin with a test dose of ¼ to ½ tablet (2½ to 5 mg.) and, if there is no effect, to increase the dosage progressively. The nature of the response to 'Benzedrine Sulfate' therapy is ordinarily apparent after the first few doses.

Careful supervision of the patient during the test period is particularly advisable, and provides the best guide for subsequent administration.

'Benzedrine Sulfate Tablets' have proved useful in depressive states; in post-encephalitic parkinsonism; in narcolepsy; and as an adjuvant in the treatment of alcoholism. In depressive psychopathic states, the patient should be institutionalized.

BENZEDRINE SULFATE TABLETS

Each 'Benzedrine Sulfate Tablet' contains amphetamine sulfate, 10 mg. (approximately 1/6 gr.)

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that are not new

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an aqueous solution of the antidiabetic principle, was the first preparation of Insulin commercially available in the United States. Years of research and experience in the manufacture of large lots of Iletin (Insulin, Lilly) assure its purity, stability, and uniform potency.

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THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly

Under the
Direction of the
Committee on Publication

Editor of
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Executive Assistant—Norman M. Scott, M.D.
Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. XXXVII, No. 10 October, 1940 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

EDITORIAL

Interesting State Activities

The most evident item of progress of The Medical Society of New Jersey during the last half decade is that of translating *theory* into *practice*. The result is that every member may feel that he is a *contributor* to the sum total of medical progress, as well as the *recipient* of its benefits.

1. CLINICAL CONFERENCE

At the close of the last Annual Meeting, it was suggested that the Clinical Conference be held in various parts of the State where hotel and clinical facilities were available.

For various reasons, this year it seemed advisable to return to Essex County where the first meeting was held two years ago. Through the coöperation of its President and the Council, a committee was appointed and plans are well under way.

The general theme for the Conference is "The General Practitioner". The tentative program will be found on page 491 of this Journal. It is so varied as to attract not only the family doctor, but the specialist as well. We, therefore, should have a large attendance.

2. AD-INTERIM MEETING OF THE HOUSE OF DELEGATES

Since the House of Delegates is the most representative and duly authorized body elected to render its approval, or otherwise, of the activities of the Society, and since there are some very important projects which the Society has been engaged in since the Annual Meeting, the Board of Trustees of the Society have requested a mid-year meeting for the purpose of acquainting the Delegates of these activities.

It is felt that by so doing, they in turn could acquaint the members of the component societies as to the progress that is being made, as well as the expenditures that are being incurred.

Not only will this session expedite the business of the Annual Meeting, but the advice and information which the Delegates bring their county members will be the means of creating a better understanding among physicians, who in turn will be more interested in supporting those projects which have already been sponsored by the Society.

The House of Delegates will consist of those members who were elected to serve at the last Annual Session. In view of the fact that this is being tried somewhat as an experiment, it is hoped that there will be a full attendance of the members as well as Delegates.

3. POST-GRADUATE EDUCATION

The Committee on Post-Graduate Education has done yeoman service in preparing a program which is printed on page 515 of this issue of the Journal.

The activities which are being developed are of particular interest to the general practitioner who, without much loss of time in his practice, can take advantage of these refresher courses.

Every doctor should feel free to take the time to obtain this practical instruction. Almost every phase of Medicine and Surgery will be available in the courses,—so don't allow this privilege to pass.

Watson B. Morris, M.D.,

President.

Your Permanent Committee Appointment

A WORD TO EACH MEMBER OF THE MEDICAL SOCIETY OF NEW JERSEY

You are on one committee from which you cannot resign so long as you practice medicine. In a very real sense you are an effective life-member of the profession's *Public Relations Committee.* To your patients, private or clinic, you are the embodiment of the medical profession of New Jersey.

To what good are an elaborate press campaign, a mile of good-will news items, a breath-taking exhibit, if an individual doctor leaves a trail of dissatisfied patients? Take the cases of Mr. A., and Mr. B., and Mr. C. The inquiring reporter asks what each thinks of Organized Medicine.

"I have no complaint," nods Mr. A. "My doctor is friendly, sympathetic, competent. This system seems all right to me."

Mr. B. isn't so sure. "My doctor does his job, but sometimes I can't afford prolonged care. There ought to be some other way of distributing it."

Mr. C. explodes: "Don't talk to me about doctors! They're a mercenary, arrogant, hard-boiled lot. I know them!"

No psychoanalyst need tell us why these three citizens give such diverse reactions. Mr. A's doctor is an esteemed ornament to the profession; but Mr. C's doctor may have merited the patient's indictment. How can a Public Relations Committee appointed by any medical society president eradicate Mr. C's hostility? The orations of the Speakers' Bureaus, the carefully slanted press releases, the eye-arresting exhibits are just words and pictures for Mr. C. What his doctor *does* is the yard-stick by which our profession is measured. What the medical societies *say* are often sterile seeds fallen on barren ground.

So you, Brother Member,—whether you want it or not,—you are, so far as your patients, your clinic, your wards are concerned, the spearhead of Organized Medicine. It is sobering to realize that the traditions of Osler and McDowell, Cushing and Zinser, Welch and Da Costa are focussed on your daily rounds.

In office or clinic, ward or corridor, you are posed on a public podium to be labelled magnificent or mediocre, demigod or quack. And as you are labelled, so are all the rest of us labelled.

Medical care tomorrow rests not with politicians, publicity agents, or presidents. It lies on the shoulders of individual practitioners whose personal patient contacts will determine Medicine's future.

Charles M. Robbins,

Chairman of Public Relations Committee.

Progress

The tempo of the changes taking place at this time is greatly accelerated. Pray God we can keep sufficiently up to the pace in our thinking and planning so as to maintain our balance and build soundly for the future.

The only criterion by which to judge fairly our progress is to ask ourselves "Does the public benefit?"; and then "Are all those who serve the public being fairly considered and treated in return?" Selfish interests do not dominate our thoughts and actions, as occasionally suggested by the impatient radicals. Changes have already taken place with such rapidity that much which has been attempted has failed—but not all.

In spite of the fact that recent years have brought to our country as a whole the lowest mortality and morbidity rates ever recorded, and that in comparison with other countries we stand above most of them in health conservation accomplishments, still more can be accomplished through teamwork within our profession, and through teamwork with other specialized community agencies, to help them solve the health implications which play so important a part in the achievement of their goals. No man liveth unto himself alone; others are affected by his life,—and death.

The health of the public is no longer solely an individual problem between the physician and his patient. The community agencies, experienced in related fields, play a big part. Professional services must always be distributed at a fair cost to those in need of them. Many persons are themselves unable to pay in full, and some are unable to pay even in part, for needed services, but there is no such thing as "free service"—someone must bear the cost in every case. Private philanthropy has played a large part in the economics of medical service given without cost to the poor, and also in the field of research and teaching. This source of revenue is on the decline, and has been for several years. Government taxation, though never so high as now, is still only sufficient to carry on the programs already in operation.

Are we, as a nation, going too far and too fast in our planned endeavors toward our ideals? We must still be practical as well as "Progressive".

LEROY A. WILKES, M.D.,
Executive Officer.

Up-to-Date Reporting

Descriptive articles on current events come in waves. Every effort is made to keep the record of the activities of the officers and committees complete and up-to-date. After each issue of The Journal there is always a fortnight of further development of important activities; and then comes a rush of last-minute reports and decisions which should be included before the news is "stale".

Particularly important are the developments in "Medical Preparedness". In order that Dr. Scott may report the results of his visits to the American Medical Association and the War Department in Washington, it has been decided that he shall be assigned four pages in the center of The Journal, as was done in the last three issues which contained an up-to-date record on the Medical Service Administration.

This editorial plan will permit the routine reporting and printing of ordinary current activities to be completed as usual, while the four special pages on "Preparedness" are composed and printed in an up-to-date form.

Geriatrics

With the increasing span of life and the resulting increase in the proportion of old persons in every community, there is an increasing need for the practice of *geriatrics,* or the treatment of diseases and conditions incident to old age.

The word geriatrics (pronounced je-re-atrics) is derived from the Greek *geras,* old age, and *iatreia,* cure; and is complementary to *pediatrics,* from the Greek *pais,* a child.

The standard age at which a child ceases to be recognized as a proper patient for a pediatrician is fourteen years; but there is no standard age at which an adult becomes the proper patient of a geriatrist, for old age comes on insidiously,—yet the physician hardly fulfills his duty to a patient of seventy years by telling him that he must not expect to feel and act like a young man.

There is too much of an attitude of helplessness among physicians in regard to conditions incident to advancing years, particularly in regard to dietary deficiencies. These conditions are discussed by Dr. E. L. Tuohy, of Duluth, Minnesota, in two articles. The first is in the Journal of the American Medical Association of January 20, 1940, page 223; and the second in the Wisconsin Medical Journal of May, 1940, page 353. A careful reading of these articles will disclose the fact that proper feeding in old age often produces results that are as pleasing as those of proper diets for children. Particularly the author points out that the lack of certain vitamins which are readily available often accounts for some forms of feebleness in old age.

Would it not be well for The Medical Society of New Jersey and its component societies to include addresses on the specialty of geriatrics in their scientific programs?

We invite the New Jersey geriatricians to submit articles on their specialty.

Post-Graduate Courses

Post-graduate courses have two aspects:

1. A formal analysis and exposition of some scientific phase of medicine or surgery adopted to a *group.*

2. An opportunity offered to an *individual* doctor to study a specific problem which has arisen in his own practice.

The announcement of the Committee on Graduate Education on page 515 contains an offer to give any physician personal instruction in any phase of medicine or surgery by means of ward rounds, and personal contacts with the attending physicians in the hospitals. By this method any physician may see the solution of his problem actually demonstrated. He may also ask specific questions in which he has a personal interest.

The demonstrations will be first made in the City of Newark when he may find both the experts and the clinical material available for demonstrating any phase of medical practice that the visiting physician may desire.

This system of individual attention to the inquiring physician will doubtless appeal to the members of the medical societies throughout New Jersey. It is an answer to the oft-repeated criticism that the courses have often been "above the heads" of the audience.

This plan of a personal approach to a member might be adapted to the programs of the scientific sections of the annual meeting. We suggest that the experiment be tried of having a *question box,* in which any member may submit a question before the session begins. The officers of the section will review the questions and assign each to an expert who will answer it during the session. This plan would supplement that of "Panel discussions" which have already been proposed as a prominent feature of the scientific sections.

THIRD ANNUAL CLINICAL CONFERENCE

Wednesday and Thursday, November 27 and 28, 1940

ESSEX COUNTY

(N. B.—Thanksgiving Day is November 21, 1940)

THEME

"THE GENERAL PRACTITIONER"

TENTATIVE PROGRAM

WARD ROUNDS
OUT-PATIENT INSTRUCTION CLINICS

TECHNIQUES
INTERPRETATIONS AND UTILITY

OUT-PATIENT SERVICE

Integration of clinic services with the general practitioner
Method of reference to and from clinics
Diagnosis and treatment

SPECIALIZED SERVICES

Their contribution to the general practitioner
Interpretation and significance of special tests (X-ray, Laboratory, Cardiograms, Basal Metabolism)

OFFICE PROCEDURE

Techniques and their advantages
Inexpensive apparatus for office diagnosis and treatment—its use and value to the general practitioner

ROUND TABLE DISCUSSIONS FOR GENERAL PRACTITIONERS
MOVING PICTURES
EXHIBITS
PATHOLOGICAL SPECIMENS, ETC.
OPERATIONS

There will be clinical programs on Wednesday morning and Thursday morning at several hospitals in Essex County, and Wednesday afternoon at the Academy of Medicine.

Moving Pictures will be shown at the Academy of Medicine.

A Get-Together Dinner will be held on Wednesday evening with a prominent speaker.

The Staffs of hospitals throughout the State are invited to participate in the dry clinics. Time on the schedule and space for the clinics will be provided upon early request to:

Henry C. Barkhorn, M.D., *Chairman, 45 Johnson Avenue, Newark, N. J.*

ASSOCIATE CHAIRMEN

Dr. Harry N. Comando, President, Essex County Medical Society
Dr. Charles M. Robbins, President, Academy of Medicine of Northern New Jersey
Dr. Arturo R. Casilli, President, Essex County Anatomical and Pathological Society
Dr. J. A. Clarken, Chairman, Entertainment Committee, Essex County Medical Society

Dr. Charles W. Barkhorn
Dr. John W. Gray
Dr. Benjamin Saslow
Dr. Max Danzis
Dr. B. B. Ranson, Jr.
Dr. Royal A. Schaaf

Dr. Asher Yaguda

ORIGINAL ARTICLES

PREVENTIVE MEDICINE IN MODERN INDUSTRY

By E. E. Evans, M.D., Pennsgrove, N. J.

Industrial disease, or rather illness, as a result of occupation is as old as industry. The first writings upon the subject appear in the early Greek and Roman literature (Hippocrates) where there is a comprehensive description of lead poisoning. (Pliny LXXXIII, II, N. c. v.)

Today no employer can expect to manufacture a product to sell to the public for profit at the expense of the health and, in some instances, the lives of employees who work to produce that product.

During recent years we have heard much concerning various phases of medical practice and the socialization of medicine. Many people have written and talked at random concerning the dire need for protection of industrial employees. As a consequence of laws enacted in many states dating back over a period of twenty-five years there has evolved a specialty in medicine, "Industrial Medicine". When this specialty was in its infancy, in those states where compensation laws were enacted requiring that employers furnish medical services to their employees from the compensation standpoint, the industrial practice of medicine was indeed inadequate. Many employers, in order to comply with these compensation laws, employed physicians to do what was then considered the necessary medical work with little regard for the qualifications of these physicians. The fact that the physician was licensed to practice medicine in that state was sufficient recommendation to warrant his employment as the "Plant physician". As a consequence, physicians accepted such positions without realizing the opportunity that lay before them.

As time went on industry realized more fully its obligations to its employees, and accepted these obligations. At the same time many of those physicians who had accepted work in industries recognized the importance and envisioned the service that might be given in industrial medicine, which is essentially preventive medicine in its broadest scope.

The basis of a sound industrial medical program is the prevention of occupational illness. Since general health is of primary importance and is often a determining factor in the development of industrial disease, preventive medicine in its relationship to those adult illnesses which befall the human race also must be practiced.

1. OBJECTIVES AND METHODS OF THE MEDICAL DEPARTMENT OF AN INDUSTRIAL PLANT

It has been my good fortune for more than ten years to be associated in industrial medical work. In this connection I have had an opportunity to study various phases of industrial medical practice, and at the same time to confer with other physicians in industry who are whole-heartedly concerned with industrial medicine. This phase of medical practice is primarily designed to protect employees in industry.

I would like to present what may be considered an adequate medical program for a modern industrial plant. Since the major portion of my experience has been in connection with the manufacture of chemicals, naturally those factors pertaining to the chemical industry will be stressed in this presentation. This outline represents not only my own point of view, but also that of many of the progressive physicians who have devoted their full time to work in industry.

I. To supervise the health and physical condition of all employees.
   a. Make the necessary routine physical examinations.
   b. Early recognition of and advice to prevent occupational diseases.
   c. Learn plant operations and hazards so that recommendations may be made to minimize hazards.
   d. Treat all plant injuries and occupational diseases.
   e. Inspect and make recommendations concerning general sanitary conditions.
   f. Prevent and recognize infectious diseases.

TABLE I.
THE DUTIES OF A MEDICAL DEPARTMENT OF AN INDUSTRIAL ORGANIZATION

I. The first statement covers the scope of industrial medical work. However, in order to accomplish this, the other functions listed above outline the ways by which this supervision may be performed.

a. For many years a *preëmployment* examination has been practiced in numerous industries throughout the country. This examination is of extreme importance. From it one learns the general physical condition of the applicant for employment and is able to pass judgment as to whether or not the individual is fitted physically for the job he is applying for. Having determined the individual's fitness to begin work in industry, then the industrial medical department must make adequate examinations to determine that the products with which he is working are not adversely affecting his health.

Unless something is known concerning the toxicology and the mode of action and symptomatology of the compounds which are handled, little can be accomplished by routine physical examination. When one does know what effect a substance may have upon the human organism, then an examination can be set up which will give much information concerning the health of employees exposed. Examinations must be made at varying frequency. In certain operations examinations are conducted weekly, in others it may be necessary to examine the employees only once each month, each three months, or even only once each year.

Careful medical control is necessary for the early recognition of occupational disease in order to enable the physician to give proper advice to prevent *permanent disability*. It is only through routine examination and laboratory procedure that this information can be developed. Naturally this phase of work ties in with all the other items we have previously mentioned.

b. We have listed the early recognition of and the advice to prevent occupational disease as the second duty of the industrial medical department. This is of extreme importance in any preventive medical program. One must be sufficiently acquainted with the industrial diseases which may occur upon a plant to recognize these in an early stage. It is essential then that the industrial physician know something of the toxicological effects of the products and compounds handled so that he may set up the necessary routine examinations which will determine disease at the earliest possible moment. One must also know how the substance enters the body. Its mode of action after it enters the body. It is only through such knowledge that one is enabled to give intelligent advice concerning operating procedures and safety methods which will aid to prevent the occurrence of occupational illnesses.

c. In a modern chemical plant where so many compounds are handled, one can readily appreciate how difficult it is for any medical personnel to have all the necessary information concerning industrial hazards. Hence, medical supervisors must frequently consult operating supervision, and also make routine inspections through the plant in order to augment their knowledge of chemical compounds. At the same time clinical observations must be thorough, and records must be adequate so that statistical methods will show the trend of health or illness. Certain industries have established medical research laboratories where the compounds handled and the products manufactured may be closely studied. The information thus gained can be used to protect not only the employee during the stages of manufacture, but also the ultimate consumer to whom the product is sold.

d. It should also be the duty of the medical department to treat those injuries which are the result of work performed in the plant, and to deal with the occupational diseases which

may be the result of the employment. The industrial physician who is well acquainted with the products handled upon his plant, who knows the toxicological effects that may occur as a result of exposures to these products, and who understands the mode of action in the body, is certainly better qualified to advise concerning the treatment of an occupational illness than is the physician who has not had an opportunity to learn these specific things. All physicians are taught the usual diseases which occur to the human being in their medical courses. The medical literature is full of discussions of routine illness and of specific illnesses with discussions of new findings and new methods of treatment. In recent years there has also appeared discussions of specific occupational diseases. A voluminous literature has accumulated upon poisoning by lead, benzol, mercury and radium. More recently the dermatoses as a result of exposure to industrial irritants has been discussed fairly widely.

Each year many new products are developed through the research and development departments of modern industry. So many new chemical compounds are being introduced in industrial operations that the physician who spends his entire time in an industrial medical practice cannot keep up with the rapid development of new compounds.

f. We have listed prevention and recognition of infectious diseases as the sixth duty of the industrial medical department. This is simply a common-sense public health viewpoint. Naturally, one must recognize infectious diseases in order to prevent their spread to a large group of employees. Most of us have acquired an immunity to the usual diseases which occur in childhood. There are other conditions which occur in adult life that are of extreme importance. As an example we may mention tuberculosis. Every effort should be made to prevent the spread of this and other serious adult illnesses.

In order to more completely practice preventive medicine in industry, employees should be encouraged, when ill, to report to the plant dispensary. Many illnesses and many occupational diseases begin with minor symptomatology. Patients will report to the dispensary with complaints which are many and varied. Careful attention should be given to this minor symptomatology so that we may discover occupational illness in its incipiency. It is often necessary to perform special analyses and special laboratory studies in order to reach a definite conclusion concerning illness. Many illnesses which often have no connection with industry are thus disclosed at an early stage. The patient can then be referred to the family physician at a time when adequate treatment will insure a more prompt and complete recovery.

2. PHYSICAL EXAMINATION

Table II illustrates what may be learned from routine physical examination. This table is compiled following a year's experience on a chemical plant. It includes the results found from all phases of examinations including x-ray and laboratory work as well as routine physical examinations. It can be seen from this that there were 107 cases of inactive tuberculosis among the workmen employed at the plant. There were ninety cases where examination disclosed cardiovascular-renal disease.

Tuberculosis	107
Cardiovascular-Renal Disease	90
Diabetes	12
Nephritis	11
Bladder Tumors	52
Silicosis	5
Pneumoconiosis	12
Pneumothorax	8
Aspergillus	13
Total Chronic Illness Cases	310

Table II.

CHRONIC ILLNESS CASES DISCOVERED BY ROUTINE EXAMINATION

The conditions shown in Table II were present prior to employment, with one exception. Histories obtained at the time of examination indicated that all cases of silicosis and pneumoconiosis had exposures to silica and other dust prior to employment on our plant. The only condition which might be contributed to work on our plant is a portion of the bladder tumor cases. Many times conditions such as are shown in the table are disclosed by the routine preëmployment examination. Of course, if the condition is serious and the patient should need to receive treatment for the condition, it would be necessary to recommend against employment.

The table which follows, Table III, illustrates the rejections made from our x-ray work alone. As this table shows, there were forty-two cases of active tuberculosis found.

Tuberculosis	42
Tumors	2
Pneumothorax	1
Chest Deformity	3
Total Rejections	48

TABLE III.
REJECTIONS FROM X-RAY FINDINGS

Tuberculosis.—Every effort has been made in our plant to discover cases of tuberculosis, particularly by the x-ray films.

FIGURE 1

A normal chest. The heart is of normal size and shape and the lung fields are clear throughout.

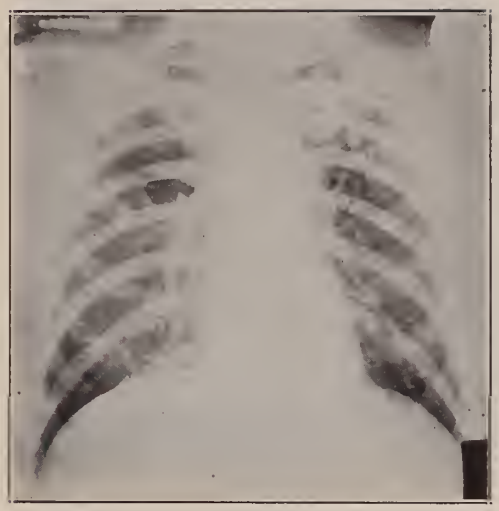

FIGURE 2

A case of moderately advanced tuberculosis which is probably inactive. There is involvement in the left lung, with probable slight involvement in the apex of the right lung.

FIGURE 3

A moderately advanced, probably active, case of tuberculosis involving the whole right lung.

FIGURE 4

A case of advanced tuberculosis with large cavities in the right upper lobe. This individual can easily spread the disease by coughing and spitting and by simply talking.

FIGURE 5

A case of advanced silicosis, the result of breathing dust containing SiO_3. It is essential that adequate protection be provided for employees exposed to silica dust.

3. LAME BACK

As another example of what may be discovered by routine examinations we may mention back conditions. These cause considerable trouble since individuals often complain of pain in the back and claim injury to the back, when investigation discloses that no definite injury has occurred. The figures which I now show illustrate why some men do develop back pain.

FIGURE 6

Figure 6 demonstrates fusion of the second and third lumbar vertebrae. This is a congenital anomaly. It may cause a stiff back or may give rise to no symptoms.

FIGURE 7

Figure 7 illustrates another anomaly, a spina bifida. As you can see, the bones have failed to fuse at the lower end of the spinal column. This may cause serious difficulties.

FIGURE 8

A case of hypertrophic arthtitis. Here the vertebrae are irregular, with lipping and with bony growth beginning to bridge between the vertebral bodies.

FIGURE 9

A calcified kidney. The kidney is an immense calcified body. It has been completely destroyed and replaced by calcium deposits.

4. SKIN AND SYPHILIS

Syphilis is another disease that has been widely publicized, particularly during the past few years. Dr. Parran, Surgeon General of the United States Public Health Service, has done much to bring this disease before the public so that its spread may be curtailed and individuals suffering from it may seek treatment.

Figures which have been published indicate only those cases which have been reported to the authorities in the various states. They do not comprise cases which are unrecognized, or which are treated by physicians who have failed to report them. It is estimated that one person out of every ten has this disease.

The importance of the employment of syphilitics cannot be overlooked. These individuals are prone to have accidents. It is indicated from statistics compiled by various health departments that probably one-half of those cases of untreated syphilis develop tertiary stages of the disease. More than ten per cent of this group are inmates of state and private insane asylums. Statistics also indicate that probably a large percentage of the people confined to mental institutions are afflicted with syphilis. Hence a program for the control of this disease is a definite part of industrial medical work, and at the same time industry is thus performing a public health service.

The policy adopted by our company is: The individual who shows only by a blood test that he is a sufferer of this disease is not dismissed from employment. Should the disease be present in either a primary, secondary, or a tertiary stage in which the individual is a hazard from the standpoint of contagion, he is not permitted to work. However, if he is in a latent condition, he is permitted to work, but we have insisted that he seek and obtain adequate treatment. By adequate treatment it is definitely certain that only a very minor percentage of these individuals will progress to an advanced stage of the disease. Treatment will not repair damaged nervous tissues nor will it repair a heart and blood vessels which have been damaged by the organism causing the disease. However, treatment will prevent further ravages by this organism in the central nervous system and in the other vital organs of the body.

Figure 10
A case of secondary syphilis.

In 1933 on our plant blood tests indicated that six per cent of our employees were positive. Today less than three per cent are positive.

At the present time we have 200 employees under observation. All are receiving treatment from their family physicians. As a result of adequate treatment, 49 per cent of this 200 are now negative.

We have been able to point out only briefly certain factors of two important diseases. We have shown you that a large measure of control can be exercised through the knowledge gained by routine physical examinations.

Let us consider for a moment certain specific occupational diseases. For instance *dermatitis.*

Industrial dermatitis may be defined as an inflammatory condition of the skin as a result of exposures to irritating chemicals. These chemicals may be primary irritants such as acids, alkaline, etc., or they may be irritants to which the skin becomes sensitized. With primary irritants the first contact with the substance is sufficient to cause the dermatitis. With the sensitization type of irritants repeated contact over a period of time is necessary before the skin becomes sensitized to the irritant. Since the appearance of the lesion on the body may be the same whether the condition is caused by poison ivy, poison oak, chemical irritants, and many well-defined specific skin diseases, diagnosis of an industrial dermatitis is often extremely difficult.

Table IV shows the total of dermatitis cases which occurred on our plant between August, 1938, and August, 1939. It may be seen on this table that the chemicals which cause sensitization dermatitis are responsible for the majority of the cases of dermatitis. In order to illustrate some of these factors we are showing the following tables and figures:

Benzanthrone	10
Thio Beta Naphthol (RPA No. 2)	7
Spent Acid Nitro Body (Compounds)	6
Sulfanthrene Pink Cond. Products	6
Mono benzyl para Amino Phenol	5
Neoprene Intermediates	5
Sodium Hydroxide	4
Dinitro Chlor Benzene	3
Alkali Soap	3
Hydrochloric Acid	2
Total	51

Chemicals causing more than one case of dermatitis annually (10)	51
Chemical rash cause undetermined	12
Chemicals causing only a single case of dermatitis	44
Total	107

Table IV.

TOTAL CASES DERMATITIS, DYE WORKS

August, 1938—August, 1939

(In order of frequency)

Figure 11

Chronic eczema and other chronic skin conditions are often predisposing factors in occupational dermatitis. An employee so afflicted is many times more susceptible to industrial irritants.

Figure 12

Figure 13

Figures 12 and 13 illustrate a case of occupational dermatitis due to benzanthrone. It can be seen how difficult it is from the character of the skin lesion alone to differentiate between syphilis and occupational dermatitis.

Figure 14

Figure 15

Figures 14 and 15 illustrate two stages of athlete's foot infection between the toes. This is found most often between the third and fourth and fourth and fifth toes and many times appears as the soggy patch shown in Figure 14 or as a definite fissure as shown in Figure 15.

FIGURE 16

Figures 16 and 17 show the mycelium, the organism responsible for many cases of Athlete's foot infection.

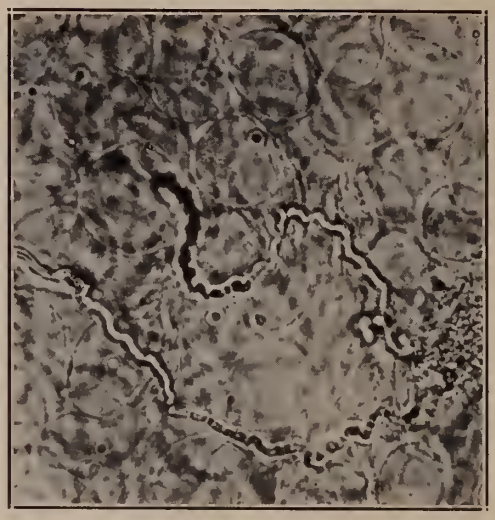

FIGURE 17

Figure 16 shows the organism of athlete's foot grown on culture media, while Figure 17 shows the organism in scrapings from a lesion on the feet. This latter illustrates clearly the relative size of the organism in comparison to epithelial cells.

FIGURE 18

A case of dermatitis of the hands of an individual who also had epidermaphytosis of the feet. The case shown is due to the macerating and brasive effect from the necessity of wearing gloves for the greater part of the work day. The hands show the phytids as a result of sensitization due to infection of the feet.

Figure 19, shown next, illustrates the incidence of chemical dermatitis on a chemical plant for the years 1933 to 1938 inclusively. This figure demonstrates the predominance of cases during the warmer weather.

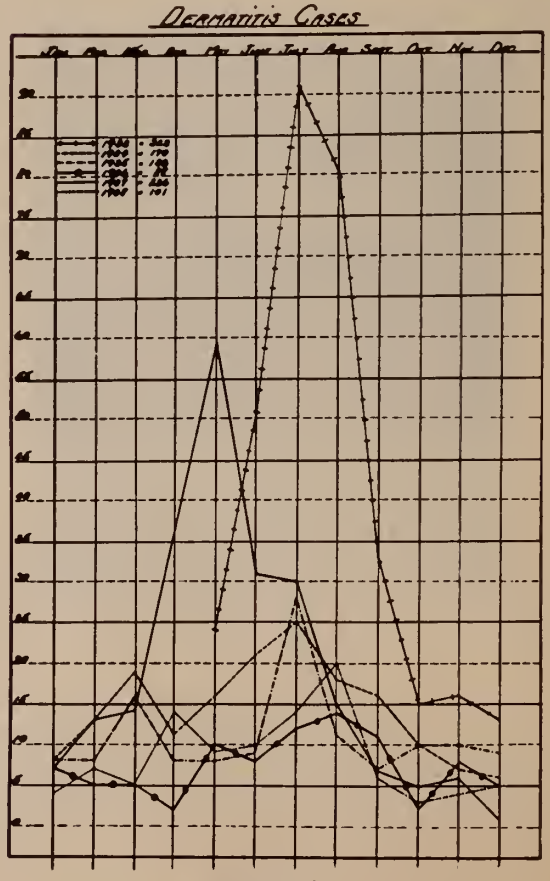

FIGURE 19

(Concluded on page 501, next to the buff-colored insert.)

MEDICAL PREPAREDNESS

A civic obligation of the physicians of the United States.

A responsibility assumed by the American Medical Association and its component State and County Societies.

NATIONAL COMMITTEES

COMMITTEE ON MEDICAL PREPAREDNESS OF THE AMERICAN MEDICAL ASSOCIATION

(Jour. A.M.A., June 29, 1940, p. 257)

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(Jour. A.M.A., Sept. 28, p. 1102)

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James A. Magee, Surgeon General of the Army
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Thomas Parran, Surgeon General, U. S. Public Health Service
Edmond R. Long, Chairman, Division of Medical Sciences of the National Research Council

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(Aug. Jour., p. 427)

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Lack of space prevents presentation of details relative to Medical Preparedness. You are referred to current literature for further details. Of particular value is the article by Colonel Spruit on page 1106 of the A. M. A. Journal for September 28, and the Report on the Conference on Medical Preparedness in the A. M. A. Journal for October 5. Medical regulations to be contained in Vol. VI of "Organization and Administration of Selective Service Administration" are being prepared by Federal authorities and will be distributed in due time by the State authorities.

STATUS OF THIS COMMITTEE

This committee, appointed at the request of the A. M. A. to carry out the provisions of a Plan suggested by the Surgeon General of the Army, has no official Federal or State authority. It acts purely in an advisory capacity to Federal, State and voluntary agencies coöperating in the effort of Military Defense. Activities are limited to that phase of Military Defense having to do with Medical Preparedness and the organization of the medical profession for a national emergency.

One of the obvious needs of the defense program in this State is a proper official agency to coördinate the activities of this voluntary Committee with the efforts of other agencies.

STATUS OF EXAMINING PHYSICIAN

The examining physicians of Local Boards are to act in an advisory and supplementary capacity to the official Local Boards. These physicians will examine registrants referred to them—"They will examine, record findings, make evaluations, and make recommendations to the local Selective Service Board." Officially, each examining physician will be an agent of the Federal Selective Service Administration, nominated by the Governor and appointed by Presidential order, and will work under the provisions of a Federal oath.

THE QUESTIONNAIRE

As of September 18th, 53.4 per cent of New Jersey physicians had returned their A.M.A. Medical Preparedness Questionnaire to Chicago. This is only a fair response as compared to returns in some states which were, as of the same date, from 80 per cent. This Committee has been furnished with a list of delinquent physicians who will be contacted through the County Committees on Medical Preparedness and urged to fill out and return their questionnaires. Physicians not having received their questionnaires or having lost them will be furnished new copies. The accomplishment of this survey is a tremendous undertaking in which the coöperation of every physician is expected. The final results obtained may well be considered an index of the efficiency of medical organization. The data obtained from these questionnaires are considered absolutely essential by the A. M. A. in its work of organizing the medical profession for national defense. The return must be 100 per cent. It is to your personal advantage to return your questionnaire.

SELECTIVE SERVICE PLAN OF NEW JERSEY

The most important, immediate function of this Committee, is to assist in the organization and administration of the Selective Service Plan of New Jersey. The Committee in this respect acts in a dual capacity. It has been requested by State authorities and by the A. M. A. to submit the names of physicians who will voluntarily and without compensation serve as examining physicians for the Local Boards. Such a list, containing the names of 750 physicians to provide personnel for 224 boards, as prepared by County Societies, have been submitted to the State authorities and the A. M. A.

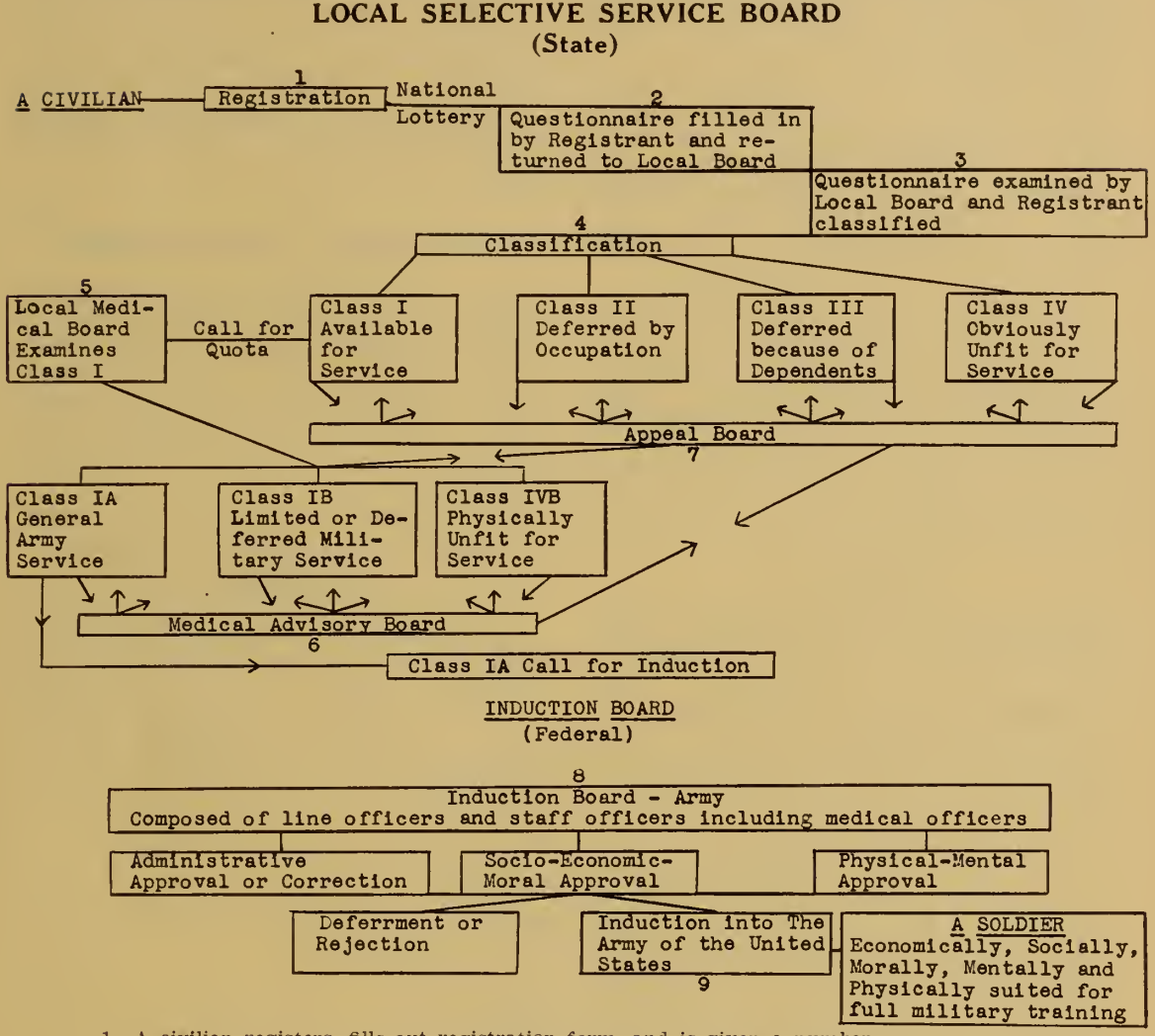
Official authority for the organization and administration of the Selective Service Plan lies in the office of the Adjutant General of the State of New Jersey. This authority is expressed in the following extract from Army Regulations as related to the duties of the National Guard (par. 3B, N, G, R, 15): "* * * To constitute for use in a national emergency, a nucleus of National Guard officers and enlisted men trained to prepare and place in operation plans for procurement of personnel by recruiting and by Selective Service."

SELECTION

In addition to reporting purely physical findings, physicians serving on Local Boards, being acquainted with local conditions and perhaps personally acquainted with registrants from a local area, should make every effort to guard the interests of the Federal Government. The examining physicians should especially observe each registrant for signs of mental abnormalities and potential mental diseases. Mental diseases have been the cause of a tremendous pension load on the Federal Government since the last war. Registrants who have had repeated difficulties in their communities, who are persistent delinquents, who are irresponsible immoral individuals, who are eccentric, or who have difficulty in personal adjustment to surroundings, should receive very careful consideration before being recommended for military service. The legitimate, impartial exclusion of such men from selection should be the duty of all lay and medical personnel of each local board if they are to conscientiously fulfill their oath to the Federal Government.

THE INDUCTION PROCESS

The following chart is presented to illustrate the sequence of events in the registration, selection and induction process, with special reference to the functions of the medical examiners.



1. A civilian registers, fills out registration form, and is given a number.
2. Following the drawing at the "national lottery", each chosen registrant is sent a questionnaire, which he fills out and returns to the local board.
3. The local board examines the questionnaire, interviewing the registrant if necessary Each registrant is placed in one of four classes.
4. The local board sends the registrant a notice informing him of the class in which he has been placed. Registrants may appeal to the appeal board.
5. Only those placed in Class 1 by the service board are referred for physical examination. Medical examiners will "examine, find, evaluate, and recommend" classification according to physical, moral, and mental standards, into three classes.
6. Local examiners may refer selected cases to advisory boards for decision regarding specific questions only. The advisory board may refer a case to the appeal board for decision on a specific question only. All cases are referred back to one of the three classes.
7. The registrant, his employer, the selective service board, or the advisory board may appeal to the appeal board for answer to specific questions only.
   The decisions of local boards are final. No further appeals are possible except directly to the President of the United States.
   The Class 1 A registrant is now at home awaiting the call for induction. His relations with state boards are completed. Induction must be accomplished by Federal authorities.
8. Registrant receives transportation to location of induction bcard, where he receives final examination.
9. The chosen registrant, representing "the cream of the crop", is given his federal oath, and thus inducted into federal service.

The above chart is based upon study of present available information, and is believed to be subject only to minor changes.

THE THREE STAGES

There are three stages under the Selective Service Law for transforming a civilian registrant into a soldier of the Army of the United States:

I. Registration.
II. Selection and Classification.
III. Induction.

REGISTRATION

Registration will be conducted on October 16 between the hours of 7 a. m. and 9 p. m. Physicians are not immediately concerned with registration.

SELECTION AND CLASSIFICATION

Selection from among the registrants will be made by the Local Selective Service Boards. This selection process is no concern of the medical profession until the registrants placed in Class A are referred to the examining physicians. The process of registration and the process of selection are under the direct jurisdiction of State authorities.

INDUCTION

Induction is a Federal function, detailed directly to the Army. The State has no jurisdiction during the state of induction.

MEDICAL INDUCTION BOARDS

The Medical Preparedness Committee of this Society has been requested by The Surgeon, Second Corps Area, to submit to Second Corps Area a list of qualified specialists to serve on four Induction Boards, located at Camden, Newark, Paterson, and Trenton, New Jersey.

Each Board will be assigned one orthopedist, one general surgeon, three internists, two ophthalmologists, one otolaryngologist, one clinical pathologist, and one dentist. Medical members of Induction Boards will receive compensation from the Federal Government.

SEROLOGICAL EXAMINATIONS

Present indications are that there will be no serological examinations upon registrants. A serological examination for syphilis will be done upon the men finally inducted into the Army of the U. S. This procedure is not involved in the function of the Medical Preparedness Committee of The Medical Society of New Jersey.

JOINT MEETING WITH COUNTY CHAIRMEN

A joint meeting of the Medical Preparedness Committee, Chairmen of County Medical Preparedness Committees, was held in Trenton on October 3, 1940. The following guests, including representatives of the Subcommittee of the Governor's Council on Health and Welfare, were present:

Dr. Watson B. Morris, President, The Medical Society of New Jersey
Dr. William Costello, Chairman, Board of Trustees of The Medical Society of New Jersey
Dr. Alfred Stahl, Secretary, The Medical Society of New Jersey
Dr. Robert P. Fischelis, representing New Jersey Pharmaceutical Association
Miss Wilkie Hughes, representing State Nurses Association of New Jersey
Dr. J. Lynn Mahaffey, Director, New Jersey Department of Health
Mr. Charles McFarland, Representative of Red Cross in New Jersey
Lt. Col. Donald W. McGowan, Deputy Adjutant General
Mr. Arthur Mudd, representing Municipal Aid Administration
Mr. Edmund R. Outcalt, Secretary, New Jersey Department of Health
Dr. Frank Overton, Editor, Journal of The Medical Society of New Jersey
Dr. Joseph E. Raycroft, representing Commissioner Ellis of New Jersey Department of Institutions and Agencies
Dr. Earl Ridgeway, representing New Jersey Society of Optometrists
Mr. A. H. F. Stephan, Commissioner of Budget, Chairman of New Jersey National Defense Committee.

PURPOSE OF MEETING

Dr. Schlichter in his introductory remarks announced that the purposes of this meeting were: (1) To clarify the status of this Committee, as a voluntary Committee, with no official authority, but acting in an advisory capacity in all matters relating to Medical Preparedness and the organization of the medical profession for military or civilian emergencies; (2) to fix the scope of function of this Committee; and (3) to hear the reports and suggestions of the representatives of the County Medical Preparedness Committees.

ORGANIZATION AND FUNCTION

Dr. Schlichter explained that this Committee is a State Committee of the Committee on Medical Preparedness of the A. M. A., appointed at the request of the A. M. A. to assist in putting into operation a plan of Medical Preparedness submitted by the Surgeon General of the U. S. Army to the A. M. A. and approved by the House of Delegates of that Association in June, 1940. Dr. Schilchter then called upon Dr. Andrew McBride.

REMARKS BY GUESTS

SUB-COMMITTEE, GOVERNOR'S COUNCIL

Dr. Andrew McBride, Chairman of the Sub-Committee of the Council on Health and Welfare appointed by Governor Moore, explained that his Committee had been appointed for the purpose of drafting a program to promote health and welfare, as might be necessary under the military defense program of New Jersey. To prevent duplication of effort, Dr. McBride suggested that all matters relating to Medical Preparedness be cleared through the Office of The Medical Society of New Jersey.

THE ADJUTANT GENERAL

Colonel Donald McGowan, Deputy Adjutant General, stated that the Governor had formally nominated the Adjutant General to be Director of Selective Service in New Jersey. Col. McGowan expressed the wish that the Selective Service Plan were as thoroughly prepared in every respect as it has been made by the submission of the names of physicians for physical examination boards, and stated that it would be possible to start tomorrow with the medical personnel which has been made available. He also stated that until the names have been forwarded by the Governor to the President, these names will not be made available to anyone.

AMERICAN RED CROSS

Mr. Charles McFarland, Field Representative of the American Red Cross, said that there are sixty-three Red Cross Chapters in New Jersey, each with a Local Disaster Committee. Each Local Disaster Committee has a medical sub-committee, which is headed by a doctor. Mr. McFarland expressed the hope that the appointment of each of these physicians might be approved by The Medical Society of New Jersey. The hospital section of the Disaster Committee prepares plans for normal as well as emergency hospitalization, and it is expected that these committees will make plans for supplying any such emergency hospitals as may be required, as soon as it is made known to them the supplies which are necessary.

In the discussion which followed Dr. Lewis expressed the opinion that food, clothing, and shelter were ordinarily available, but that information as to the source of medical equipment for disaster relief hospitals was lacking. Mr. McFarland suggested various sources of supply, and expressed a willingness to coöperate with this Committee in solving all such problems, so that more specific information might be furnished the County Committees on Medical Preparedness.

SURPLUS COMMODITIES

Mr. Arthur Mudd, Municipal Aid Administration of New Jersey, described the functions of the Relief Administration in supplying surplus stock during times of disaster, and recited the experience in Camden recently, when during an emergency such supplies had been furnished. Recently, the Administration received carloads of blankets, which were distributed among the municipalities;—these might be distributed for emergency use. Supplies obtained through this agency are ordinarily limited to food, a certain amount of clothing, and blankets.

PHARMACEUTICAL SUPPLIES

Dr. Robert Fischelis, New Jersey Pharmaceutical Association, stated that his Association is now engaged in arranging a set of emergency stations to which physicians may turn for immediate supplies of serums, antitoxins, and other supplies necessary in an emergency. This action has been prompted by the experience in Morris County following the recent explosion. He expressed the desire of his Association to assist this Committee in any way possible.

HEALTH PROGRAMS

Dr. J. Lynn Mahaffey, Director of the New Jersey Department of Health, said that the Health Department will not start any program without the coöperation of this Society. He recited the sequence of events, and stated briefly the controversy pertaining to the suggestion that all registrants be given a serological test for syphilis. He stated that the entire plan was at present in a rather chaotic state, but that he hoped the situation would be clarified in a few days.

In the discussion which followed Dr. Mahaffey's remarks, it seemed to be the consensus of opinion that the proposal to take blood Wassermanns from all registrants should be "frowned upon" by this Committee, as distinctly a Public Health program, not a function of this Medical Preparedness Committee. The suggestion by Dr. Varney that the members of the State Society take blood Wassermanns upon registrants referred to their office was looked upon with general disapproval.

NURSING FACILITIES

Miss Wilkie Hughes, New Jersey Nurses' Association, made some remarks when called upon during the meeting, and submitted a written statement.

The headquarters of the New Jersey State Nurses' Association is at 17 Academy Street, Newark; telephone Market 361. Suboffices with their telephone numbers are as follows; Morristown, 4-1800; Englewood, 3-3400; Trenton, 3-4948; Perth Amboy, 4-0871; Camden, 6600.

Miss Hughes stated that there are six thousand graduate nurses in the Association. She

expressed the desire of the nurses of New Jersey to coöperate in any way when called upon by the physicians of New Jersey or by this Medical Preparedness Committee.

The Red Cross Section of the New Jersey Nurses' Association is located at New Brunswick, telephone 477. The location and telephone numbers of the local Red Cross Nurses Committees are, Newark, Humboldt, 3-4221; Jersey City, Bergen 3-7000; Trenton, 5880; New Brunswick, 277, and Camden, 8830.

There are at present 17,000 nurses enrolled in the First Red Cross Reserve, thus signifying their willingness to serve with the Army or Navy, or in a civilian capacity during an emergency.

OPTOMETRICAL TECHNICIANS

Dr. Earl Ridgeway, of the New Jersey Optometrical Association, and a member of the Sub-Committee of the Governor's Council on Health and Welfare, submitted a report on the activities of his Society, and expressed a desire to assist in the listing and classification of professional technical personnel in his particular field. His Society has carried on a survey to determine the amount of personnel and facilities obtainable. He cites the fact that there are about 800 practicing optometrists in New Jersey.

COUNTY COMMITTEE REPORTS

(Briefed)

ATLANTIC

Dr. R. A. Kilduffe

A. The first problem will concern the prompt collection of casualties and their prompt transportation to stations equipped for their proper care. These facilities are:

a. For collection there will be available: Personnel of Police and Fire Departments not otherwise engaged, supplemented as required by civilian volunteer squads with some training in first aid.

b. For transportation there are available the following equipped ambulances. (Thirteen sources of ambulance service are cited.)

Note: In addition to the equipped ambulances there will also be available, if necessary, facilities of the Police and Fire Department of these various municipalities together with a practically unlimited supply of auto trucks and cars which, as desired, will be listed and assigned stations.

c. Casualties collected will be transported to stations properly equipped for their care.

It is more or less obvious that, initially, such stations should more or less concentrate upon present and established hospital facilities, of which there are two: The Atlantic City Hospital and the Somers Point Hospital.

The Committee has planned both for extra bed facilities in institutions already functioning and also for the establishment of new locations.

These facilities, as planned, will provide more than ample bed capacity and by no means exhaust those available. They are as follows. (The report listed facilities in hospitals, clubs, schools, and sanitaria for over 2500 beds.)

d. For the medical care of casualties, there will be sufficient medical personnel available. In view of the fact that it is not at present known how many of the physicians in this county may be called into the armed forces, it is not now possible to select specific personnel for specific assignment.

It will be possible to arrange for immediate first aid, palliative, and anti-shock treatment.

It is also planned to assemble mobile surgical teams which will be sent as emergency requires and, at the cessation of an immediate emergency, to concentrate to some degree various types of injury so that they may be cared for with the least dispersion of effort by what may well be a medical personnel reduced in numbers.

e. Nursing personnel will be available through: 1, allotment of nursing staffs in present functioning institutions; 2, through the Nurses' Registry; 3, through more or less well-trained volunteers.

f. Treatment of shock and hemorrhage. There is available a blood bank in the Atlantic City Hospital, the capacity of which can be expanded.

BERGEN

Dr. F. L. Muller—A questionnaire was prepared by the Committee and sent to all members of the Bergen County Medical Society. Through this questionnaire we can classify the men as to who can serve, in what capacity they can serve best, their specialty, etc. Specialists for the medical consulting board have been appointed. One physician has been appointed to serve on the Board of Appeal.

BURLINGTON

Dr. H. L. Rogers—There is some confusion in this county due to duplication of effort. The names of volunteers for examining boards have been submitted. The return of the questionnaires will be urged. The county is doing the best it can to promote Medical Preparedness.

CAMDEN

Dr. H. B. Decker—Committee meetings to be held weekly for the duration. Headquarters to be established and the Committee Chairman to act as Coördinator of the Staff.

First Section—Personnel:

1. Establish a roster of available physicians.
2. List and cross-index information as to their various skills.
3. Keep these records up to date and available.

Second Section—Communications:

1. Arrange for transmission of orders and information through:
   a. Physicians' exchange.
   b. Telephone companies.
   c. State and local police.
2. Contact civil authorities and arrange for coöperation.

Third Section—Operations:

1. Prepare plans for handling various catastrophies.
2. Organized catastrophe teams.
3. Establish training courses in:
   a. First Aid.
   b. Emergency Surgery.
3. Emergency Medicine.

Fourth Section—Supply:

1. Survey available sites for emergency camps.
2. Survey available buildings for housing sick, injured, or homeless.
3. Arrange an availability of supplies for various catastrophies.

CAPE MAY

Dr. C. W. Way—The names for the various examining boards have been submitted. Cape May has, and will coöperate, and do everything requested of it.

CUMBERLAND

Dr. Frank Sheppard—No report submitted.

ESSEX

Dr. H. Roy Van Ness—To date the Committee on Medical Preparedness of the Essex County Medical Society has given much time to finding out those willing to serve on the various draft boards, both regular and advisory in the county. We expect to survey the various hospitals of the county for added capacity in case of emergency, to learn transportation possibilities under emergency, and to list the profession as to availability.

GLOUCESTER

Dr. W. W. Pedrick—The names for the examining boards have been handed in, and the county will coöperate in every way.

HUDSON

Dr. S. A. Cosgrove—Dr. Cosgrove arrived home recently from vacation and found he was Chairman of the County Committee. He contacted the County Executive Office to find out how well it had coöperated. The Committee will go into action immediately.

HUNTERDON

Dr. R. J. Germain—The various Boards have been appointed and after a meeting of the Executive Committee, it was decided to wait until things were clarified before taking further action.

MERCER

Dr. J. H. McCullough—Nothing has been done except the presentation of names for the draft boards. The questionnaires will be taken care of.

MIDDLESEX

Dr. J. H. Rowland—The Committee has begun the canvass of physicians to determine their willingness and availability for service in Medical Preparedness. Members of the county have volunteered their services for the selective draft boards and recommendations have been presented to cover all of the demands at this time.

MONMOUTH

Dr. Emerson Haines, for Dr. W. F. Jamison—The names have been submitted for the six examining boards. A hospital survey shows few facilities.

MORRIS

Dr. B. C. McMahon—By utilizing solariums, recreation rooms and halls in adjacent buildings, the bed capacity of the hospitals may be increased from 325 beds to 692, by using cots instead of beds. The Red Cross has stated that the equipment and supplies for this expansion are available. There are ten available ambulances fully equipped with first aid units and splints. Three hospitals have enough physicians between the ages of 45 and 55 to carry on activities if younger men are called into service. There are adequate x-ray and laboratory personnel and supplies of serums. We have learned by our experience in the recent Hercules powder explosion in Kenvil. Picatinny Arsenal and the adjacent Navy arsenal at Lake Denmark, where over 6000 civilians are employed in eight-hour shifts, are potential sources of danger.

In view of an emergency:

First: Local and State police have agreed to close the roads leading to the place of disaster. At Kenvil, within three minutes, the roads were impassable with automobiles, curiosity seekers, relatives, and friends of the employees. This traffic jam interferred with the physicians, ambulances and nurses getting to the injured.

Second: Medical Director should be at the entrance. No injured person should be evacuated without having been seen by a physician.

Third: Some type of tagging to facilitate the removal of individuals by stretcher-bearers.

Fourth: The Director, by telephone or by liaison officer, should distribute casualties according to capacity of hospital operating rooms.

Fifth: Tags for the time and the amount of morphine administered.

OCEAN

Dr. W. E. Dodd—Has completed the draft board personnel and completed its Wassermann set-up. Will go to work on expediting return of questionnaires. We have a group of first aid squads, ambulances, and emergency hospital facilities.

PASSAIC

Dr. J. C. McCoy—The hospitals of the county have been surveyed. Space for 879 cots, allowing six square feet for each cot, has been found. Through the Red Cross fifty cots with full equipment (mattresses, blankets, sheets, pillow cases, and pillows) will be placed in each hospital. The Red Cross has 600 cots and equipment on call, also 200 bed shirts for each unit of 50 cots. There will be a field medical unit under direction of this Committee, and controlled by the County Society, to consist of a Medical Director, Executive Staff and 25 physicians. Aided by the Red Cross and nursing profession, the organization, in brief, of this unit is as follows:

1. Director and assistant directors to become acquainted with the entire unit membership, take charge of the entire medical personnel, and to control all activities.
2. Dispatcher to direct disposition of cases.
3. Unit members to report at once upon notification of accident, to receive directions from Director.
4. Nurses. Four nurses from each hospital to work at site of disaster, with hospital ambulance on first trip to site of disaster.
5. Ambulances shall on first trip dispatch a stated amount of supplies. (Full directions for ambulance work are given in the plan.) Private ambulances and other transportation will report to the dispatcher's office. Identification card or insignia will be issued to each member by proper authority. A plan by which doctors may be notified in cases of disaster is appended to the main body of the plan.

SALEM

Dr. J. S. Eisemann—No report submitted.

SOMERSET

Dr. E. T. Flint—Hospitals have been advised of the extra materials which should be kept on hand for use in case of emergency. Hospitals have reported their utmost capacity in bed and cot space, and the space available in nearby buildings. The nursing profession has been organized for call in case of emergency. A "Mobile Staff" of physicians has been organized for emergency work. First Aid squads have been organized. Request has been made to the Red Cross for additional equipment.

SUSSEX

Dr. L. R. Eddy—A list has been compiled of those physicians who have not returned the A. M. A. survey forms. Extra copies of these forms to those physicians needing them. A survey of the facilities in the county for care of cases during public emergency is being carried forward. Additional space in the three hospitals is being catalogued and feeder stations surveyed in the more remote sections of the county.

UNION

Dr. R. M. Nittoli—Three hundred forty-six cards were sent to county members asking them about questionnaires, and ninety-six questionnaires were sent to men who did not respond. These were delivered person-to-person rather than by mails. Space for 250 additional beds in the hospitals and 500 in the Y. M. C. A. and the Y. M. H. A. has been located. A Mayors' Committee has been formed to promote cooperation between the towns. The doctors have been organized into groups of five. Everything is ready in case of emergency, but medical supplies are needed.

WARREN

Dr. W. H. Varney—This county has had one meeting of its Committee. Letters were sent to every physician urging that he complete his questionnaire. Extra bed space is impossible in our hospitals. Space is still being sought for extra beds.

N. J. DEFENSE COUNCIL

Mr. A. H. F. Stephan, Commissioner of the Budget, and Chairman of the New Jersey Defense Council appointed by Governor Moore. Commissioner Stephan was called away from the meeting before being given an opportunity to speak. He has submitted to this State Committee a copy of "Official Municipal Plan of Defense", approved by Governor Moore on August 10, 1940. The recommended organization of municipal plans provides for an advisory committee on "Health and First Aid". The functions of this municipal committee are similar to the functions delegated to the County Committees on Medical Preparedness. A copy of "Official Municipal Plan of Defense" will be sent to each County Chairman.

CLOSING REMARKS

Dr. Schlichter in his closing remarks requested all County Chairmen to contact the Red Cross Disaster Committees in their counties, in order to determine what supplies and assistance may be expected from the American Red Cross. He requested that plans to expedite the return of A. M. A. questionnaires be given priority in the county programs, and that prompt action be taken when the list of physicians failing to return their questionnaires is received from the Executive Offices.

Chemical cyanosis or "Blue-lip" is a condition caused by exposure to nitro and amino body chemicals, of which aniline is an example. These chemicals may be absorbed through the respiratory tract, or through the intact skin. When absorbed into the body these chemicals cause definite symptoms of poisoning, one of which is "Blue-lip" or cyanosis. (See Figure 20.)

Here again through intensive control procedures we have been able to reduce the incidence of this specific occupational condition.

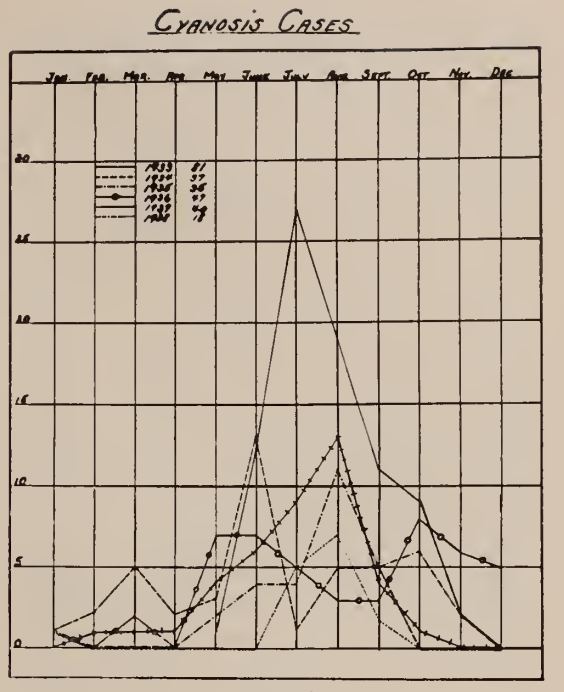


FIGURE 20

SUMMARY

We have pointed out that Industrial Medicine is a specialty in the field of Medical Practice.

Table I illustrates some of the duties of an Industrial Physician. We have attempted to show you that an industrial physician must have an understanding of plant conditions, he must know the toxicological action of the compounds and substances handled on his plant. He must also know the physical condition of the men employed so that he may properly place them in the industry. He must, of course, have some knowledge of surgery in order to care for the traumatic conditions which may occur. He should know the rudiments of such specialties as eye, ear, nose, and throat, orthopedic surgery, dermatology. Above all he must be sufficiently well qualified in general medicine to make an accurate diagnosis.

We have also pointed out that the practice of Industrial Medicine is essentially the practice of Preventive Medicine in its broadest scope.

We have outlined what may be considered an adequate program for an Industrial Medical Department in Modern Industry.

LAME BACK

By FRANK R. OBER, M.D., Boston, Massachusetts
John B. and Buckminster Brown Clinical Professor of Orthopedic Surgery, Harvard Medical School

Read before the Academy of Medicine of Northern New Jersey, April 18, 1940. Dr. Ober also gave an operation clinic in the Hospital and Home for Crippled Children, and held a round table conference at which fifty orthopedists were present.

It is the purpose of this paper to discuss backache from the point of view of cause, diagnosis and methods of examination and therapy. No adult person is exempt from this symptom, and every physician sees it very frequently in his practice, whether he is a general practitioner or a specialist. Lame back is *only a symptom* of some underlying condition: it is not a disease entity.

ANATOMY

The spine may be visualized as a flexible, jointed rod made up of thirty-three bones, and each individual bone in the cervical, thoracic, and lumbar region is separated by the cartilaginous intervertebral disc. In the center of each disc lies a body known as the *nucleus pulposus* which has a sort of ball-bearing effect. Each of these vertebrae is secured to its neigh-

bors by powerful groups of ligaments, and bands of fasciae dipping down between the muscles. The movements of the spine are controlled by powerful muscles: the motion between individual vertebrae is slight, and regional movements are more extensive.

There are four physiological curves in the spine; viz., lordosis in the cervical; kyphosis in the dorsal; lordosis in the lumbar; and kyphosis in the sacro-coccygeal region. The areas of greatest mechanical stress are the apices of the first three regions and at the junction of each group, especially at the lumbo-sacral junction. There are variations in the extent of these curves, some being less than a so-called normal, and others being abnormally increased. There are also variations of these curves with respect to sex. In the female the average normal physiological curve is greater than in the male, as is the angle at the lumbo-sacral junction. Alterations in one physiological curve produce alterations in the other physiological curves; e. g., if there is a hollow lumbar spine, the cervical spine is prone to become more hollow.

ETIOLOGY

Probably the one important feature in the cause of lame backs is *postural change*. This change can be produced by mechanical or static disturbances, or by disease.

Posture.—Man's spine was not designed for him to be in the erect position. Very few individuals have a perfect posture—

First, because there are so many variations in the structure of the bones of the spine.

Second, because of variations in the attachments of ligaments and muscles which maintain and control the integrity of the spinal column as a whole.

Third, because the relation of the muscular and fascial structures of the extremities to the spine, if abnormal, affect the mechanics of the spine; e. g., contracted hamstrings and contracted fascia lata, especially in its lateral and anterior portions, exert pulls on the ilium which are transmitted to the spinal column distorting the physiological curves. This physical set-up is such that the flexibility of the back as related to the legs is less than normal, so that sudden twists, sneezing, and bending may result in an acute back strain; or there may be a low-grade chronic lame back as a result of the constant pull on the spine from these contracted structures which probably become more contracted as time goes on.

Eyes.—Permanent disturbances of vision, uncorrected near-sightedness, and partial blindness, may indirectly cause backache because these patients usually bend forward in order to be able to see better, and thus distort their posture.

Ears.—The same is sometimes true in those who are troubled by unequal deafness.

Bad Attitudes.—Healthy persons who stand or sit habitually in slouched positions may have backache, as these bad habits become fixed. The debilitated and undernourished, and those who have flabby musculature are not able to hold their posture in a normal position, and are thus prone to develop chronic lame backs.

Feet.—Pain across the sacrum and lumbar region may be a prominent symptom of foot strain, especially in those who have high arches and loss of passive dorsal flexion of the foot. No examination of a back patient is complete if the feet are not examined also.

CONTRACTED FASCIA AND SHORT MUSCLES * †

There are many who have short calf muscles, short hamstrings, and contracted gluteal muscles. Associated with these contractures are also contractures of the fascia lata, especially in its anterior, posterior, and lateral aspects. The shortness of these structures exerts undue mechanical pull on the pelvic bones; and these pulls may be increased when the patient stands for a long time, when he attempts to lift an object, or when he makes a sudden twist. In other words, a restricted mechanical set-up in the relation of one's extremities to one's back is probably a prominent, precipitating factor in the onset of the chronic lame back where no other cause for the disability can be found.

Furthermore, this mechanical disturbance may be a factor also in exaggerating lame back symptoms. The lack of symmetrical pull of

* Ober, F. R.: The Role of the Iliotibial Band and Fascia Lata as a Factor in the Causaion of Low-Back Disabilities and Sc atica. J. Bone & Joint Surg., 18:105, (Jan.) 1936.

† Ober, F. R.: Back Strain and Sciatica. J. A. M. A., 104:1580, (May 4) 1935.

contracted fasciae and muscles also exerts twisting pulls on the pelvis and the spine, and may have a bearing on the occurrence of unilateral pain in the low-back structures.

Such questions as these are often asked: Why are these structures contracted? Are they not always contracted? What makes them contracted? Unfortunately, it is impossible to give a direct answer. However, we do know that bad positions in poliomyelitis, osteomyelitis of the spine, and during the treatment of fractures, may result in adaptive shortening of the fascia and muscles. Flexed and abducted positions of the hips and knees may occur in infants or in older children who have long illnesses; or inheritance may be responsible for muscular and fascial difficulties, just as one inherits other anatomical characteristics. The usual result of abnormal fascial pulls is to increase or decrease lumbar lordosis, depending on the location of the contracture.

Other conditions may result in an increase in the lordosis; such as overweight, heavy and prominent abdomens, bad posture from general muscular debility or slouchy habits, age, diseases of the spine or sacroiliac joints, contracted erector spinae muscles and their fascial coverings; also pregnancy, and weak abdominal musculature which often follows frequent pregnancies. This position, if allowed to continue for a long period, results in chronic strain of the spinal ligaments, and a lame back may occur. It must be remembered that normally there is a greater lumbar lordotic angle in females than in males. The pain may be in the lumbosacral or in the sacroiliac region, or over the body of the sacrum.

Short Leg.—A short leg may be the cause of low-back pain, especially in those whose occupations require long standing. The short leg causes the pelvis to tilt, and thus disturb the mechanics of the spine, more especially in the lumbar and sacro-iliac regions.

Occupations.—Secretaries and other office workers who sit in bad chairs, or assume bad postures at their work, and who do not get enough exercise to keep up their muscular tone often complain of backache. Those whose occupations require them to remain in stooped positions for long hours, such as the coal miner or the ditch digger, or those whose work requires heavy lifting may develop very bad attacks of lame back. Quite often laborers go on for years without any back symptoms whatever, and then suddenly after some injury, which may be trivial in nature, they suffer from backache. This may continue for months and the symptoms may be out of all proportion to the immediate cause.

DISEASE OF THE SPINE

There are many diseases which affect the vertebrae, either the body, articular facets, laminae, pedicles, transverse or spinous processes. Among these are typhoid and paratyphoid infections, tuberculosis (Pott's disease), osteomyelitis, arthritis (gonorrheal or chronic), cancer, fractures, congenital malformations of the spine or ribs, spondylolisthesis, ruptured intervertebral discs, fractures, and intraspinal tumors.

PAIN IN THE BACK DURING ACUTE INFECTIONS

It must not be forgotten that the general practitioner sees these patients, whereas the specialist may never see one. It is the practitioner then who has to make the diagnosis. In other words, a good many painful backs are seen during the course of some acute infectious disease. For instance, backache is often a distressing symptom in cases of acute tonsillitis, influenza, poliomyelitis, or smallpox.

BACKACHE AND FUNCTIONAL NEUROSIS

Severe emotional upsets may have the low back as the focal site of pain. One must not be too precipitate in making such a diagnosis, for it is a convenient wastebasket for those cases which are difficult to evaluate. The functional spine is seen often, especially in neurotic women who crave attention and affection, and in workers who receive employer's liability insurance, and who *seem* to want to receive compensation indefinitely. Too often a lump sum settlement in these cases effects a complete cure. Malingering and lame backs are common occurrences in everyone's practice, especially when the individual "does not want to be a soldier".

ARTHRITIS OF THE SPINE

Marie-Strumpell or generalized ankylosing arthritis of the spine, more common in males from adolescence to old age, insidious in its onset and often rapid in its progress, produces very lame backs and girdle pains in the chest, abdomen, and groin. This disease must always be considered in making an early diagnosis because much can be done to minimize its deformity.

Proliferative or atrophic arthritis is usually associated with the same arthritis in other joints.

Degenerative arthritis is very common after middle life, but may occur in the third decade. Chronic lame back is often associated with this form of rheumatism, but there are many instances where large and numerous spurs are seen. These spurs must have been present for many years without any symptoms whatever until some traumatic factor, mild or severe, occurs to precipitate a chronic lame back.

POTT'S DISEASE

Tuberculosis of the spine is seen rarely nowadays, and its rarity should make one more alert, since to miss the diagnosis may lead to serious consequences.

OSTEOMYELITIS OF THE SPINE

This is another rare condition, but it does occur. It usually affects the transverse spinous processes, laminae, and the body of a vertebra. It may be very acute and very fatal, or it may be dry, chronic, and slowly progressive.

CANCER OF THE SPINE

Cancer of the spine may be primary, or secondary from metastatis. The more common primary lesions are sarcoma, Ewin's tumor, and myeloma. Carcinoma, secondary to lesions in the breast, uterus, prostate, thyroid gland and lungs, should always be considered. Too often an x-ray reveals carcinoma of the spine when there is an undiscovered cancer of another organ. I have seen such cases where the breast has never been examined, or where delay in the treatment of a breast lesion has been advised. It is only fair to say, however, that the primary lesion may be missed if it is very small or deep seated.

DISEASES OF THE BLOOD

Hodgkin's disease, and some of the malignant forms of anemia, even in children, may be sources of backache.

DISEASES OF THE PARATHYROID GLANDS

These will produce osteoporosis of the spine, and the bones tend to collapse. There is a form of general osteoporosis of the spine often seen in the aged, but which may be seen in the late forties or early fifties. In such cases a slight injury to the spine may cause a bad collapse, especially in the younger cases. The pain may be severe in the back, and girdle pains are often present.

FRACTURES OF THE SPINE

Fractures of the spine are fairly common, and may result from seemingly trivial injuries. The so-called crush fracture of the spine is the one referred to, and is the one often missed. Indeed it may be missed by early x-ray, but a later picture when bone production takes place will reveal the injury. There may be no pain in these cases for several weeks when the healing bone becomes more sensitive. Insured patients have had early small settlements to their sorrow and financial loss.

RUPTURED INTERVERTEBRAL DISCS

This condition has become quite popular with the medical profession during the past few years. However, it is not a very common cause of lame back when one considers how many lame backs there are from other causes. There has appeared in recent literature a symposium on this condition. In one of these articles the description of the symptoms, to my mind, is somewhat misleading because the symptoms described are no more peculiar to ruptured discs than to many other numerous conditions producing lame backs *which may have the same symptoms.*

Schmorl's monograph on this subject is a classic from the investigative point of view, and it is recommended for study. The nucleus pulposus may rupture in any direction,—an-

teriorally, laterally, upward into the body above, downward into the body below, or most important of all, backward into the spinal canal, centrally or laterally. If it ruptures into a body, there may be symptoms of backache. If it ruptures posteriorally, there may be symptoms of backache and there also may be signs and symptoms of nerve root pressure.

A ruptured disc may be suspected in those cases of lame back which do not respond to the ordinary measures conscientiously followed over a considerable period of time, and with complete coöperation of the doctor and patient. When this status quo exists a thorough neurological check-up should be done and a lumbar puncture is indicated. At the same time air injection is done, the dynamics of the spinal fluid are studied, and x-rays are taken which *may* help.

If the cell count and total protein are increased, there is then presumptive evidence that there is some sort of tumor in the spinal canal. Lipiodol may now be given and localizing x-rays are made. Lipiodol should not be used unless the diagnosis is fairly certain and operation on the spine is to be done, at which time as much of the lipiodol as possible is removed. There have been instances in which the injudicious use of lipiodol has increased the patient's disability.

Furthermore, this is not a problem for the neurologist or the orthopedist to settle alone: it should be done only after careful consultation between these men and the roentgenologist. Some ruptured disc symptoms have responded to conservative measures. It must be remembered that spinal cord tumors, especially in the lumbar and sacral lesions, can, and do, cause backache.

CONGENITAL MALFORMATIONS OF THE SPINE AND RIBS

There may be too many vertebrae or too few. There may be hemivertebrae, wedge-shaped vertebrae, congenital ankylosed vertebrae, sacralized bodies or transverse processes, or lumbarized first sacral bodies. There may be too many ribs or too few, and there may be rudimentary ribs in the lumbar region. Spondylolisthesis is a forward subluxation of one vertebra on another. This lesion is most common at the lumbo-sacral junction, and is due to failure of bony union between the pedicles and laminae.

Backache is very rare in cases of spina bifida.

SLIGHT TRAUMA

The severest type of lame back has been known to follow a sneeze in bed, mis-steps, slipping in bathtubs, picking up objects from the floor, or bending over a wash bowl.

DISEASES OUTSIDE OF THE SPINE

There are many conditions, where there is pain in the back, in which the spinal mechanism is not involved; e. g., lesions of the stomach and duodenum, such as ulcer or malignancy, may have painful symptoms referred to the spine. This is also true in cases of hemorrhoids, uterine disorders, stones or infections of the bladder, stones in the kidney, or infections in or about the kidney. Kidney disease is not the principal cause of a lame back.

SYMPTOMS OF BACK DISABILITIES

The low back syndrome varies more or less with the site, type and extent of the lesion, and also *with the disturbance of posture*. Backache is the prominent symptom which may or may not be associated with stiffness. The pain usually occurs in the lumbar, sacro-iliac, and gluteal regions. There may be radiating pain around the body, over the iliac crest, in the groin, in the testicles, down the lateral femoral region, or along the course of the sciatic nerve. Pain along the course of the sciatic nerve is the most common of all the radiating pains, and is usually severe. However, it may vary from a mild numbness, a wooden-like sensation or tingling, to a constant, agonizing pain. It may be relieved or increased by changes in position.

Backache may be increased by stooping over, long standing in one position, sleeping on soft and hollow beds, sitting in certain types of chairs, and by motion in one or more directions. The patient may walk with his body bent forward or to the side, and stiffness and pain are very common complaints when the patient tries to extend his spine from the flexed position.

A patient who presents himself with backache should be studied thoroughly so that the primary cause, if there is a cause, of his disability may be located. A general history should be taken, and a physical examination made. It is important to know when the attack began, and how it came on. Since most people with lame backs have had antecedent attacks, one should learn about them, when they started and how; how long the attacks lasted; how much disability there was; how badly the patient was incapacitated; and were there periods of complete or partial relief. What positions and conditions induced, increased, or relieved pain and stiffness?

Do not omit the psychological, occupational, social, and family difficulties. Do not forget compensation insurance problems in this connection.

EXAMINATION

Too many physicians are shy about examining backs, although it is a relatively simple problem. The patient must stand, if it is possible for him to do so, in a good light. Note how he stands. Are his physiological curves increased or decreased? Is his head thrust forward? Are the shoulders held forward with the upper back rounded? Is the abdomen prominent? and is there a flat back; or a lumbar lordosis, or the reverse? Does the patient list to the side, and is there obvious muscle spasm of the erector spinae muscles? Does he list to, or away from, the affected side? Is there a lateral curvature, and if so, is it single or double? Are there any abnormal swellings?

Palpate for growths, swellings, muscle swelling and areas of tenderness. Test the motion of the spine in forward, backward, side bending, and rotation. Measure the chest for respiratory excursion. Test the motions of the spine with the patient sitting with the legs flexed and with the legs extended. Restriction of motion in joints means that there is ankylosis (uncommon), or contractures or inflammation or deformities.

STRAIGHT LEG RAISING

It has been mentioned previously that the extremities are concerned with many spinal difficulties through contractures of muscle, fasciae, and nerves. Thus for many years it has been the custom to associate limitation of straight leg raising with low back disabilities, and with pain along the sciatic nerve. As a matter of fact, marked limitation of straight leg raising is seen frequently in individuals who have no sign of irritation in the low back region. There may be limitation of straight leg raising in the leg opposite to the one in which there is marked sciatic pain, and there is no demonstrable lesion in the back either by physical examination or by x-ray.

Limitation of straight leg raising in the absence of disease, strains, sprains, etc., of the spine, sacro-iliac joints, hips and knees occurs in otherwise normal cases, and is due to contracture of either the hamstrings, gluteus maximus muscle, or the fascia surrounding the muscles, or a combination of these. When the posterior fascia and gluteus maximus are contracted, the fascia lata is very likely to be contracted in other portions—that is, anteriorally and laterally.

THE ELY TEST

Many years ago Leonard Ely described a test known now by his name. Ely stated that if one flexed the leg on the thigh, with the patient in the prone position, and the pelvis came up from the table, this showed there was involvement of the sacro-iliac. This may be so; but we must remember that in the early days of sacro-iliac literature much less was known about lame back than now. The Ely test has a more valuable application. Although it may be positive in sacro-iliac disease, it also means the anterior muscles and fascia lata are contracted; and that, when the test is performed, with this contracture present, the shortened structures, extending from the knee to the anterior superior and inferior spines, pull on the pelvis and rotate it forward.

The Ely test may be present when there is no physical disability apparent in the patient.

THE POSITIVE ABDUCTION TEST

The patient lies directly on his side; the thigh resting on the table is flexed until the normal lumbar curve is obliterated. The upper-

most part of the leg, which is probably flexed, is grasped just below the knee which is flexed. The thigh is now abducted as far as possible, and then slightly over-extended. The examiner steadies the patient's pelvis so that he will not roll on the table. He then slips the hand on the knee toward the ankle, being careful that the thigh is held extended; and with a light grasp lets the knee drop toward the table. If the knee does not drop beyond the perpendicular of the leg, then the test is positive.

This test, just as the other two tests, may be present when there is no physical disability of the patient. It is not present in everybody, otherwise there would be no abduction of the thighs in the coronal plane. The point to be emphasized is, that when these tests are positive, these contractures are prominent factors in precipitating lame backs and bad postures because they limit normal flexibility of the body as related to the extremities.

NEUROLOGICAL EXAMINATION

The deep reflexes should always be tested, as well as sensation and bone conduction, since disturbance of these may indicate the possibility of a lesion in the cord or in the neural canal. In long-standing cases of sciatica there may be changes in the reflexes, and there is usually atrophy of the gluteals on the affected side, and also of the thigh and calf muscles.

ROENTGENOLOGICAL EXAMINATION

No examination of a patient suffering from backache is complete without adequate x-rays. Views in the anterior-posterior and lateral positions, which should include the sacrum and sacro-iliac joints, are always indicated. Stereoscopic views are very helpful; and oblique views show the articular facets better than any of the others.

It is just as valuable to find out by x-ray that there is no lesion as it is to find a lesion. In such a debatable field one can never be certain; and there have been many instances of unsuspected lesions of the spine, such as cancer, tuberculosis, osteomyelitis, etc., which have been brought to light by delayed x-ray examination.

TREATMENT

It must be borne in mind that we are dealing with a symptom, and that this symptom, backache, is common to practically all the conditions which produce backache. The underlying cause, when found, must be treated, and the lame back must be protected. In other words, the general condition primarily responsible must receive appropriate treatment, as well as the local symptoms of pain, spasm, stiffness, and posture.

The local treatment is directed at reducing pain and muscle spasm. This can be accomplished in the severe cases by putting the patient to bed. The bed should be firm. The firmness may be helped by putting a thin plywood board between the mattress and spring. This board should be in the middle of the bed, and a foot shorter than the spring, so that the ends will not rest on the frame of the spring, since this will cause sagging of the spring board. If the board is short, the spring will give but will remain flat. If sciatic pain is present, the affected leg should be abducted and the thigh held flexed on a pillow.

Occasionally traction is helpful.

The back may be strapped with several thicknesses (three) of adhesive plaster, extending from the coccyx to the lower dorsal region, and laterally along a line from the trochanter. Circular strapping does not help, and is usually uncomfortable.

Tightness never cured a lame back. About all that adhesive plaster does is to splint the heavy gluteal muscles, and prevent some of the motion of the spine. A snug binder or well-fitted cloth and elastic girdle are helpful and make it easier for the patient to turn in bed. A hot water bottle, one-third full of warm water, and containing no air makes the best sort of a pillow when placed under the hollow of the back. Ordinary pillows are likely to be too high or become irregular or get too hot.

In many cases *sedatives* are often needed to control the pain. These are also valuable in giving rest,—and rest is of the utmost importance.

After the more acute symptoms have subsided, the patient, supported by some form of apparatus, is allowed to sit up in a chair with

a high seat. Sitting up in bed is mechanically bad for the lame-back patient.

The first rule all lame-back patients must learn is: Never do anything that increases or produces symptoms until the back is well. A well-fitted corset is probably the best form of support there is for these patients. Any support which does not fit, or which produces discomfort, will not help; and in fact, may do harm. The well-fitted corset supports the lower abdomen, and the back part of the corset must be shaped to the contours of the spine and the buttocks, in order to protect the back. It must fit snugly between the crests of the ilia and the trochanters. The crests of the ilia must be let out into the cloth or the corset will ride up or will roll on these bones, and the abdominal lift and back support will then be lost. To secure a proper fit, the corsetiere must understand how to cut the cloth which goes into this part of the corset, so that it will draw properly. This art is much like that of the sailmaker—a poorly cut sail will not draw right, and will hurt the sailing qualities of the boat. An improperly cut corset will not draw right and thus will not relieve pain.

PHYSICAL THERAPY

Milk baking and gentle massage are often helpful. Deep massage, and long exposure to heat, are usually detrimental. Cooking of muscles and joints never cured bad mechanics, muscle spasm, or chronic inflammation; and, on the other hand, it probably increases congestion.

After all the symptoms have subsided, exercises are indicated to restore the tone and function of Nature's corset muscles. These corset muscles are not the erector spinae group, but are the abdominals and the gluteals.

If the fascia lata and leg muscles are contracted, these contractures must be stretched out until they are normal or nearly so. When the stretching has been accomplished, developmental exercises to correct the posture are performed. If this regime is adhered to, recurrences may be minimized and even prevented.

OPERATIVE TREATMENT

The chronic lame back which does not respond to conservative measures may come under this heading. The four outstanding conditions which lead to a situation of this sort are:

1. Ruptured intervertebral disc.
2. Contracture of the ilio-tibial bands.
3. Sacro-iliac disturbances.
4. Hypermobility of the fifth lumbar vertebra.

Ruptured Intervertebral Disc.—In cases of a disc which has ruptured into the canal, and in which conservative measures do not help, the disc should be removed.

Contracture of the Ilio-tibial Band.—In cases of long standing sciatica or chronic lame back, in which no evidences of intra-spinal lesions or demonstrable lesions of the vertebrae are shown by x-ray, division of the fascia and the ilio-tibial band will relieve a large percentage. If both sides are contracted, a bilateral operation should be done.

Sacro-iliac Disturbances.—When a diagnosis of a lesion of this joint can be made, and when conservative measures do not relieve or are contraindicated, a Smith-Petersen fusion should be performed.

Lumbo-sacral Lesions.—In lumbo-sacral lesions where there is no relief by conservative measures, a fusion of the fifth lumbar and first sacral vertebrae is to be recommended, but only in rare and selected cases. If there are fascial contractures, they must be relieved before doing a fusion.

Finally, there are some chronic lame backs which do not respond to any form of therapy. They go forever, but they must be managed in order to give some relief.

The treatment of the complete list of causes of lame back has not been considered, because the management is tied up with the treatment of so many other conditions there is not space enough in this paper to discuss them.

SUMMARY

1. Lame back is one of man's most common afflictions.

2. Lame back is a symptom of many conditions affecting the spine.

3. The most frequent cause of lame back

is bad mechanics involving those structures which maintain the erect posture.

4. Most lame backs get well by conservative measures, if they are treated properly,

5. A general physical, local, and x-ray examination should always be done.

6. Operative measures are not advocated until other measures have failed.

THE TREATMENT OF ALCOHOLISM

By MERRILL MOORE, M.D.
Visiting Psychiatrist, Boston City Hospital, and Associate in Psychiatry, Harvard Medical School, Boston, Mass.

Abstract of a paper published in The New England Journal of Medicine, September 28, 1939, pages 489-493, and reproduced by permission of the editor and the author.

Formerly heavy drinking was considered to be a mode of behavior that was a unit in itself, and concerned morals rather than physical medicine. Today the physician approaches the problem from both a physical and psychiatric point of view.

ACUTE ALCOHOLISM

The degree of the acute effects of alcohol on the human body is in proportion to its concentration in the tissues. When the concentration of alcohol in the blood reads 500 milligrams per 100 c.c. of blood, respiration is slowed to a dangerous degree.

When alcohol is taken by mouth, it is distributed throughout the body, and in a uniform manner according to its solubility in the various kinds of tissues. Its effect depends on its concentration in the tissues. A given amount of alcohol will therefore affect a 125-pound man twice as much as it will one weighing 250 pounds.

When alcohol is taken on an empty stomach, it is absorbed with greater speed than when it is mixed with food. Fatigue, exposure, recent infections, and general debility increase the susceptibility to the intoxicating effects of alcohol. Also a certain amount of tolerance is acquired by habitual drinkers.

The characteristic postmortem finding of acute alcoholism is hyperemia of the gray matter, associated with edema and flattening of the convolutions. A chemical analysis of the brain substance is the only approved way to establish the presence and amount of alcohol which it contains.

In uncomplicated acute alcoholic intoxication the principal objects of therapy are:

1. The oxidation of alcohol.
2. The promotion of its elimination.
3. The restoration of depleted water and minerals.
4. Sedation.

Gastric lavage given to a comatose patient may flood the lungs and produce pneumonia. The fatal concentration of alcohol in the blood is 500 milligrams in 100 c.c. of blood. In these cases a mixture of carbon dioxide and oxygen may be needed in order to stimulate breathing. The comatose patient must be kept warm throughout the course of the treatment, for a vast amount of heat is lost through the dilated skin vessels. If vomiting is excessive, the loss of hydrochloric acid from the stomach may result in a severe alkalosis.

The treatment of the "hangover" is not essentially different from that of the acute stage of intoxication. Any of the following drugs is excellent:

1. Soda bicarbonate—50 grains.
2. Saturated magnesium sulphate—½ ounce.
3. Seidlitz powders—2. together with 10 grains of aspirin.

For the restless patient, excellent sedatives are:

1. Sodium Amytal—3 to 4½ grains, or
2. Phenobarbital—3 grains.

If coma persists for twenty-four hours, the prognosis is dubious.

CHRONIC ALCOHOLISM

Chronic alcoholism is the state of those individuals whose drinking interferes with their normal activities, occupationally or socially. These patients fall into two groups:

1. The steady drinkers, or "addicts"; and
2. Those who drink only when on sprees. In this latter group psychological problems are dominant, and are benefitted by psychotherapy.

In chronic alcoholism the actual damage to the nervous system usually results from nutritional deficiencies, rather than from the toxic effect of the alcohol itself on the body tissues. There may be a serious vitamin deficiency because of the high caloric value of alcohol. Death may result from a polyneuritis or an acute psychosis.

MEDICAL TREATMENT

The main organic damage inflicted by alcohol on the human nervous system is the result of nutritional deficiencies, rather than from the alcohol itself. The immediate treatment requires that the patient take a diet well-balanced, and adequate in minerals, protein, and vitamins. Thiamin chloride is useful in doses of 5 to 10 milligrams daily.

Sedatives such as sodium bromide, gr. 15, or phenobarbital, gr. ½ to 1, given three or four times daily may be useful.

Benzedrine, 10 milligrams, twice a day by mouth, produces a mild elation which is usually beneficial.

PSYCHOLOGICAL TREATMENT

It is important to have a line of treatment mapped out, and the patient made ready to undertake it as soon as he is recovered from his acute symptoms. The importance of physical well-being as a fundamental step in promoting mental stability is one of the most basic principles to be applied to patients recovering from uncomplicated alcoholism. The condition of a chronic alcoholic is a mental illness. The pattern of drinking belong in the realm of symptomatology. One of the chief errors in the past has been to consider the problem of drinking as an entity, without consideration of the patient's total personality. His thoughts, emotions, and reactions must form the material of therapy. The drinking as behavior may then be evaluated in its true significance, and usually as a symptom.

PREVENTION

Preventive measures can be easily formulated, but they are difficult to apply. Education of the young may help in certain cases, but there is also the possibility that it may only serve to stress the fact that drinking is a socially approved form of behavior. A rational program of mental hygiene in childhood, along with the warmth of affection and the satisfactions and security of normal family life are the best safeguards against the development of alcoholism. The adjustment to reality, the building of character, and the maturing of a normal personality, are likely to result from these home conditions. The acceptance of life, of things, and of conditions as they are, and the fitting of one's self to them, are the best safeguards against a neurotic character in general, and alcoholism in particular.

TREATMENT

The chief danger in selecting cases for treatment lies in the insincerity of the patients. Only from experience can the value of the patient's insight toward himself and the external world be judged. Excessive eagerness for treatment, and unusual cooperation by the patient in the beginning, are not always good signs. In general, the prospective patient must be evaluated in the same way that all neurotic individuals are appraised.

Occasionally the family is the greatest obstacle in the progress of treatment. Often its members must be educated, not only to the present condition, but to the more mature, and often more aggressive, attitude of the patient.

Whether to taper off, or stop drinking suddenly, is a much mooted question. A slow reduction of alcohol permits the patient to determine his behavior with coercion. Other therapists feel that a complete halt in drinking is of major importance. Some substitute soft drinks or fruit juices.

The wise therapist will not scold or nag the patient, or comment on his condition in any way that suggests moral pressure.

THE OBSTETRICAL CONFERENCE—ITS EDUCATIONAL VALUE

MATERNAL WELFARE ARTICLE NUMBER FIFTY-TWO

By A. W. BINGHAM, M.D., East Orange, N. J.

Chairman, Committee on Maternal Welfare of The Medical Society of New Jersey; and Chief Advisory Obstetrician, Bureau of Maternal and Child Health, State Department of Health

Continued education in obstetrics is essential to progress. How can this be carried on so as to reach physicians already in practice?

REFRESHER COURSES

Refresher courses are available at Margaret Hague Maternity Hospital—no fee required—and quite a number of physicians have availed themselves of this opportunity to learn modern obstetrics. However, compared with the number of physicians in the State who attend obstetrical cases, the percentage is very small. The average busy physician feels he cannot spare the time.

THE COMMUNITY HOSPITAL

The Community Hospital is a most valuable factor in obstetrical education. When available and properly conducted, it provides consultation and assistance to the attending physician, in this way giving a practical demonstration of how to handle an emergency as it occurs. Every hospital taking obstetrical cases should be open to all reputable physicians.

THE OBSTETRICAL CONFERENCE

The obstetrical conference can become a leading feature in the educational program, if it is carried on according to the plan of the

Committee on Maternal Welfare of The Medical Society of New Jersey. An effort is being made to have these conferences held in every county. Some counties may combine, as is done now by Camden, Gloucester, and Burlington Counties. For those not familiar with such a conference an outline is given here to assist in carrying out details.

The obstetrical conference is directed by the *County Committee on Maternal Welfare,* whose chairman conducts the meeting. The object of the conference is to discuss problems concerning the health and welfare of both the mother and the child. These subjects include:

1. Deaths
   a. Maternal
   b. Neonatal
   c. Stillbirths
2. The Hospital,—its services and methods.
3. Home nursing, and pre-natal care.
4. Interesting cases and problems.

It is suggested that the following procedure be adopted in considering a maternal death:

1. The *Field Physician* will report the results of his investigation of the case.
2. The attending physician (having been especially invited to attend the conference) will report on his connection with the case.
3. The case will then be generally discussed, —not in a critical manner, but with constructive suggestions for anticipating and dealing with similar conditions in the future.

It is suggested that no effort be made to place the blame for a death of either a mother or a child. It should be borne in mind that we are all liable to errors in judgment and technic. The point is to discuss various methods of procedure which might bring about a better result next time.

The *Field Physician* will also present a list of stillbirths and neonatal deaths which he has obtained from the county registrar; and will lead in a general discussion regarding them.

It may add to the interest in the conference to invite an obstetrician from another county to take part in the discussions. Any member of the State Committee on Maternal Welfare will be glad to attend one of these conferences if he is invited.

These conferences may be held monthly, or every two or three months, depending on the size of the county and the judgment of the county committee on maternal welfare. The conferences do not take the place of the hospital obstetrical conferences which every hospital should hold.

AN APPEAL

An earnest appeal is hereby made to have obstetrical conferences held in every county in the State, and open to all physicians interested in obstetrics. New Jersey must go forward if she is to keep up with the leaders in maternal welfare. Here is a means of improving your obstetrics. Why not take the time to attend such conferences, and take part in the discussions? It will well repay you, and will help in further reducing maternal mortality in New Jersey.

LESSON FROM A DEATH CERTIFICATE

NUMBER TWENTY-FOUR

Para viii. Admitted to hospital in active labor with history of bleeding for five days.

Patient was pale and dyspnosic. Fetal head floating. Hemaglobin 52 per cent. Blood pressure 66/38. Pulse 88, to 120. No fetal heart. Vagina packed with ten yards of gauze. Transfusion 500 c.c. Patient improved. One hour later a classical section was done. Placenta free in uterus and very little blood loss. Two hours later another transfusion, 320 c.c. whole blood. Began to bleed through vaginal packing. Vagina repacked, but two hours later patient expired.

Should not the uterus have been packed at time of operation, as these cases always have a tendency to bleed?

A. W. BINGHAM, M.D.

CONTACTS AND COMMENTS

Please note that the telephone number of The Medical Society of New Jersey, 143 East State Street, Trenton, New Jersey, has been changed to 5156.

THE BREATH OF FREEDOM

Wake up, sons of this Nation! Gird your might!
The clouds are thickening; lights are growing dim!
Now you must marshal all you have to fight
The monsters sweeping on—their ways are grim.

Awake, awake before it is too late!
You held your circling seas your sure defences;
But seas are swiftly spanned by wings of hate!
And still you dream—complaisance drugs your senses!

But all are not without! So be prepared
To meet the subtler enemies that bore
Within, for this reptilian breed has dared
To breathe on us its masinotic spore.

Freedom, your breath of life shall surely go,
If now you fail to guard against this foe!

—H. AMEROY HARTWELL, M.D.,
Weehawken, N. J.

The following item is gleaned from the October number of the *Bulletin of the Medical Society of Cape May County*:

Trade is occupation for a livelihood; profession is occupation for the service of the world.

Trade is occupation for the joy of the result; profession is occupation where only those who are prepared may enter.

Trade is occupation taken up temporarily until something better offers; profession is occupation with which one is identified for life.

Trade makes one the rival of every other trader; profession makes one a co-operator with all his colleagues.

Trade knows only the ethics of success; profession is bound by lasting ties of sacred honor.

PERSONAL NOTES, TWENTY-FIVE YEARS AGO

The Journal of October, 1915, has a page of personal notes regarding sixty physicians, of whom twenty-two are still members of The Medical Society of New Jersey. Fourteen of the notes are on the subject of vacation and trips, varying in length from Alaska to Atlantic City, headed by the notes:

Dr. Watson B. Morris, Springfield, and wife motored to Atlantic City last month.

Dr. Lucius F. Donohoe, Bayonne, and family spent the month of August in Maine.

Other notes on living members are as follows:

Dr. F. Irving Kraus, Chatham, has been appointed medical inspector of the public schools.

Dr. William A. Tansey, Newark, has recovered from a severe illness.

Dr. William F. Keim, Newark, has removed his office to the Aldine Building, Broad and Lombardy Streets.

Dr. George N. J. Sommer, Trenton, addressed the members of the Round Table Club of that city at the Trenton House recently on "The Physician, His Making and His Ethics".

Dr. Edward Ackerman, Dover, has been nominated for councilman of that city.

Dr. Frederick W. Sell, Rahway, attended the American Public Health Association at Rochester, N. Y., last month.

An understandable article entitled "New Light on the Mechanisms by Which Nervousness Causes Discomfort" is that by Dr. W. C. Alvarez, Rochester, Minn., on page 1010 of the A. M. A. Journal of September 21. Every physician will profit by reading the article, and preserving it for future reference.

MAKING-UP THE JOURNAL

The standard adopted by the Publication Committee is that about half of the pages of The Journal shall contain scientific articles; and the other half shall record the activities of its several committees, and its component County Societies. The number of excellent scientific papers read before the societies is always greater than the number that can be printed. The Journal also receives a considerable number of most excellent papers that have not been read before any society.

Now and then The Journal also receives a paper whose chief appeal is the extreme rarity of the condition that is described.

The Publication Committee has also tried to set a limit to the number of pages that shall be devoted to any one subject; but many most excellent papers, concisely written, fill much more than the standard of seven pages.

There also arises the problem of making up The Journal and finding one or two pages still blank, and no article of the required length is in type form. Contributors frequently complain that their articles are delayed while others of lesser value are printed, because they happen to fit the available space.

Then, too, after a Journal is made up with a well-balanced series of articles, it frequently happens that an important committee has to report an emergency decision immediately. While it is the rule that The Journal shall be mailed on the tenth of each month, yet it frequently happens that it is delayed beyond the usual date of publication in order to include a necessary explanation or decision.

All these conditions are indications of a lusty state of health of The Medical Society of New Jersey in its activities and in the aspirations of its members.

A DAY OF ACTIVITY

On Sunday, October 6, the Welfare Committee held its first meeting of the year. This meeting had been preceded by weeks of preparation by the members of the several committees in considering the entire field of medical practice, and listing the activities that should be undertaken.

In the morning each *Advisory Committee* met and decided on its field of action, and reported its plan to its sub-committee.

After a midday lunch, each sub-committee submitted the approved plans to the Welfare Committee, whose final approval made the plans official to be carried out by the several committees and by the county societies.

A report of these activities will be prepared and printed in the November Journal.

MEDICAL PREPAREDNESS

The most acute problem before The Medical Society of New Jersey is that of the part to be taken by the medical profession for the defense of the nation against foreign aggression. A meeting of the Committee on Military Preparedness was held on the evening of October third, at which the discussions were along two lines:

1. The enrollment of citizens in the Federal Army for national defense.
2. A local service of disaster relief.

A report on the coöperation of The Medical Society of New Jersey with the national government in regard to enlistments and relief is contained in an eight-page insert in the center of this Journal.

Read these pages carefully, and be ready to do your part if an emergency arises.

Disaster Relief was discussed by Dr. Thomas K. Lewis, Camden, who said that the medical phases of relief are conducted along four lines:

1. Purely medical and surgical work, among the sick and injured.
2. Housing and rooms for the sick and wounded. (Schoolhouses are especially available and useful, for they are equipped with kitchens and water supplies.)
3. Beds, blankets and other domestic supplies.
4. Expendable supplies, such as beds, food, medicine, and clothing.

Mr. Mudd, head of the State Relief organization, said that his department could supply aid and equipment in civic emergencies, such as fires and floods. It has contacts with the U. S. Government and the Red Cross; and can obtain blankets and clothing from W. P. A. sewing rooms.

Dr. Fischelis, of the New Jersey Pharmaceutical Association, reported that the Association has surveyed the 1857 licensed pharmacies of New Jersey regarding the facilities which they can offer. They are making plans for establishing emergency supply stations.

Dr. J. Lynn Mahaffey, Commissioner of Health, reported that the Department is actively concerned with sanitary conditions in the vicinity of camps, such as water supply, sewage, etc.

IMPATIENCE

When a new project is started, the question is often heard—"Why don't 'they' do something?" "They" consists of the leaders and students of the project; and "they" cannot put a project across unless they have the active support of a considerable number of physicians who are willing to influence their colleagues and friends.

Many physicians and a large proportion of citizens are not conscious of the ramifications of the organizations of physicians in New Jersey and all other states.

The central organization is The Medical Society of New Jersey. Next comes the County Society in each county, and below them are usually local groups in each city and village, such as hospital staffs, physicians' clubs, and local groups of specialists.

In affiliation with these groups composed of physicians only, there are groups of affiliated workers, such as nurses and welfare organizations, all of whom are in friendly contact with physicians, all promoting projects in which physicians are more directly interested than any other group of citizens.

Any person who has a medical grievance, or the desire to promote a new project, can approach some member of the proper group; and by a little inquiry he can ascertain which group he should consult. Then when he approaches the proper representative of any group, he must be prepared to give the evidence on which he bases his request or desire. When he withholds that information he cannot expect any official or leader of a professional group to do the work of sleuthing in order to obtain the evidence on which action may be taken. But when he gives his evidence in good faith, he may be assured of a respectful hearing and action in order to ascertain the true basis of his complaint or desire.

The difficulty is that few persons who have complaints or requests of a medical or welfare nature are willing to do their part in supplying the definite evidence by which action may be taken.

STATE SOCIETY ACTIVITIES

WHY PUBLIC RELATIONS?

THE PROGRAM OF THE SUB-COMMITTEE ON PUBLIC RELATIONS

By Charles M. Robbins, M.D., Chairman

Organized Medicine needs a more intimate approach to the people generally. Why? The answer is two-fold.

First, doctors are accustomed to speaking and writing in a *technical* language which is different from popular forms of speech.

Second, doctors, individually and collectively, have been so concerned with treating persons who are *actually sick*, and with nurturing *scientific* medical progress, that they have not developed the cultivation of *friendly community relations with well persons.*

Hence there is need for a more effective public relations program, particularly in presenting medical facts in popular forms of speech.

Your Public Relations Committee is the mechanism that is set up for that necessary job.

Here's a blueprint of the committee's 1940-41 plans. It has been approved by President Morris and his Cabinet, and it can be translated into vigorous action through the coöperation of the County Medical Societies, and the assistance of the individual doctors,—and that means *you!*

1. A WEEKLY NEWS COLUMN

A weekly news column will be offered to the newspapers of New Jersey, and will be written to catch the interest of the lay reader without encouraging self-medication. Woven into the text will be the implication that for the condition discussed, it will be wise for the reader to go to his family doctor.

2. NEWS RELEASES

The Public Relations Committee will provide channels for the release of material of general interest coming out of any of the other committees of the Society.

3. RELEASES IN FOREIGN LANGUAGES

Releases will be especially prepared for the thirty-five New Jersey newspapers which are printed in foreign languages. Their readers are a literate, honest, doctor-respecting group whose good will has never before been especially cultivated.

4. MEDICAL REFERENCES IN NEWSPAPERS

The committee will maintain vigilant watch over references (laudatory or defamatory) to doctors and to Organized Medicine, which may appear in editorials, letters to the editors, and other items in the press of this State.

5. DISPLAY MATERIAL

The committee will accumulate posters, models and exhibit material for display at county fairs and other large assemblies. This will be lent on request to the County Medical Societies interested in setting up local exhibits to the laity.

6. OUTLINES FOR ADDRESSES TO LAY GROUPS

The committee now has a reservoir of speech outlines and briefs helpful to the doctor in preparing talks to the laity. It is beginning a collection of appropriate lantern slides and strip films titled in lay language. It will thus offer service to the County Societies' Speakers' Bureaus, as well as furnish speakers directly for statewide organizations.

7. POPULAR FORUMS ON HEALTH TOPICS

The committee will seek favorable forums for public interpretation of the philosophy and activities of The Medical Society of New Jersey. Thus, we shall co-sponsor a "Town Hall" in Newark on March 24, at which Dr. Frank Lahey, President-Elect of the A. M. A., will address the public on the "Health of the Nation". The committee is on the alert to find or to make opportunities like this, at which Organized Medicine can be reintroduced to an interested public.

If all these channels can be kept open and functioning—and with the help of the doctors and the component societies they certainly can —Organized Medicine in New Jersey will be making conspicuous strides towards a more cordial, reciprocally beneficial, relationship with the public.

Charles M. Robbins, M.D., Chairman.

THE POST-GRADUATE EDUCATION COMMITTEE

This article brings to members of The Medical Society of New Jersey some of the aims and developments of the Post-Graduate Committee. It will also acquaint the individual doctor with the scope of a plan whose value to our membership depends on the knowledge and understanding of it. Several separate and distinct, yet related, activities are being developed, which bear listing and explanation.

These proposals supplement the activities already functioning from year to year. They do not interfere with the plans of individual counties in conjunction with Rutgers University. Essex County has been used as a testing ground because it has ample clinical material. It is hoped that other counties can be stimulated to develop similar programs.

1. COURSES OF INSTRUCTION

Refresher courses of six to eight weeks are being developed in the institutions of Essex County, with men of the county acting as instructors. Similar courses can be developed in other counties. There is ample clinical material at hand which can be put to good use to the advantage of many individuals. By developing short courses we can acquaint the men with the more recent advances and clinical developments.

Such a course is being prepared with the cooperation of the *Physical Therapy Committee* of the Essex County Society, in order to give greater practical and theoretic training in physical therapy as applied to general office practice. Too often men purchase treatment machines which they use following only the teaching and advice of the salesmen. Unfortunately, they are at times led into pitfalls.

Other courses are being developed in connection with New York University at the Newark City Hospital. To date, courses in chest surgery, fractures, and peripheral vascular diseases have been accepted.

2. CLINICAL OPPORTUNITIES

Ward rounds are being developed at the Essex County institutions in contagious diseases, tuberculosis, and psychiatry. Every doctor should feel free to attend these stated rounds at the Essex County hospitals, the schedules of which were published in the Summer Bulletin (No. 76) of the Essex County Society. He may also consult members of the committee should he wish to attend ward rounds in some other institutions. An attempt will be made to provide this opportunity.

Practical Training.—This feature includes the opportunity to obtain practical instruction in some phase of medicine in which he wishes to become more proficient. Let us suppose he wishes more training in lumbar punctures. We feel responsible to attempt to locate some place where this man, interested in lumbar puncture, can see the procedure done, learn about it fully, and if possible, do it himself.

Temporary Attachment to Staffs.—With certain limitations it is hoped that men can be placed on the staff of an institution in a nonfunctioning capacity for short periods, merely as an observer, to gain information that could not otherwise be gained.

Giving publicity to educational activities, such as Dr. Martland's Tuesday Conferences at the Newark City Hospital, the State's Venereal Disease Course, the Fall Clinical Conference, and other types of instruction.

3. CLEARING HOUSE OF KNOWLEDGE

This third activity means the maintainance of a file of existing post-graduate facilities in surrounding communities, counties, and states, where physicians can obtain instruction not found in their own county. We should acquaint men with these opportunities so that they may be well enough informed to discuss them, and at the same time, be qualified to advise their colleagues as to their value. In this way a doctor could come for help in finding the source of some field of knowledge, learn of its availability, and receive an evaluation of its worth.

4. PLACING OF MEN IN TOUCH WITH EDUCATIONAL OPPORTUNITIES

This committee should attempt to help place men interested in outside instruction. It should be prepared to give an honest evaluation of a man's worth in helping him gain added instruction; in other words, try to place men in positions outside the State through contacts and recommendations.

5. PROMOTE NATIONAL DEVELOPMENTS

Medical education, graduate and undergraduate, is a continuously changing phenomenon. It should be our duty to acquaint the Society with each changing trend. An up-to-date program and opinion on medical education means much to the Society.

SCOPE OF THE COURSES

Anyone analyzing these five proposals will realize that an absolute literal interpretation

is out of the question. For insance, it is apparent that we cannot secure an opportunity for a man to learn plastic surgery who has had no training in any branch of surgery, and who at present is doing some type of medical specialty. We, however, hope that we may hold the key to added benefits for the majority of the members, which can be applied to each individual. It is with this hope, and with the hope fo acquainting the Society with these benefits, that these aims are set forth.

The Committee on Post-Graduate Education
Stuart Z. Hawkes, *Chairman*
David F. Bentley, Jr., *Vice-Chairman*
Sloan Stewart
Hammell P. Shipps
Albert W. Pigott
Thomas K. Lewis, *Consultant*

THE ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

The Academy of Medicine of Northern New Jersey announces the following program for November, 1940:

Council Meeting—Thursday, November 7.

Eye, Ear, Nose, and Throat Section—Monday, November 11, 8:45 p. m.

Paper: "Infections of the Petrous Apex of the Temporal Bone"—Robert L. Moorhead, M.D., Brooklyn Eye and Ear Hospital.

Stated Meeting, under the auspices of the Section on Medicine and Pediatrics, and in coöperation with the New Jersey Neurological Society—Tuesday, November 19, 8:45 p. m.

Paper by Tracy Jackson Putnam, M.D., Neurological Institute, New York. The subject will be announced later. A clinic will be held by Dr. Putnam at St. Barnabas Hospital, 685 High Street, Newark, N. J.

Section on Surgery—Tuesday, November 26, 8:45 p. m.

1. Paper: "The Rôle of Anesthesia in Post-operative Pulmonary Complications"—E. A. Rovenstine, M.D., Professor of Anesthesia, New York University.
2. "Post-operative Pulmonary Complications" (illustrated)—George N. J. Sommer, Jr., M.D., Trenton, N. J.

PHYSICAL THERAPY LECTURES

The Essex County Medical Society will sponsor a course of lectures under the auspices of the Joint Committee on Physical Therapy and that on Post-Graduate Education. The tentative list of the lectures is as follows:

1. Physical Therapy in Certain Neurological Conditions.
2. Physical Therapy in Certain Gynecological Conditions.
3. a. Physical Therapy in the After-care and Rehabilitation of Certain Fractures.
   b. Physical Therapy in the After-care and Rehabilitation of Certain Traumatic Injuries.
4. Physical Therapy in Certain Nose and Throat Conditions.
5. Physical Therapy in Certain Dermatological Conditions.
6. Physical Therapy in Peripheral Vascular Diseases of the Extremities.
7. Electro-dessication, Electro-coagulation, the Cutting Current, and Fulguration in Office Practice.
8. Physical Therapy in Bursitis, Myositis, Neuritis, Arthritis and Allied Conditions, in Office Practice.

The lecturers will be members of the Essex County Medical Society who are qualified to present the material.

The lectures will be held in some of the nearby hospitals. The first will be held in the latter part of September, or the early part of October.

The fee for the course of eight lectures will be five dollars. Application will be limited to twenty. Enrollment can begin immediately, and checks should be made out as follows: "Essex Co. Med. Soc. P. T. Lecture Course", and mailed to the Office of the Essex County Medical Society, 31 Lincoln Park, Newark, N. J.

Further details concerning exact dates, places and names of lecturers will be announced shortly.

Jerome H. Samuel, Chairman,
Committee on Physical Therapy
Stuart Z. Hawkes, Chairman,
Committee on Post-Graduate Instruction.

DIRECTORY OF NEW JERSEY PHYSICIANS

The next bi-ennial edition of The Medical Directory of New York, New Jersey, and Connecticut will be that for the years 1941 and 1942, and will probably be issued in the late Fall of 1941.

A number of copies of the Directory for the years 1939 and 1940 are still on hand, and are available for distribution at the uniform price of $7.50 per copy. Any person or organization may obtain a copy at that price by applying to Dr. Peter Irving, Secretary, The Medical Society of the State of New York, 262 Madison Avenue, New York, N. Y.

THE STATE SOCIETY AWARD, 1940

The Medical Society of New Jersey has authorized an award of one hundred dollars for the best essay on an original medical subject, submitted according to the following rules:

1. Any medical or surgical subject may be selected.

2. The essay must be unpublished and of interest to the general practitioner.

3. Contributions must come from members of the Society who are in good standing.

4. The manuscript must not exceed 5000 words; and shall be typewritten in English, in manuscript form, with double spacing, wide margins and be written on one side of the page, and five copies shall be submitted.

5. Manuscripts must be in the office of the Secretary of the State Society, Dr. Alfred Stahl, Lincoln Park, Newark, N. J., not later than April 15, 1941.

6. The winner shall be determined by a secret Awards Committee composed of five members of The Medical Society of New Jersey. The officers of the State Society are not eligible for the award.

7. The winner shall be awarded a cash prize of $100; and an invitation to present the contribution before the 1941 Annual Meeting of the State Society.

8. The Society reserves the right to make *no award*, if in the judgment of the committee no contribution is desirable.

THE 175TH ANNIVERSARY OF THE MEDICAL SOCIETY OF NEW JERSEY

The *Town Hall of Essex County*, a civic organization sponsored by twenty groups of a business, social, and educational nature, announces a series of six lectures on subjects of general interest.

The fifth of the series, that on March 24, 1941, will be on the subject "The Health of the Nation", and will be delivered by Dr. Frank H. Lahey, of Boston, Mass., President-elect of the American Medical Association. This lecture is presented especially in commemoration of the 175th Anniversary of The Medical Society of New Jersey, which joins in sponsoring it.

The Society is the oldest State Medical Society in the United States, having been founded on July 23, 1766.

NEW JERSEY HEALTH AND SANITARY ASSOCIATION

The sixty-sixth Annual Meeting of the New Jersey Health and Sanitary Association will be held in The Berkeley-Carteret Hotel, Asbury Park, New Jersey, on Friday and Saturday, November 15 and 16, 1940. The tentative program is as follows:

FRIDAY, NOVEMBER 15, 1940

10:30 a.m.

1. Incineration in the disposal of refuse.
   A visit to two incinerators in action will be arranged.
2. Mental Hygiene,—a symposium and discussion with special reference to the field of public health.

12:30 p.m.

Luncheon, with an after-dinner health quiz.

3:00 p.m.

Discussion topics:

1. The State dental program.
2. The Governor's health and welfare conference.
3. The Negro health problem.
4. New plans for health publicity.
5. Health administration in small communities.
6. New plans for industrial health.
7. Care of crippled children.
8. The consulting nurse service.
9. Physical examination of pupils and employees in schools.
10. Care of persons with chronic ailments.

Motion pictures,—a three-hour continuous performance.

8:00 p.m.

General Meeting.

1. Presidential Address, Leverett D. Bristol, M.D.
2. The New Jersey Medical Service Administration, Watson B. Morris, M.D., President, The Medical Society of New Jersey.
3. Health and Preparedness, W. A. Hardenbergh, Colonel, Sanitary Corps, U. S. Army Reserve.

SATURDAY, NOVEMBER 16, 1940

10.00 a.m.

The Woman's Field Army in the New Jersey cancer campaign.

All sessions are open to the public.

GRADUATE FORTNIGHT OF THE NEW YORK ACADEMY OF MEDICINE

The thirteenth Annual Graduate Fortnight of The New York Academy of Medicine will be held from October 14 to 25, 1940. Its plan follows that of the first Fortnight, which was held in 1928. Each year's program is built around a particular subject, which this year is "Infections".

The program this Fall consists of the following features:

1. Four morning Panel Discussions, Academy Building, 102 East 103rd Street, on the following subjects:
   - Chemotherapy in Infections—October 15
   - Osteomyelitis and Bacterial Infections of Joints—October 17
   - Relation of Vitamins to Infections—October 22
   - Infections in Children—October 24

   Questions will be answered if they are submitted before the day of the conference.
2. Clinics in twenty-one hospitals from 2:00 to 5:00 p. m.
3. Evening lectures at 8:30 o'clock in the Academy Building on five days of each week. Twenty-six subjects are scheduled, many of which are arranged by the Sections of the Academy.
4. Scientific Exhibits with seventeen Sections open throughout each day.

All the features are free to members of the Academy, but a fee of five dollars will be required from non-members.

The Fortnight will appeal to New Jersey physicians, for Dr. Harrison S. Martland, of Newark, is Chairman of the General Committee in charge of the arrangements of the Fortnight.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

The written examination and review of case histories (Part I) for Group B candidates will be held in the various cities of the United States and Canada on Saturday, January 4, 1941, at 2:00 p. m. Formal notice of the place of examination will be sent each candidate several weeks in advance of the examination date. No candidate will be admitted to examination whose examination fee has not been paid at the Secretary's office. Candidates who successfully complete the Part I examination proceed automatically to the Part II examination held in June, 1941.

Candidates for *reëxamination* in Part I (written paper and submission of case histories) must request such reëxamination by writing the Secretary's office not later than November 15, 1940. Candidates who are required to take reëxxaminations must do so before the expiration of three years from the date of their original examination.

The general oral and pathological examinations (Part II) for all candidates (Groups A and B) will be conducted by the entire Board, meeting at Cleveland, Ohio, in June, 1941, immediately prior to the annual meeting of the American Medical Association.

Application for admission to Group A, Part II. examinations must be on file in the Secretary's office not later than March 15, 1941.

After January 1, 1942, there will be only one classification of candidates, and all will be required to take the Part I and Part II examinations.

For further information and application blanks, address Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh (6), Pennsylvania.

Yours very truly,

PAUL TITUS, Secretary.

RADIO PROGRAM "DOCTORS AT WORK"

The Public Relations Committee of The Medical Society of New Jersey calls attention to the following important announcement of the American Medical Association in its Journal of September 21, page 1026:

The Winter and Spring season of network radio broadcasting will be resumed by the American Medical Association in coöperation with the National Broadcasting Company over the Blue network of stations beginning Wednesday, November 13, at 10:30 to 11 p. m. Eastern Standard Time.

The program will be in dramatized form, constituting the sixth successive season of dramatized broadcasting by the Association on a nationwide network. The title of the program will be *Doctors at Work*. The theme of the program will be the interpretation to the listener of services available in the treatment of disease and the preservation and promotion of health through the various branches of modern medicine. Thirty programs are planned dealing with different phases of medical practice, beginning with medical education, internship, residency and general practice and embracing all the major specialties in medicine and in medical phases of public health work.

SUPPLEMENTARY LIST OF MEMBERS

The following physicians, 232 in number, have qualified as members of The Medical Society of New Jersey, between March 15 and September 30, 1940; and their names are to be added to the Official List, which was issued as a supplement to The Journal of April, 1940:

The figures in parenthesis refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

Alcamo, John H., 215 Littleton av., Newark (7)
Altounian, Assadour M., 42 W.Market st.,Newark(7)
Arlitz, Wm. J., 107 Newark st., Hoboken (9)
Arons, Harry, 717 High st., Newark (7)
Bagg, Linus W., 31 Lincoln Park, Newark (7)
Baird, Thompson M., 124 Grand pl., Arlington (7)
Balson, Zachary D., 49 Osborne ter., Newark (7)
Banker, Geo. T., 1145 E. Jersey st., Elizabeth (20)
Basralian, Jos. B., 238 Blvd., Hasbrouck Hgts. (2)
Becker, Frank F., 298 Diam'd Br. av.,H'wthorne(16)
Becker, Leo V., 69 Ward st., Paterson (16)
Behrens, Herman, 312 Webster av., Jersey City (9)
Bengelsdorf, Aron, 29 Clinton pl., Newark (7)
Bernard, Richard C., Bergen Co. Hosp., Ridgew'd(2)
Bernstein, Julius, 345 13th av., Newark (7)
Betts, R. Winfield, 22 N. Main st., Medford (3)
Biunno, Anthony J., 83 Wilsey st., Newark (7)
Bono, Joseph J., Paris av., Northvale (2)
Bonomo, Michael J., 587 S. 10th st., Newark (7)
Bornstein, Paul K., 415 S. Lake drive, Belmar (13)
Bradasch, Geo. A., 1415 Central av., Union City (9)
Bray, Wm. E., 41 Elizabeth st., Pemberton (3)
Breitstadt, Chas. A., 563 Summer av., Newark (7)
Brennan, Alfred T. V., Jr., 275 Engle st.,Englew'd(2)
Brock, H. F., 417 W. Broad st., Westfield (20)
Brodkin, Louis A., 81 19th av., Newark (7)
Brown, Edward V., 9 Park av., Caldwell (7)
Burke, Leonard P., 30 Lakeside av., Verona (7)
Butler, Samuel S., 1100 Kaighn av., Camden (4)
Cameron, Arthur E., 39 Somerset st., Newark (7)
Cangemi, Vito F., 30 Kent Place Blvd., Summit (20)
Carrol, Wilfred, 51 Ingraham pl., Newark (7)
Castaldo, Neil, 103 Lincoln av., East, Cranford (20)
Chapman, Walter I., 232 Bidwell av., Jersey City (9)
Chesnick, Reuben B., 135W'dl'nd ter.,OaklynM'n'r(4)
Chiger, Alexander S., 621 High st., Newark (7)
Clark, J. Henry, 108 Orange rd., Montclair (7)
Clement, John B., 209 Warren st., Beverly (3)
Cohen, I. Elvin, 561 Elizabeth av., Newark (7)
Cohn, George M., 748 S. 10th st., Newark (7)
Cooley, Roger L., 324 Dunellen av., Dunellen (18)
Cordasco, Peter, 24 Dodd st., Bloomfield (7)
Cox, John R., 37 W. Main st., Pennsgrove (17)
Crankshaw, Orrin F., 133 Summit av., Summit (20)
Crapanzano, Domenica, Essex Co. Hosp.,CedarGr.(7)
Craster, Chas. V., Plane & William sts., Newark (7)
Cregar, John S., 150 Harrison st., East Orange (7)
Crowley, Leo F., 148 Belmont av., Jersey City (9)
Ctibor, Vladimir F., Califon (10)
Curtis, A. Maurice, 445 Van Houten st.,Paterson(16)
D'Agostini, Alfred J., 41 Columbia av., Newark (7)
D'Agostini, Robert J., 304 W. Market st., Newark(7)
DeFelice, Mario T., 28 Mt. Airy rd.,Bernardsville(14)
Deichman, Chas. H., 39 Elm st., Morristown (14)
Della Penna, Sam'l, 502Ramapo av.,Pompt'nLks.(16)
Denig, Ralph D., 370 State st., Hackensack (2)
DeVivo, John A., 225 Littleton av., Newark (7)
Dolsky, Irving, 509 N. Wood av., Linden (20)
Donchi, Sol M., 9 Madison av., Newark (7)
Duffy, Jos. F., 358 Kinderkamack rd., Westwood (2)
Dunham, Malcolm M., 88 Grove av., Woodbridge(12)
Eckert, Walter L., College av., Haverford, Pa. (1)
Eulner, Elmer H., 216 Henry st., South Amboy (12)
Feldman, Joel, 81 Broad st., Eatontown (13)
Fialk, Harry, 996 Hudson av., Union City (9)
Fiedler, Michael, 247 Crawford ter., Union (20)
Fineberg, Bernard J., 113 Bentley av., Jersey City(9)
Fink, A. Elston, 489 High st., Newark (7)
Fischer, Edward J., 29 Ashwood ter., W. Orange(7)
Flax, Ira I., 890 S. 16th st., Newark (7)
Fortunato, Jos. F., 224 Van Buren st., Newark (7)
Francy, Donald G., 314 Stuyvesant av.,Lyndhurst(7)
Freeman, Richard D., 103 Scotland rd., S. Orange(7)
Galioto, Frank M., 188 Ampere Pkwy.,Bloomfield(7)
Gambill, Perry J., N. J. State Hosp.,Greyst'nePk.(14)
Garfinkel, Abraham, 30 Broad st., Flemington (10)
Geary, Russell D., 337 Bridgeboro rd., Riverside (3)
Geissler, Elmer E., 327 Monmouth st., Gloucester (4)
Germain, Raymond J., High Bridge (10)
Gerner, Harry E., 2787 Blvd., Jersey City (9)
Giordano, William C., 855 Broad av., Ridgefield (2)
Girardo, Anthony J., Bates av., West Berlin (4)
Gitterman, David A., 519 Engle st., Englewood (2)
Gladstone, Sidney A., BarnertMem.Hosp.,Pat'rs'n(16)
Gluckman, I. Edward, 78 Johnson av., Newark (7)
Goff, Frank J., 62 Maple av., Red Bank (13)
Goldberg, Isidore, 303 N.W'sh'gt'n av., Dunellen(12)
Gould, Werner, 219 Passaic st., Hackensack (2)
Greene, Harry, 3285 Boulevard, Jersey City (9)
Grieve, James, 88 Market st., Perth Amboy (12)
Grimes, Robert R., 455 Queen Anne rd., Teaneck (2)
Griscom, I. Norwood, 204 Church st., Boonton (14)
Grunt, Louis, 35 Shanley av., Newark (7)
Hamilton, Lloyd A., 46 York st., Lambertville (10)
Harrington, Walter L., 104 S. Munn av.,E.Orange(7)
Harris, Morris, 1 Park pl., Bloomfield (7)
Harrop, Geo. A., 33 Cleveland lane, Princeton (11)
Hernandez, Manuel, Box 62, Bergen Sta., Jer.City(9)
Hofer, Wm. R., 29 Poplar st., Williamstown (12)
Hoffman, David B., 376 Bergen st., Newark (7)
Horland, Ephraim, N. J. State Village, Skillman (18)
Horner-Rodger, Clara L., 721 Cooper st., Camden (4)
Hubbard, Samuel T., 241 Main st., Hackensack (2)
Isaac, Benoit C., 227 Main st., Orange (7)
Jacobitti, Edmund E., 491 Maywood av., Maywood(2)
Jaques, J. Eugenia, 74 Waverly st., Jersey City (9)
Jenkins, Arthur M., 701 Harrison st.,Frencht'wn(10)
Joelson, Dora, 485 Park av., Paterson (16)
Johnson, Herbert F., Cooper Hosp., Camden (4)
Jones, Edward C., 183 Grove st., Montclair (7)
Kearney, John F., 228 Hilton av., Maplewood (7)
Kearney, John V., 331 34th st., North Bergen (9)
Kennedy, Wm. M., Essex Mt. Sana., Verona (7)
Knapp, Victor, 505 Second av., Asbury Park (13)
Kohut, George, 473 Amboy av., Perth Amboy (12)
Kolodin, Abraham, 98 Broad st., Bloomfield (7)
Kowalski, Louis J., 66 Fourth st., Passaic (16)
Krafchik, Louis L., 100 Bayard st., New Bruns. (12)
Krichbaum, Carroll E., 63 Myrtle av., Montclair (7)
Kwint, Josept A., 101 W. 7th st., Plainfield (20)
Kyle, Ernest I., 1165 Park av., Plainfield (20)
Labash, Charles S., 83 Quincy st., Passaic (16)

Lamy, Anthony W., 560 Newark av., Elizabeth (20)
Landis, Harry P., Jr., 925 Columbia av., Palmyra(3)
Landry, Ernest J., N. J. StateHosp.,GlenGardner(10)
Lawless, Edward T., 128 Park av., E. Orange (7)
Leaver, Morris H., Quakertown (10)
Lemkin, Samuel, 71 Pomona av., Newark (7)
Lemmon, Junius M.,28W.W'sh'gt'n av.,W'sh'gt'n(21)
Levine, Edward P., 86 Clinton av., Newark (7)
Levinson, Reuben, 241 State st., Perth Amboy (12)
Lewis, Leon, 190 Clinton av., Newark (7)
Lief, Lawrence H., Gatzmer av., Jamesburg (12)
Lippincott, Lansing Y., 939 Park av., Plainfield (20)
Longsdorf, Harold E., Mt. Holly (3)
Lowenstein, Aaron, 860 S. 11th st., Newark (7)
Lowy, Otto, 190 Clinton av., Newark (7)
Lucas, W. Fred, 23 W. Broad st., Burlington (3)
Lyon, Charles H., So. Main st., Phillipsburg (21)
MacLaren, Philip J., 397Kinderkam'k rd.,Westw'd(2)
Magee, Edward S., 604 White Horse Pike, Oaklyn(4)
Magee, Henry R., 55 John st., New York City (2)
Marks, Zelda I., 95 Wilson av., Newark (7)
McCorkle, William E., Ringoes (10)
McLeod, Harry J., 71 Forest rd., Tenafly (2)
Merrill, Chas. F., 16 S. 3rd av., Highland Park (12)
Miller, S. Thos., 527 Bangs av., Asbury Park (13)
Minnefor, Chas. A., 1164 S. Orange av., S.Orange(7)
*Moore, John D., 6 Washington st., Bloomfield (7)
Morris, Nathan, 40 Grove st., N. Plainfield (18)
Motzenbecker, Wm. J., 16 Milford av., Newark (7)
Mount, Elmer M., 74 Sherman pl., Jersey City (9)
Muldoon, Edward J., 200 Third st., Florence (3)
Muller, Joseph H., 867 So. 13th st., Newark (7)
Nadler, Arthur A., 532 W. Front st., Plainfield (20)
Nafash, Shafeek, 86 Palisade av., Union City (9)
Nataro, Joseph, 172 Littleton av., Newark (7)
Neary, Edward R., 1 W. Harriet av., PalisadesPk.(2)
Normand, Alphonse F., 113Market st.,P'thAmb'y(12)
Norwich, Louis E., 355 Ave. C, Bayonne (9)
O'Connor, Paul A., 157 Roseville av., Newark (7)
Pasternack, Elroy, 255 Harrison st., Passaic (16)
Pattenden, Franklin J., 300 2nd av., Asbury Pk (13)
Perrone, Anthony J., 456 Roseville av., Newark (7)
Pittman, Allen R., N. J. State Hosp., Trenton (11)
Plain, Irving H., 299 Clinton av., Newark (7)
Prestifilippo, Silvestro, 105 Glenridge av., Mtclr. (7)
Proctor, Jesse E., 15 N. 13th st., Newark (7)
Quin, John A., 1100 Bryant st., Rahway (20)
Rawitz, Sidney B., 42 Chancellor av., Newark (7)
Remondelli, Raphael, 282 S. Orange av., Newark (7)
Restaino, Charles F., 6 Garside st., Newark (7)
Rise, Wilson S., Children's SeashoreHome,Atl.C'y(1)
Robbins, Eugene, 11 Hill st., Newark (7)
Rogers, Richard M., 129 S. Munn av., E. Orange (7)
Rose, Salvatore J., 242 Ivy court, Orange (7)
Rosenbaum, Sam'l X., 170 S. Clinton st., E.Orange(7)
Rosenthal, Sydney, 95 Wilson av., Newark (7)
Rowohlt, George O., 190 Washington av., Dumont(2)
RuBacky, Joseph F. A., 57 Passaic av., Passaic (16)
Rubin, Henry S., 11 High st., Morristown (14)
Rubino, Nicholas M., 67 N. 4th st., Newark (7)
Rumage, William T., 513 Sanford av., Newark (7)
Runyan, William J., 102 Broad st., Bloomfield (7)
Sabarese, Theodore C., 122 Marsellus pl.,Garfield(16)
Salva, Edo J., 17 W. Central Blvd., PalisadesPark(2)
Samuel, Jerome H., 31 Lincoln Park, Newark (7)
Sandler, Moses, 1630 Center av., Fort Lee (2)
Saporito, Archibald R., 119 Ridge rd., N.Arlington(7)
Schafer, MargueriteA.,298Diam'dBr.av.,H'wth'rne(16)
Schisler, Milton M., 2nd & Church sts., Florence (3)
Schwartz, Jacob, 8-04 Fair Lawn av., Fair Lawn(16)
Schweizer, Roman G., 36 Summit rd., Elizabeth (20)
Scott, Karl M., 1616 Pacific av., Atlantic City (1)
Sellitto, Anthony M., 62 Fifth av., S. Orange (7)
Shapiro, David, 707 Broadway, Paterson (16)
Shechner, Isadore, 50 Third av., Newark (7)
Siegel, Jack G., 38 Johnson av., Newark (7)
Silver, Harry B., 190 Clinton av., Newark (7)
Small, E. Lester, 30 Branch st., Medford (3)
Small, Louis, 23 Passaic av., Passaic (16)
Spiegelglass, Abraham B., 417 Main st.,Hackens'k(2)
Stein, Albert, 700 85th st., North Bergen (9)
Stephenson, Ruth, N.J.C.Infirm'ry,N'w Br'nsw'k(12)
Strahan, Frank G., 473 Broadway, Long Branch (13)
Strauss, Frederick, 186 Clinton av., Newark (7)
Sullivan, Daniel C., 2672 Boulevard, Jersey City (9)
Sullivan, John B., 541 Page av., Lyndhurst (2)
Taffet, William, 379 Union av., Belleville (7)
Tell, M. Edward, 663 Main av., Passaic (16)
Tomlinson, R. D., 445 E. Broad st., Westfield (20)
Triarsi, Anthony J., 702 Third av., Elizabeth (20)
Tutschulte, Ernest, 111 Mt. Pleasant av., Newark(7)
Ulan, Jerome, Main st., Spotswood (12)
Vaccaro, S. P., 509 Fourth av., Asbury Park (13)
Van Winkle, Chas. I., 79 Ridge rd., Rutherford (2)
Verbeck, Geo. B., 20 Church av., BallstonSpa,N.Y.(7)
Vilardo, Ross, 269 Harrison av., Garfield (2)
Voorhies, Wm. S., Jr., N. J. St. Hos.,Gr'yst'nePk.(14)
Voorhis, Chas. F., 330 Morgan av., Palmyra (3)
Wacker, Wm. F., 1224 Salem av., Hillside (20)
Wambsganss, Magdalene, 44 Devine st., Newark (7)
Wangner, William F., 102 Broad st., Bloomfield (7)
Ware, F. Vernon, 223 N. 2nd st., Millville (6)
Wayne, David M., Box 410, Redfield, S. Dakota (7)
Whinery, Joseph F., Templar pl., Summit (20)
Wiener, Joseph, 601 Bangs av., Asbury Park (13)
Wilson, Isam E., 110 Chapel av., Merchantville (4)
Wolf, Israel J., 231 E. 31st st., Paterson (16)
Wyman, Edward H., 100 E. Broad st., Burlington (3)
Yadkowsky, Emanuel, 637 High st., Newark (7)
Zvaifler, Nathan, 46 Wilbur av., Newark (7)

* Deceased.

ASSOCIATE MEMBERS

The following physicians have qualified as associate members:

Asten, George, 842 South 13th st., Newark (7)
Barlow, John D., 194 Stockton st., Hightstown (11)
Baxt, Sidney J., 544 21st av., Paterson (16)
Bergsma, Daniel, 1671 Pennington rd., Trenton (11)
Bernson, Samuel T., 653 So. 18th st., Newark (7)
Brancone, Alphonse M., 417 21st av., Paterson (16)
Cantalupo, Emidio, 95 Nichols st., Newark (7)
Capell, Harry H., 87 Bridge st., Paterson (16)
D'Amico, Thomas V., 16 Grove av., Verona (7)
Dessauer, Joseph, 80 Clinton av., Newark (7)
Diener, Samuel, 104 Renner av., Newark (7)
Edgerly, Sherburn E., 32 King st., Englewood (2)
Garber, Robert S., State Hospital, Trenton (11)
Giudice, Vincent W., Harrison av., Waldwick (2)
Graeter, F. Albert, 265 Gregory av., Passaic (16)
Hartman, Winfield L., Jr., 2 Elm ct., So. Orange (7)
Hirsch, Theodore, 842 So. 13th st., Newark (7)
Johnson, Robert A., 5 Bloomfield av., Belleville (7)
Lefkovics, Sidney C., 22 Treacy av., Newark (7)
Maisel, Irving, 83 Wolcott ter., Newark (7)
Nelson, Axel R., 40 Evergreen av., Fords (12)
Oransky, Marvin, 399 Leslie st., Newark (7)
Parell, George C., 275 So. 7th st., Newark (7)
Pelliciari, Donald, 29 S. Munn av., E. Orange (7)
Permison, Michael, 636 Lyons av., Irvington (7)
Rozsa, Stephen, 811 So. 18th st., Newark (7)
Saxe, David H., 100 High st., Passaic (16)
Shinefeld, Maurice A., 669 Broadway, Paterson (16)
Silberner, Herbert B., 104 Hillside av., Newark (7)
Silverman, S. Andrew, 556 15th av., Newark (7)
Siniscal, Arthur A., 49 Passaic av., Passaic (16)

Tepper, Victor, 2 Parkview ter., Newark (7)
Tisch, Leon, 255 George st., New Brunswick (12)
Wagner, John, 127 Wilson av., Newark (7)
Walker, Otto, 72 Roosevelt av., Carteret (12)
Weinberg, Alfred, 654 Lyons av., Irvington (7)
Wiener, David, 196 Weequahic av., Newark (7)
Winter, Egon W., 825 So. 10th st., Newark (7)
Yoskalka, Jack S., 755 Clinton av., Newark (7)

DISTRIBUTION OF PHYSICIANS IN THE UNITED STATES

Compiled from the Directory of
THE AMERICAN MEDICAL ASSOCIATION, EDITION OF 1940

State	Area Sq. Miles	Population in 1937	No. of Physicians	Pop. per Physician	No. of Counties	County Societies No. of	County Societies No. of Members	Per Cent Physicians in County Societies
Alabama	51,279	2,881,000	2,075	1,388	67	66	1,591	77
Arizona	113,810	409,000	594	689	14	13	369	62
Arkansas	52,525	2,037,000	1,829	1,114	75	60	1,053	58
California	155,652	6,110,000	11,909	513	58	40	6,542	55
Colorado	103,658	1,069,000	1,964	544	63	27	1,165	59
Connecticut	4,820	1,738,000	2,598	670	8	8	1,701	65
Delaware	1,965	260,000	339	767	3	3	227	67
Dist. of Columbia	62	623,000	2,243	278			883	39
Florida	54,861	1,657,000	2,276	728	67	33	1,331	58
Georgia	58,725	3,073,000	2,825	1,088	159	94	1,964	70
Idaho	83,354	489,000	423	1,156	44	9	289	68
Illinois	56,043	7,863,000	12,188	645	102	91	7,873	65
Indiana	36,045	3,467,000	4,132	839	92	81	3,237	78
Iowa	55,586	2,548,000	3,084	826	99	97	2,429	79
Kansas	81,774	1,874,000	2,070	905	105	70	1,525	74
Kentucky	40,181	2,903,000	2,761	1,051	120	107	1,893	69
Louisiana	45,409	2,127,000	2,464	863	64	39	1,531	62
Maine	29,895	855,000	992	862	16	15	729	73
Maryland	9,941	1,677,000	2,988	561	24	23	1,460	49
Massachusetts	8,039	4,425,000	7,889	560	14	18	5,288	67
Michigan	57,480	4,808,000	6,362	756	83	54	4,262	67
Minnesota	80,858	2,644,000	3,527	750	87	33	2,795	79
Mississippi	46,362	2,016,000	1,497	1,347	82	21	1,127	75
Missouri	68,727	3,975,000	5,297	750	115	77	3,260	61
Montana	146,131	535,000	537	996	56	15	416	77
Nebraska	76,808	1,364,000	1,635	834	93	50	1,161	71
Nevada	109,821	101,000	167	605	17	5	113	67
New Hampshire	9,031	509,000	656	776	10	10	506	77
New Jersey	7,514	4,336,000	5,813	746	21	21	3,784	65
New Mexico	122,503	422,000	439	961	31	15	268	61
New York	47,654	12,948,000	27,396	462	62	61	16,986	62
North Carolina	48,740	3,476,000	2,740	1,269	100	66	1,867	69
North Dakota	70,183	705,000	518	1,361	53	13	407	79
Ohio	40,740	6,724,000	9,318	722	88	87	6,490	70
Oklahoma	69,414	2,539,000	2,352	1,079	77	61	1,466	62
Oregon	95,607	1,022,000	1,461	700	36	27	839	57
Pennsylvania	44,832	10,158,000	13,529	751	67	60	9,348	69
Rhode Island	1,067	681,000	961	709	5	6	500	52
South Carolina	30,495	1,868,000	1,402	1,332	46	34	996	71
South Dakota	76,868	692,000	508	1,362	69	12	325	64
Tennessee	41,687	2,880,000	2,908	990	95	58	1,781	61
Texas	262,398	6,147,000	6,898	891	254	129	4,422	64
Utah	82,184	518,000	575	901	29	9	466	81
Vermont	9,124	382,000	523	730	14	10	384	73
Virginia	40,262	2,690,000	2,889	931	100	47	1,781	62
Washington	66,836	1,651,000	2,200	750	39	23	1,515	69
West Virginia	24,022	1,849,000	1,834	1,003	55	30	1,268	69
Wisconsin	55,256	2,918,000	3,523	828	71	52	2,544	72
Wyoming	97,548	234,000	274	854	24	10	171	62
			175,382				114,328	

Sixty-five per cent of the physicians of the United States are members of County Societies.

OBITUARIES

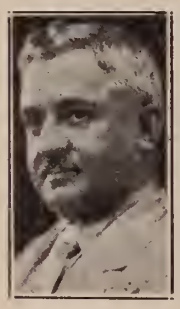
DR. WILLIAM A. O'BRIEN, JR.

Dr. William A. O'Brien, Jr., of Passaic, died from septicemia on September 15, 1940, aged thirty-three years. He was the son of a prominent business man of Passaic, and graduated from the Arts Department of Notre Dame University in 1930, and received his medical degree from the University of Maryland in 1936. He served two years as interne in St. Vincent's and Bellevue Hospitals, New York City, and has practiced in his home town of Passaic for three years, specializing in skin diseases and urology.

Dr. O'Brien was an active member of the Passaic County Medical Society, and was well liked by his fellow practitioners.

DR. FRANKLIN J. KELLER

Dr. Franklin J. Keller, aged sixty-six, well-known Paterson physician and former President of the Medical Staff of St. Joseph's Hospital, Paterson, died of an acute heart attack on September 18, 1940.



Dr. Keller was born in Paterson on December 21, 1873. He graduated from the New York College of Pharmacy, and from the Long Island College Medical School in 1899. He was a member of the American College of Surgeons, and of the Passaic County Medical Society.

Dr. Keller was a director of the Franklin Trust Company and held a high rank in the Knights of Columbus.

DR. WILLIAM S. COLLIER

Dr. William S. Collier, of Trenton, died on the sixty-fifth anniversary of his birth, on September 27, 1940, after a long illness, in the home of his brother, Dr. Frederic S. Collier. He was the son of Dr. George W. Collier and graduated from the University of Pennsylvania in 1902. He was President of the Staff of St. Francis Hospital, and was a member of the local lodge of Masons, and was on the Advisory Committee of the Trenton Trust Co. He was a noted baseball player during his college course, and received invitations to play in the major leagues.

DR. ALBERT S. HOHEB

Dr. Albert S. Hoheb, a practitioner in Rutherford, N. J., for seventeen years, aged forty-seven years, died in the Passaic General Hospital after an illness of six months. He was born in Panama, the son of a physician there. He received his medical training in the Universities of Michigan and Maryland. He was an active member of the Medical Society of Bergen County.

DECEASED PHYSICIANS — NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Elisha C. Chew	73	Aug. 5, 1940	Atlantic City	Same	Pneumonia.
George E. Harhen	53	Aug. 24, 1940	Montclair	Caldwell	Cerebral hemorrhage.
Joseph B. Harrison	88	Aug. 25, 1940	Westfield	Same	Uremia.
Mary D. Rose	68	Aug. 29, 1940	Newark	Orange	Cerebral hemorrhage.
Joseph E. Smith	87	Aug. 22, 1940	Ridgewood	Same	Carcinoma.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

OCTOBER, 1940			
1	Camden	10	Somerset
1	Hudson	11	Atlantic
8	Bergen	15	Warren
8	Cape May	16	Middlesex
8	Cumberland	17	Gloucester
9	Mercer	17	Morris
9	Ocean	18	Salem
10	Burlington	22	Hunterdon
10	Essex	23	Monmouth
10	Passaic		

NOVEMBER, 1940			
5	Camden	14	Burlington
5	Hudson	14	Essex
8	Atlantic	14	Passaic
12	Bergen	14	Somerset
12	Cape May	15	Salem
13	Mercer	20	Middlesex
13	Ocean	21	Gloucester
13	Union	27	Monmouth

ATLANTIC COUNTY

Charles Hyman, M.D., Reporter

The first Fall meeting of the *Atlantic County Medical Society* was held in the Ambassador Hotel, Atlantic City, at nine p. m., on September 13, 1940, with the President, Dr. V. Earl Johnson presiding.

SCIENTIFIC

Dr. Frank W. Konzelman, Professor of Clinical Pathology at Temple University, Philadelphia, addressed the society on biochemistry of disease. Dr. Konzelman discussed the trend in chemotherapy and the rôle of vitamins in disease. The paper was discussed by Drs. Clarence Andrews, James Mason, Robert Kilduffe and Thomas Cajigas, formerly Professor of Pathology at George Washington University.

RADIO PLANS

Dr. Samuel Barbash announced that the scientific speakers were being invited to speak to the public over WBAB on a topic of general interest before addressing the scientific meeting. This proved to be successful last year.

Dr. Robert A. Kilduffe reported on some of the activities of the Medical Preparedness Committee.

Dr. Charles Hyman, Chairman of the Program Committee, announced the completed program for the year.

Dr. David B. Allman, Treasurer, announced the dues as $20.00 for this year.

A motion was passed that directed the treasury to keep up the good standing in the State, A. M. A., and County Society of any member who serves in the armed services of the nation during this emergency.

BURLINGTON COUNTY

T. Bruce Dickson, M.D., Reporter

The first meeting of the *Burlington County Medical Society* for 1940-41 was held on September 19, 1940, at the Log-Cabin Lodge, Medford, N. J. This meeting was unique in the history of the Medical Society in that it was a joint meeting with the Burlington County Bar Association. Many of the wives of members of both organizations were also present.

Before dinner each group had its business meeting. In the medical meeting, the Military Preparedness Program was the main topic of discussion, and the personnel of the several examining boards were announced.

After dinner, Judge William D. Lippincott acted as toastmaster. He introduced Judge Frank A. Hendrickson, who made the welcoming address for the Bar Association, after which Dr. Joseph M. Kuder spoke in the behalf of the Medical Society.

After these two addresses, the two guest speakers were introduced. Dr. Kuder presented Dr. Philip Levine, of Newark, who was a pupil of Dr. Landsteiner. Dr. Levine spoke on "Blood Tests in Paternity Disputes". He demonstrated very clearly how these disputes are very often cleared up by the blood tests. His talk was most informative, and technical terms were kept down to the minimum for the benefit of the Bar members, and the ladies who were present.

The second speaker, Dr. Francis H. Green, Headmaster of the Pennington School, was introduced by Judge Lippincott. Dr. Green's topic was "The Spirit in Which We Work". His speech was very instructive and was intersperced with many quotations and anecdotes.

Besides the many well-known men in both county societies, some of the other notable people present were Mrs. Joseph Stokes, Colonel Haines, Commander of Fort Dix; Dr. Robert S. Gamon, President of the Camden Medical Society; Major-General Clifford R. Powell; Edward T. Curry, President of the Camden Bar Association; Jonathan W. Powell, President of the Burlington County Trust Company; and Honorable Charles A. Rigg, present Judge of Common Pleas Court.

This joint meeting was enjoyed by both county societies; and it is hoped that it will be a yearly event.

GLOUCESTER COUNTY

C. A. Bowersox, M.D., Reporter

The monthly meeting of the *Gloucester County Medical Society* was held September 19th, 1940, with the newly elected President, Dr. Henry B. Diverty, presiding.

SPEAKERS' BUREAU

Dr. L. K. Collins, of Glassboro, reported for the Public Relations Committee, and requested that more membres of the society place their names on the Speakers' Bureau to assist in bringing medical subjects before the public eye. During the Summer Dr. Collins and Dr. C. C. Sheets had given instructive medical talks to several lay organizations in the county.

NEW MEMBERS

The following new members were admitted to the society:

Dr. William Chalfant, Pitman
Dr. M. B. Black, Glassboro
Dr. Thomas Thompson, Pitman
Dr. Sidney Lintz, Swedesboro.

PHOTOGRAPH OF MEMBERS IN 1899

Dr. Diverty then showed a picture of the Gloucester County Medical Society taken in 1899 which was recently presented to the society by the widow of the late Dr. E. Z. Hillegas, of Mantua. The picture was formally accepted by the society, and placed in charge of Dr. Dorothy Rogers, Historian of the Society.

OFFICIAL VISIT BY DR. MARSH

Dr. Elias J. Marsh, First Vice-President of the State Society, then presented the program of the newly elected State Society President for the coming year. The suggestions were as follows:

1. Each county society should make an effort to increase its membership.
2. The revival of joint meetings of neighboring county societies.
3. Meetings with dentists, hospital staffs, and other allied groups.
4. Suggests that more men in their own societies be placed on the program to present papers. The President states that the man who gets the most out of any medical paper is the one who writes or reads it.

MILITARY PREPAREDNESS

Dr. C. A. Bowersox then gave a summary of the Medical Selective Conscription Act, and its relation to the medical profession. He stated that doctors between the ages of twenty-one and thirty-five must register, but that they would probably be placed in the class two classification. All doctors acting on the examining board would do so without remuneration. The local medical examining board is to be a separate committee from that of the local draft board. Dr. Diverty then appointed the following committees:

Medical Preparedness Committee of Gloucester County:
Drs. William Chalfant, R. D. Zapf, and William Pedrick, Chairman

Medical Examining Draft Board:
Drs. J. H. Underwood, B. A. Livengood, Oran Wood, Henry Sinexon, W. E. Crain, H. M. Fooder, F. G. Wandall, Wendell Burkett, C. A. Bowersox.

SOCIAL MEETING

Dr. Livengood made a report on the social session of the society to be held on October 19th.

PATCH TESTS

The President then reported on his results in the local schools after giving 800 Patch tests for tuberculosis. He stated that he had done these tests in two hours, and found them to be quite satisfactory.

SCIENTIFIC

Dr. E. J. G. Beardsley, of Philadelphia, then presented the scientific program on the subject "The Therapeutic Value of Routine Physical Examinations". He stated that it would do a doctor good to be sick more often—it would give him a chance to get the patient's point of view, which he so seldom seems to acquire. So many patients who present themselves to the physician's office today are not physically sick—they only imagine a great variation of ailments. In most of these cases, a thorough physical examination will do more good than any medicine which might be prescribed. It will show the patient that what he believed to be true was not true at all. Dr. Beardsley then made the statement that we doctors depend too much on laboratory work in making a diagnosis. If a physical examination was done on every patient, less laboratory work would be necessary, thereby making it less expensive for the patient. It is important to thoroughly examine the organs of normal persons and structures in order to be able to diagnose disease in those same structures when it is present.

After an interesting general discussion, the meeting adjourned at 11:45.

Report of the Public Relations Committee

By Louis K. Collins, M.D., Glassboro, Chairman

We in Gloucester County have no published list of speakers available on any specified subjects. All requests from lay organizations come directly to me or are referred to me. I know which members of the society are passable speakers and are willing to do the work. I then get in touch with the physician, give the time, date, place and subject for his approval, and immediately let the requesting group know the speaker's name for their program. So far I have had excellent coöperation from the members of the society. About one-fifth of them spoke last year, and I think the number will approach one-half this year.

During the Summer I sent out form letters with a list of topics, and a "Request for Speaker" blank, to all of the county Parent-Teacher Association

branches: and at present I am doing the same with the other women's groups, service clubs, etc.

In the local office I have prepared talks on several of the subjects; otherwise I try to get the material from the State Office or the Public Relations Committee. Thus, it is not too difficult for the men to whip a twenty to forty-five-minute address together. They would probably be less cooperative if there was very much individual work to be done. We try to get our speakers not to read their talks: and to answer any questions at the meetings. We do not ask for much original work especially on controversial subjects.

With this report there are enclosed:

1. A sheet of announcement of the services.
2. A form of request for a speaker, containing the essential information which a speaker should know about his audience.
3. A list of forty-seven subjects of addresses from "Accidents" to "The Relation of the County Medical Society to the Community".

HUDSON COUNTY

John N. Connell, M.D., Reporter

A regular meeting of the *Hudson County Medical Society* was held on the evening of Tuesday, May 7th, 1940, at the Carteret Club, with the President, Dr. James F. Norton, presiding.

The relations of the Hospital Service Plan to the Medical Service Plan were discussed.

The society voted to propose and support Dr. Joseph F. Londrigan, of Jersey City, for the office of Second Vice-President of The Medical Society of New Jersey.

LEGISLATION

It was voted that a letter be sent to the Legislature protesting against a special bill to admit a poorly trained candidate to licensure to practice medicine.

NEW MEMBERS

Two new members were admitted:

Dr. S. J. Margolin, Union City
Dr. Albert Stein, North Bergen

WOMEN'S FIELD ARMY

On motion of Dr. R. L. Ballinger, the society approved the work of the Women's Field Army, which is the Woman's Auxiliary of the American Society for the Control of Cancer.

PUBLICATION COMMITTEE

Dr. H. F. Downes, Director of the Radio Health Forum, reported the excellent health programs that had been broadcast by the joint efforts of the Public Health Committee of the Hudson County Medical Society, and the Hudson County Board of Health.

SCIENTIFIC

The following scientific program was carried out:

1. Preliminary Remarks: "Survey of the Mortality Statistics of Appendicitis in Hudson County", by Dr. James F. Norton.
2. "Diagnosis and Differential Diagnosis of Acute Appendicitis", E. J. Chapman, M.D., Greenville Hospital.
3. "Operative Treatment of the Various Forms of Acute Appendicitis", T. J. Schuck, M.D., St. Mary's Hospital.
4. "Post-Operative Treatment and Management of the Complications of Acute Appendicitis", E. J. Halligan, M.D., St. Francis Hospital.
5. "Pathology of Appendicitis", J. S. Growal, M.D., Bayonne Hospital.

Discussion opened by Dr. F. J. Bortone, Christ Hospital.

ELECTION OF OFFICERS

The following officers were elected:

President, G. Ginsberg
Vice-President, A. J. Conty
Treasurer, Henry Spence
Secretary, T. McG. Brennock
Reporter, J. N. Connell

Board of Trustees (3 years to 1943): T. J. Schuck, J. F. Norton

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MONMOUTH COUNTY

Murray Woronoff, M.D., Reporter

Dr. D. F. Featherston, in the President's page of the *Bulletin of the Monmouth County Medical Society* for September, 1940, discusses two major problems as follows:

PREPAREDNESS

Under the direction of the Medical Preparedness Committee of The Medical Society of New Jersey, we have appointed six Medical Examining Boards throughout Monmouth County. Each Board will be composed of three men who will do complete physical examinations on all registrants for conscription. Practically every man consulted agreed to serve willingly on a voluntary basis. Some of our members who were not consulted have expressed a desire to serve on these boards; and we wish to assure them that, in all probability, as the routines are established and the boards start to function, there will be changes made in the medical personnel.

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY

This is an arrangement by which a selected group of persons may spread the cost of medical services rendered in the care of illnesses and injuries requiring hospitalization, by the prepayment of subscription on an insurance basis. The plan has pro-

gressed to a point which justifies the formal presentation to the component county societies. Members of a society such as ours will benefit from this organization to a greater extent than our brother physicians in larger cities. We must, therefore, exert our efforts towards acquainting our patients, as well as any lay group with which we may be associated, of the benefits derived from this medical service.

We must also realize that, in all probability, the weaknesses which existed in the old Emergency Relief Administration will be present in this organization, and that the success of the plan will depend on the basic honesty of the doctors themselves.

OCEAN COUNTY

Raymond A. Taylor, M.D., Reporter

A meeting of the *Ocean County Medical Society* was held at the Sunset Cabin in Lakewood, on the evening of September 11th, 1940, with seventeen members present. The meeting was preceded by a dinner.

MEDICAL SERVICE PLAN

Mr. John S. Thompson, the actuary of the Medical Service Plan of New Jersey, gave a brief address of the proposed plan, which was discussed generally.

SCIENTIFIC

Dr. Emanuel Sickles then gave a brief talk on x-ray findings in mitral heart disease.

WOMAN'S AUXILIARY

Gloucester County

Reported by Mrs. Clarence A. Bowersox, Chairman of Public Relations Committee

The regular business meeting of the *Woman's Auxiliary to the Gloucester County Medical Society* was held at the Homestead Coffee Shop on Thursday, September 19th, 1940, at 9 p.m., with Mrs. Paul M. Pegau, the President, presiding, and ten members present.

The report of the Nominating Committee was read by Mrs. Frederick Wandall, the program chairman. Mrs. Wandall also reported the greatly varied program for the coming year.

The meeting was followed by a social talk.

NUMBER OF CHILDREN REPORTED RECEIVING FREE STATE BIOLOGICALS

SINCE JULY 1, 1940

DIPHTHERIA TOXOID

County	Total to July 31	Month of Aug.	Total to Aug. 31	Average per Month
Atlantic	49	85	134	67.
Bergen	212	153	365	182.5
Burlington	3	17	20	10.
Camden	387	14	401	200.5
Cape May	4	2	6	3.
Cumberland	3	36	39	19.5
Essex	433	1745	2178	1089.
Gloucester	2	31	33	16.5
Hudson	32	239	271	135.5
Hunterdon	1	0	1	0.5
Mercer	1	373	374	187.
Middlesex	7	12	19	9.5
Monmouth	748	13	761	380.5
Morris	16	55	71	35.5
Ocean	4	1	5	2.5
Passaic	549	296	845	422.5
Salem	5	21	26	13.
Somerset	3	3	6	3.
Sussex	0	0	0	0
Union	561	83	644	322.
Warren	32	2	34	17.
Totals	3052	3181	6233	3116.5

SMALLPOX VACCINE

County	Total to July 31	Month of Aug.	Total to Aug. 31	Average per Month
Atlantic	51	28	79	39.5
Bergen	244	167	411	205.5
Burlington	21	61	82	41.
Camden	71	97	168	84.
Cape May	3	4	7	3.5
Cumberland	14	72	86	43.
Essex	623	1130	1753	876.5
Gloucester	15	81	96	48.
Hudson	80	18	98	49.
Hunterdon	4	4	8	4.
Mercer	3	100	103	51.5
Middlesex	16	54	70	35.
Monmouth	112	23	135	67.5
Morris	49	68	117	58.5
Ocean	0	4	4	2.
Passaic	448	302	750	375.
Salem	9	48	57	28.5
Somerset	12	20	32	16.
Sussex	0	3	3	1.5
Union	88	99	187	93.5
Warren	56	28	84	42.
Totals	1919	2411	4330	2165.

BOOKS RECEIVED FOR REVIEW

The books reviewed in these columns may be seen in the Library of the Academy of Medicine of Northern New Jersey.

Principles of surgical care, shock, and other problems. By Alfred Blalock. Pp. 325. Price $4.50. St. Louis, C. V. Mosby Co. 1940.

Clinical diabetes mellitus and hyperinsulinism. By Russell M. Wilder.. Pp. 459. Price $6.00. Philadelphia, W. B. Saunders & Co. 1940.

Synopsis of the principles of surgery. By Jacob K. Berman. Pp. 615. Price $5.00. St. Louis, C. V. Mosby Co. 1940.

Clinical heart disease. By Samuel A. Levine. 2nd ed. Pp. 495. Price $6.00. Philadelphia, W. B. Saunders Co. 1940.

Arthritis and allied conditions. By Bernard I. Comroe. Pp. 752. Price $8.50. Philadelphia, Lea & Febiger. 1940.

Psychiatry for nurses. By Louis J. Karnosh, M.D., and Edith B. Gage, R.N. Pp. 327. Price $2.75. St. Louis, C. V. Mosby Co. 1940.

Biochemistry of diseases. By Meyer Bodansky and Oscar Bodansky. Pp. 684. Price $8.00. N. Y., Macmillan Co. 1940.

Neoplastic diseases; a treatise on tumors. By James Ewing. 4th ed. Pp. 1160. Price $14.00. Philadelphia, W. B. Saunders Co. 1940.

Diagnosis and treatment of diseases of the hair. By Lee McCarthy. Pp. 871. Price $9.50. St. Louis, C. V. Mosby Co. 1940.

Physical therapy for nurses. By Richard Kovacs. 2d ed. Pp. 335. Price $3.25. Philadelphia, Lea & Febiger. 1940.

Principles of hematology. By Russell L. Haden. 2d. ed. Pp. 362. Price $4.50. Philadelphia, Lea & Febiger. 1940.

Diagnosis and treatment of head injuries. By Sidney W. Gross and William Ehrlich. Pp. 275. Price $5.00. N. Y., Hoeber. 1940.

Introduction to medicine. By Don C. Sutton, M.D., with an introduction by Ada Belle McCleery, R.N. Pp. 642. Price $3.25. St. Louis, C. V. Mosby & Co. 1940.

Chemotherapy and serum therapy of pneumonia. By Frederick T. Lord, Elliott S. Robinson and Roderick Heffron. Pp. 174. Price $1.00. N. Y., The Commonwealth Fund. 1940.

Artificial pneumothorax: Its practical application in the treatment of pulmonary tuberculosis. Contributions by Saranac Lake physicians to the studies of the Trudeau Foundation. Edited by Edward N. Packard, John N. Hayes and Sidney F. Blanchet. Pp. 300. Price $4.00. Philadelphia, Lea & Febiger. 1940.

Minor surgery. By Frederick Christopher. 4th ed. Pp. 990. Price $10.00. Philadelphia, W. B. Saunders. 1940.

Bacteriology of Public Health. By George M. Cameron. Pp. 451. St. Louis, C. V. Mosby Company. 1940. $3.50.

Gynecological and Obstetrical Pathology, with Clinical and Endocrine Relations. By Emil Novak. Pp. 496. Philadelphia, W. B. Saunders Company. 1940. $7.50.

Poison Trail. By William F. Boos. Pp. 380. Boston, Hale Cushman & Flint. 1939. $3.00.

Diagnosis and Treatment of Pulmonary Tuberculosis. By John B. Hawes, 2d, and Moses J. Stone. 2d ed. Pp. 260. Philadelphia, Lea & Febiger. 1940. $2.75.

Medical Nursing. By Edgar Hull, M.D.; Christine Wright, R.N., and Ann B. Eyl, B.S. Pp. 588. Philadelphia, F. A. Davis Company. 1940. $3.50.

The Virus, Life's Enemy. By Kenneth M. Smith. Pp. 176. N. Y., Macmillan; Cambridge, England, University Press. 1940. $2.00.

Applied Pharmacology. By Hugh Alister McGuigan. Pp. 914. St. Louis, C. V. Mosby Company. 1940. $9.00.

Textbook of Medicine by American authors. Edited by Russell L. Cecil. Pp. 1744. Philadelphia, W. B. Saunders. 1940. $9.50.

Physical Diagnosis. By Ralph H. Major. 2d ed. Pp. 464. Philadelphia, W. B. Saunders Company. 1940. $5.00.

Management of the Cardiac Patient. By William G. Leaman. Pp. 705. Philadelphia, J. B. Lippincott Company. 1940. $6.50.

Getting Ready to Be a Mother. By Carolyn Conant Van Blarcom, revised by Hazel Corbin. 4th ed. Pp. 190. N. Y., Macmillan. 1940. $2.50.

Practical Bedside Diagnosis and Treatment. By Henry Joachim. Pp. 834. Springfield, Illinois, Charles C. Thomas. 1940. $7.50.

Era Key to the USP XI and NF VI. 5th ed., revised by Lyman D. Fonda. Newark, N. J. Haynes & George, Inc. 1939.

Emperor's Itch; the legend concerning Napoleon's affliction with scabies. By Reuben Friedman. Pp. 82. N. Y., Froben Press. 1940. $1.50.

BOOK REVIEWS

Biochemistry of Disease. By Meyer Bodansky, Ph.D., M.D., Director of the John Sealy Memorial Laboratory and Professor of Pathological Chemistry, University of Texas School of Medicine; and Oscar Bodansky, Ph.D., M.D., Lecturer in Biochemistry, Graduate Division, Brooklyn College; formerly Biochemist, Children's Medical Division, Bellevue Hospital, and Instructor, Department of Pediatrics, New York University College of Medicine. New York, The Macmillan Company. 1940. Price $8.00.

The general practitioner or specialist who is chemistry-minded, or is interested in learning more

about the chemistry of various diseases, has met with much difficulty in attempting to bring together the various biochemical phases and alteration in these diseases.

Even the specialist is not equally well informed in all branches of a subject. This has been due largely to the fact that previous works of physiological chemistry, although excellent, were organized from the standpoint of a chemist. This monograph, by the Bodanskys supplied, therefore, a great need. It deals systematically with the biochemical aspects of diseases arranged according to clinical entities. It is a book for the practicing physician, for the student, and even for the research worker.

The bibliographies at the end of each chapter are ample, and each subject itself is thoroughly presented.

There is no doubt that this book will be received with the widespread interest that it deserves.

C. Abbott Beling.

Minor Surgery. By Frederick Christopher, S.B., M.D., F.A.C.S., Associate Professor of Surgery of the Northwestern University Medical School, Chicago; Chief Surgeon at the Evanston (Ill.) Hospital. W. B. Saunders Company, Philadelphia and London. 1940. $10.00.

"It is through the study of Minor Surgery that the surgeon commences his apprenticeship"—thus writes Maisonnet.

The present edition is a revision and contains much new material. The book is gracefully dedicated to Irving S. Cutter, Dean of Northwestern Medical College, and opens with the foreword by the late Allen B. Kanavel. The book deals with procedures which intimately concern the general practitioner, those without hospital contacts and internes in training. The book is based on a wide experience and is strictly confined to minor surgery.

In it are emphasized the full potentialities of the less serious conditions which may merge into major surgery through carelessness and lack of knowledge. Appropriate prominence is given to mechanical cleaning of open wounds and debridement. The important revised and added features comprise wound healing, sulfanilamide therapy, treatment of burns, injection treatments, and newer methods of rectal and intravenous anesthesia and novocain injection of sprains.

The illustrations are numerous and well chosen. The importance of first-aid treatment and transportation of major surgical infections are very properly stressed.

The popularity of this book is evidenced by its publication through four editions in eleven years. It serves as a reliable guide for the young practicing physician. An excellent chapter, "The Surgical Intern", concludes the book.

Royal H. Fowler.

Newer Nutrition in Pediatric Practice. By I. Newton Kugelmass. Pp. 1155. Price $10.00. Philadelphia, J. B. Lippincott Company. 1940.

This volume presents an encyclopedic survey of dietetic measures as applied to the field of pediatrics. Dividing the subject into three major sections—1, nutritional physiology; 2, nutrition in health; 3, nutrition in disease—the author endeavors to present the material in an orderly manner but the reader is often confused by the overwhelming mass of data. It tends to be a bit sketchy for the reference shelf—notably that portion devoted to the vitamins. The casual reader might be staggered by the broad scope of the subject matter which mentions in passing an astounding list from the chloride shift to the technic of blood transfusion. At the end of each chapter there is a representative bibliography. The index appears to be adequate.

W. Mitchell.

Compendium of Regional Diagnosis in Lesions of the Brain and Spinal Cord. A Concise Introduction to the Principles of Localization of Diseases and Injuries of the Nervous System. By Robert Bing. Translated and edited by Webb Haymaker. Eleventh edition. Pp. 292. St. Louis, The C. V. Mosby Company. 1940. $5.00.

Bing's Compendium appeared over thirty years ago and has passed through edition after edition marking the progress of our knowledge of the localization of lesions of the brain and spinal cord.

This latest edition contains not only all the fundamentals of previous editions, but also information concerning the use of roentgenography in the localization of cerebral and spinal lesions.

The book is authoritative, well organized, and can be recommended without reservation.

C. C. Beling.

Artificial Pneumothorax,—Its Practical Application in the Treatment of Pulmonary Tuberculosis. Editorial Committee: E. N. Packard, J. N. Hayes, S. F. Blanchet. Octavo, pp. 300, $4.00, Lea & Febiger, Philadelphia, 1940.

This valuable book is published by a group of experts highly respected in the tuberculosis literature. The statistics on permanent cure following artificial pneumothorax are instructive. One has to draw a sharp line between an effective pneumothorax and an ineffective collapse, which, of course, should be discontinued and replaced by some other form of collapse therapy.

The chapter on the value df the x-ray in artificial pneumothorax is excellent. Future editions should include laminographic studies which have proven to be of decisive importance during the past years.

The general practitioner will certainly learn a great deal from this book. He will realize that it is simple to push a needle into the chest, but very difficult to administer artificial pneumothorax intelligently. It is an art which requires a sufficient knowledge of not only of radiology of the chest but also of the normal and pathologic physiology of respiration and the pathogenesis of the tuberculous cavity.

Felix Baum, M.D.

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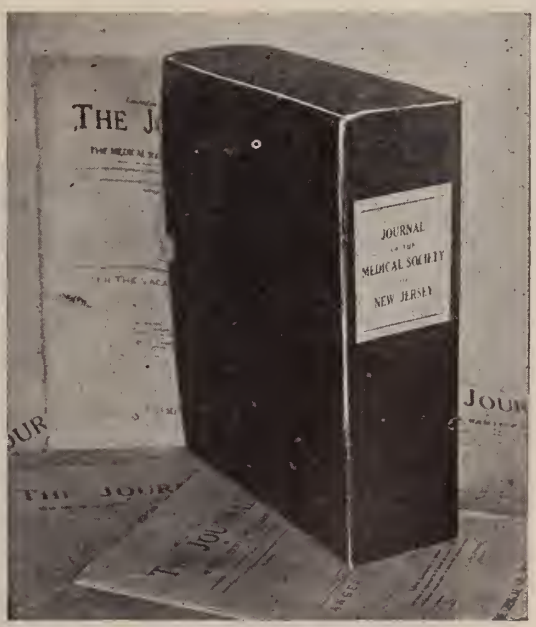

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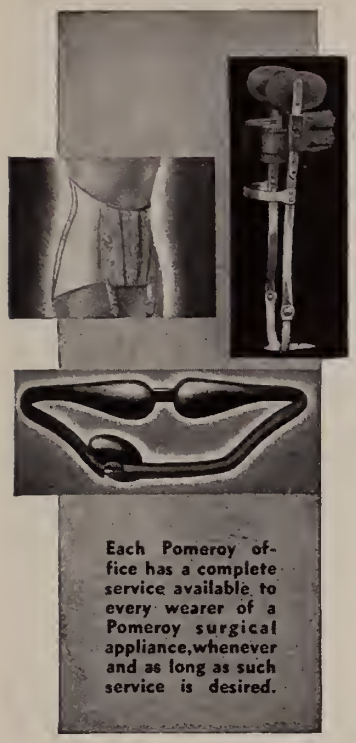

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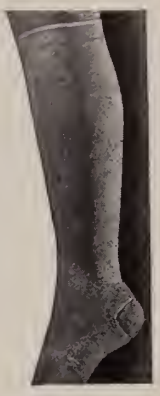

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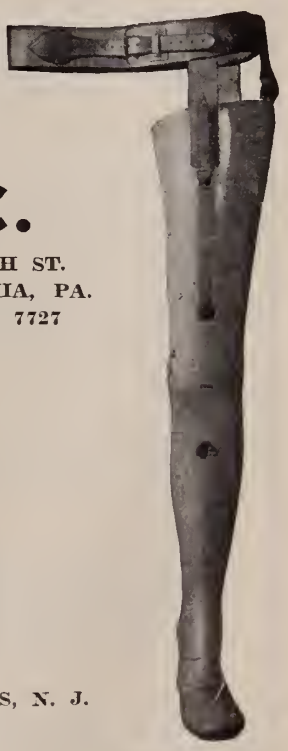

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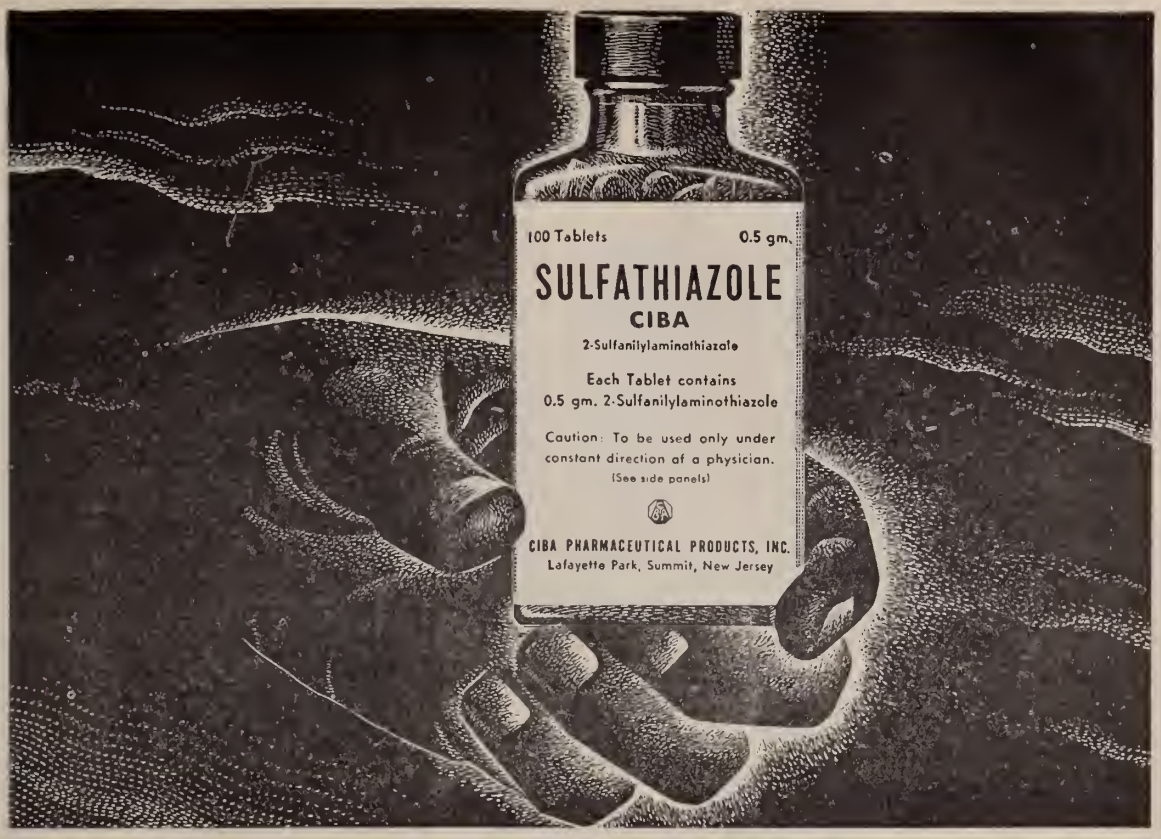

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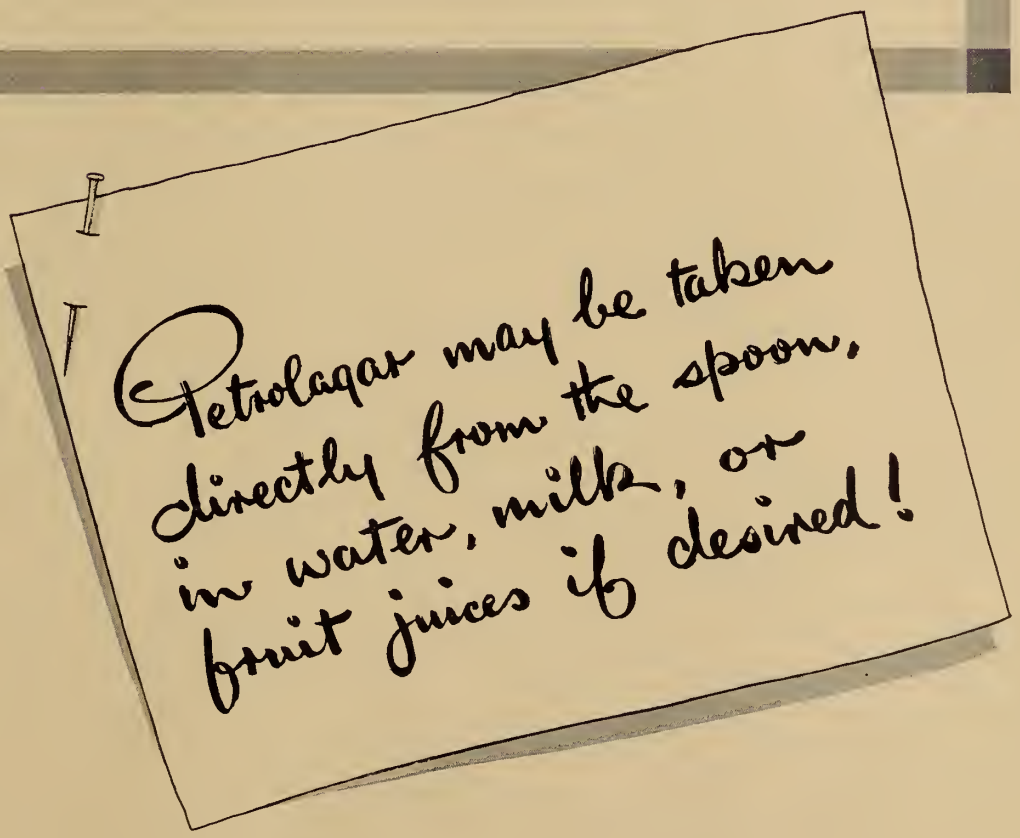

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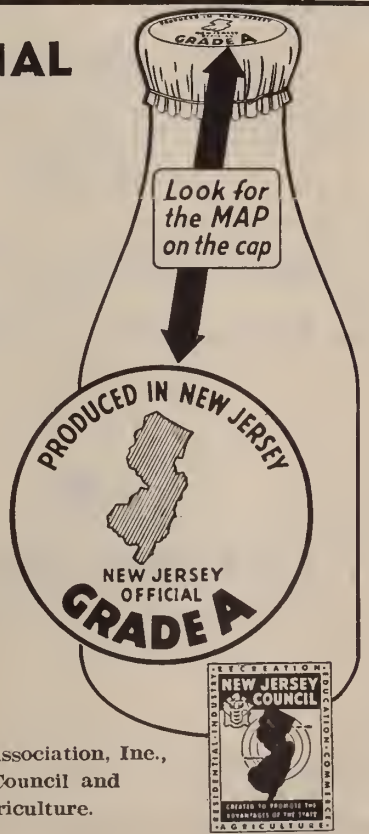

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The comprehensive COCOMALT formula provides calcium, phosphorus, iron . . . Vitamins A, B_1, D and G. COCOMALT is a food for quick energy and body building. Its delightful flavor encourages all ages to drink milk.

*Medical Record, August 21, 1940

COCOMALT . . .
A DELIGHTFUL FOOD BEVERAGE FOR ALL AGES

R. B. DAVIS COMPANY

Hoboken New Jersey

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I would like a reprint of the Senescence study . . . also a trial professional package of COCOMALT.

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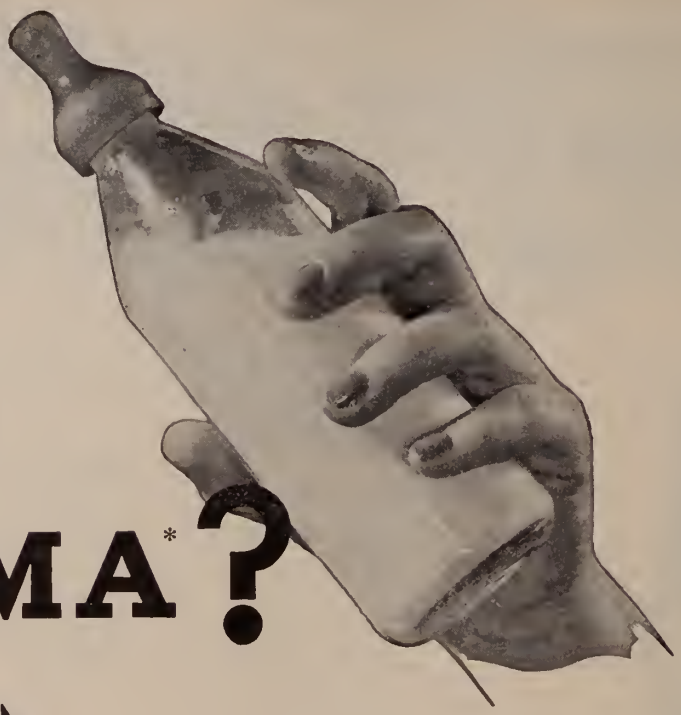
EVER FEED SMA*?



When you prescribe S.M.A. for the bottle-fed infant you give an easily digested fat, a protein that provides the amino acids essential for adequate nutrition and growth and *lactose,* a physiological carbohydrate, in correct proportion to the nutritional requirements of the normal full-term infant.

In addition, when prepared according to the usual dilution for feeding, each quart of S.M.A. contains:

7500 international units vitamin A activity
200 international units vitamin B_1
400 international units vitamin D
10 mg. Iron

S.M.A. provides easily digested fat and protein of full biological value in correct proportion to the nutritional requirements of the normal full term infant. Therefore, the only carbohydrate in S.M.A. is Lactose . . .

Normal infants relish S.M.A. . . . digest it easily and thrive on it.

" " "

A SPECIAL PRODUCT

For premature and undernourished infants

PROTEIN S.M.A.
(Acidulated)

Protein S.M.A. (acidulated) is a modified form of S.M.A., intended to meet the special nutritional needs of the premature and undernourished infant and for infants requiting a high protein intake.

Protein S.M.A. (acidulated) is similar to both casein milk and lactic acid milk, but presents additional nutritional elements lacking in both.

*S.M.A., a trade mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and physical properties.

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

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KARO has been used for over a generation in infant feeding and yet the medical literature to date reveals no incident of allergy to KARO; hence it may be safely used in the formulas of allergic infants.

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KARO is produced by the conversion of corn starch into mixed sugars and dextrins at high temperature with complete hygienic protection. The large amount of dextrin and the three sugars, maltose, dextrose and sucrose cause no sensitization, and the trace of protein produces no allergic reactions even in corn-sensitive infants.

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KARO is well tolerated, easily digested and not readily fermented. The dextrose and maltose components are quickly absorbed and the difficultly fermentable dextrin is gradually and completely transformed into simple monosaccharides.

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● It's a significant fact that 54% of our customers come to us on doctors' recommendations . . .

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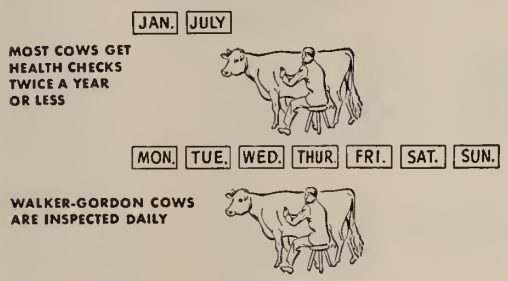
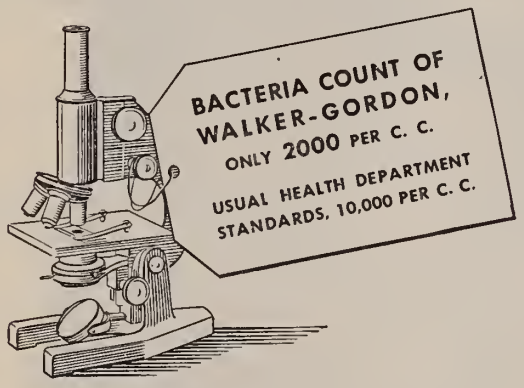
Walker-Gordon Certified is generally accepted as the world's finest milk, and we're making every effort to keep it so.

That's why we take such extraordinary purity precautions on our "clinically controlled" farms. For instance, Walker-Gordon cows are given *daily* health checks, instead of semi-annual.



Too, their udders are washed, and dried with sterilized towels, before each milking. And instead of being milked by hand, they're milked on the famous "Rotolactor"—an exclusive Walker-Gordon development. So that Walker-Gordon Milk goes from cow to consumer without ever meeting outside air!

All of which helps explain why Walker-Gordon is *five times as pure,* bacterially, as health departments require even under the high standards set for certified milk.



. . . And all of which helps explain, too, why we expect to be able to say for many more years: *"Most of our customers are sent to us by doctors."*

Walker-Gordon Certified Milk

THE WORLD'S FINEST MILK

When *Mothers' Milk* is not available

USE LACTOGEN

It is universally recognized that the milk from the cow is a very satisfactory and successful substitute for mothers' milk if offered in proper form and proportion. That is why Lactogen is made wholly from fresh cows' milk.

Taken from tuberculin-tested herds, the milk used in making Lactogen is completely checked for cleanliness and freshness before acceptance . . . then processed in shining, spotless stainless steel drying chambers under ideal modern conditions of control and sanitation.

Lactogen is fresh, whole cows' milk, fortified with additional milk fat and milk sugar to match human milk proportions of fat, protein and carbohydrates.

Lactogen is an easily digestible food. The characteristics of the casein are changed to form fine and flaky curds, and the fat globules are physically broken down

Lactogen is especially convenient and safe. It may be used even where there is no refrigeration. Its preparation is simple, even for the most inexperienced mother.

No advertising or feeding directions, except to physicians.
For free samples and literature, send your professional blank to "Lactogen Department."

NESTLÉ'S MILK PRODUCTS, INC.

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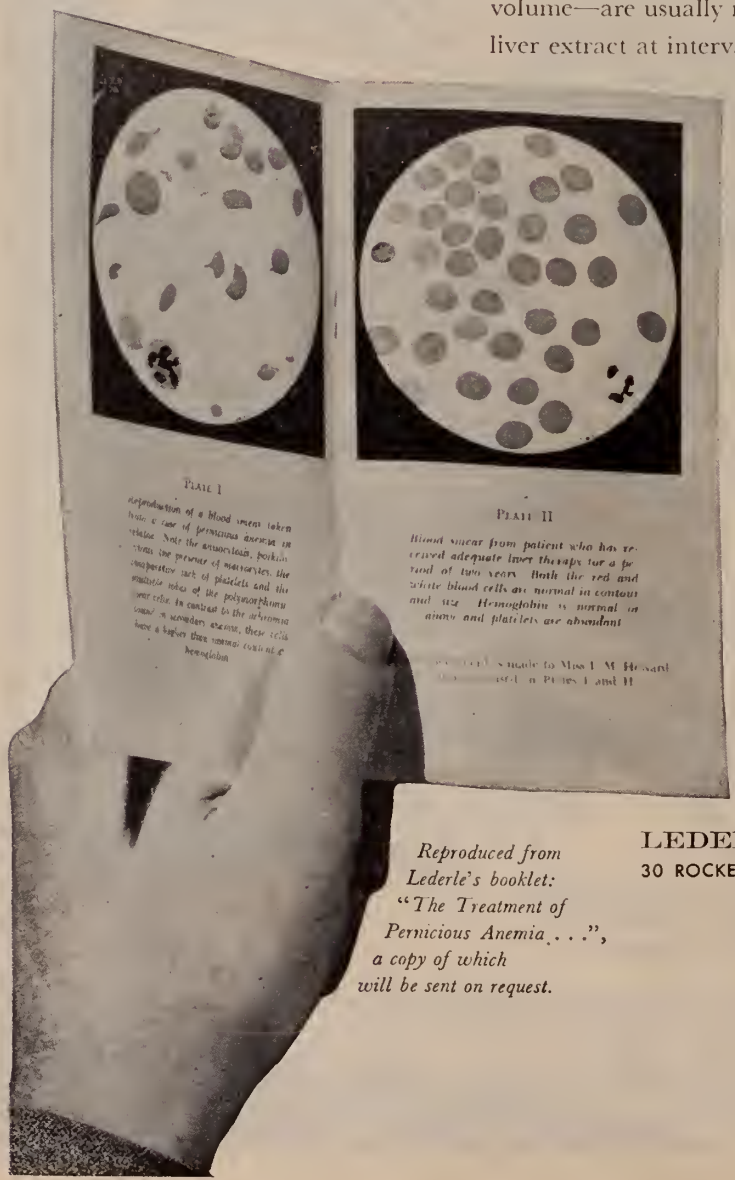
Attaining the Criteria of Effectiveness in Pernicious Anemia Therapy

1 cc. Concentrated Solution Liver Extract

(PARENTERAL)

Lederle

IN THE TREATMENT OF PERNICIOUS ANEMIA the first objective of the physician is the restoration and maintenance of a normal blood picture. The measurable criteria of effective maintenance therapy—red blood cell count of 5,000,000 or more, normal hemoglobin, color index, cell size, and cell volume—are usually met with the injection of *Lederle's* 1 cc. liver extract at intervals of 7 to 15 or more days.



Reproduced from Lederle's booklet: "The Treatment of Pernicious Anemia . . .", a copy of which will be sent on request.

Patients with pernicious anemia are not all alike in their requirements of potent material. They differ one from the other and from time to time. Hence no dogmatic statements can be made as to dosage. However, to successfully prevent the development or progress of severe neural lesions much more liver extract is required than needed for maintenance of normal blood. And it is well to bear in mind that, even if neural symptoms are not present, excess amounts of liver are useful to the extent that they may be stored in the body reservoirs and drawn upon as needed.

"1 cc. Concentrated Solution Liver Extract *Lederle*" contains 15 U. S. P. units. Fewer injections, less discomfort and less inconvenience are factors in gaining the cooperation of the patient.

Obtainable in packages of three 1 cc. vials

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As an Adjunct in the Treatment of Alcoholism

'Benzedrine Sulfate' is admittedly not a solution of the difficult problem of alcoholism, but *is* a valuable adjunct in cases which can be properly supervised.

Acute Alcoholism

Amplifying and confirming a previous report, Reifenstein and Davidoff (N. Y. State J. Med., 40:247, 1940) used 'Benzedrine Sulfate' orally and intravenously* in a carefully-controlled series of more than 100 institutionalized alcoholics, with and without psychosis. In almost all cases, states of alcoholic depression were quickly relieved.

> "In the acute alcoholic psychoses the length of time necessary for recovery was considerably diminished, frequently by half, and the number of recoveries was slightly increased."

> "In the acute phases of alcoholic intoxication amphetamine sulfate has been most effective. Likewise the characteristic physiologic and psychologic after-effects of acute inebriation have been dissipated quickly by the drug."

Chronic Alcoholism

Working with institutionalized patients, Reifenstein and Davidoff did not find 'Benzedrine Sulfate' therapy satisfactory in chronic alcoholism.

In private practice, on the other hand, Bloomberg had good results in a series of twenty-one closely supervised chronic alcoholics. (New Eng. J. Med., 220:129, 1939). He suggested that the use of 'Benzedrine Sulfate' may permit a sufficient interval of sobriety for the institution of the usual and more fundamental psychotherapeutic approaches.

Initial dosage should be small, ¼ to ½ tablet (2.5 mg. to 5 mg.). If there is no effect, this should be increased progressively. Normal dosage is from 1 to 3 tablets (10 mg. to 30 mg.) daily, one-half of the dose at breakfast and the other half at noon.

*Physicians wishing to use 'Benzedrine Sulfate Ampules' may obtain them on direct order from us.

BENZEDRINE SULFATE TABLETS

Each tablet contains 10 mg. amphetamine sulfate, S. K. F. (approximately 1/6 gr.)

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COPIOUS DIURESIS

after

INTRAMUSCULAR

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Intravenous Administration

SALYRGAN-THEOPHYLLINE effects prompt and copious diuresis with virtually no local discomfort after intramuscular injection and with lessened risk of thrombosis after intravenous administration. It has been conclusively demonstrated that this diuretic combination is absorbed quickly and completely from the tissues when injected intramuscularly, and that it is satisfactorily tolerated by the punctured venous wall.

The greatest field of usefulness of Salyrgan-Theophylline is in edema of congestive heart failure, cardiorenal disease and nephrosis. The total amount of diuresis which follows the individual injections is ordinarily so large that a comparatively short course of treatment renders patients edema free. Reaccumulation of fluid can usually be controlled by an occasional administration of Salyrgan-Theophylline in combination with other appropriate measures (digitalis, diet, rest, etc.).

Salyrgan-Theophylline is injected *intramuscularly* (buttocks, legs or arms) or *intravenously* (never subcutaneously).

Write for booklet which discusses the essential details, including contraindications and side effects.

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(Mercury salicylallylamide-o-acetate of sodium with theophylline)

Brand of MERSALYL
with
Theophylline

HOW SUPPLIED

Salyrgan - Theophylline solution (containing 10% Salyrgan and 5% theophylline) is supplied in ampules of 1 cc., boxes of 5 and 25; and in ampules of 2 cc., boxes of 10 and 25.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

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Pharmaceuticals of merit for the physician

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The Effectiveness of AMNIOTIN

IN RELIEVING MENOPAUSAL SYMPTOMS IS AN ESTABLISHED FACT

ELEVEN years ago Sevringhaus and Evans[1] reported that Amniotin was "of marked value in the relief of the vasomotor phenomena of the menopause." This observation has been confirmed by so many published clinical papers that the effectiveness of Amniotin in relieving distressing menopausal symptoms is widely recognized.

For example, Novak[2] in a paper on the management of the menopause states: "The fact remains, however, that a certain proportion of women suffer with severe vasomotor symptoms for a variable and unpredictable time, and that the lot of these women can be made much easier by intelligent organotherapy. Whereas formerly there was much difference of opinion among clinicians as to the efficacy of hormone treatment, opinion is now unanimous that it is of genuine value. In fact, organotherapy for menopausal symptoms is looked upon as one of the more satisfactory applications of endocrine knowledge in the field of gynecological practice."

Early, Adequate Treatment Suggested

Schneider[3] citing experience in 519 cases writes: ". . . the ease with which complete relief can be obtained in the early cases, has been one of the most striking observations. . . ." The milder forms of disturbance often can be controlled by the oral administration of Amniotin in capsules. Larger doses may be administered advantageously by the hypodermic route.

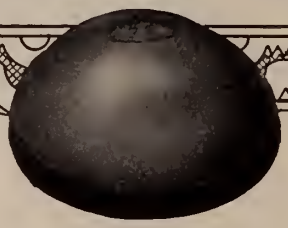
Amniotin is a highly purified preparation of naturally occurring estrogenic substances. It is available in Capsules containing 1000, 2000 and 4000 I. U., Pessaries of 1000 and 2000 I. U., and in 1-cc. ampuls containing 2000, 5000, 10,000 and 20,000 I. U.

[1] Sevringhaus, E. L., and Evans, J. S.: *Am. J. M. Sc.* 178:638, Nov. 1929.
[2] Novak, Emil: *Surg. Gynec. & Obst.* 70:124, Jan. 1940.
[3] Schneider, P. F.: *Am. J. Obst. & Gyn.* 37:861, May 1939.

For literature address the Professional Service Department
E. R. Squibb & Sons, 745 Fifth Avenue, New York, N. Y.

Amniotin A SQUIBB PREPARATION OF ESTROGENIC SUBSTANCES OBTAINED FROM THE URINE OF PREGNANT MARES

2 Year Guarantee



Every Koromex Diaphragm carries with it a guarantee not for one year but for *two* full years. We can make this guarantee with confidence because of the many years' experience with these diaphragms. The physicians who prescribe Koromex Diaphragms particularly commend it for its spring tension, for the shape of its dome as well as for the excellent character of its materials.

Send for further information

HOLLAND-RANTOS CO., Inc.

551 FIFTH AVENUE • NEW YORK
308 WEST WASHINGTON ST. • CHICAGO
520 WEST 7th STREET • LOS ANGELES

CANNED FOODS AS SOURCES OF THE ESSENTIAL NUTRIENTS

● Early in this century, the existence of "accessory food factors"—the vitamins—was demonstrated by animal experiments (1, 2). Since that time, building upon information established by earlier investigators regarding the caloric, protein, and mineral needs of man, contemporary workers have developed a practical and fairly complete working knowledge of nutrition. At the present time, the fundamental human dietary requirements are considered in terms of some thirty substances of known chemical composition plus a number of factors whose chemical natures still await determination (3). Likewise, the dietary values of foods also may be discussed in terms of these same essential nutrients.

Viewed from a physiological basis, nutritional failures appear to be conditioned either by consumption of a diet deficient with respect to certain of the essential food factors or to altered processes in metabolism which prevent the efficient absorption and utilization of foods (1). Failures of the latter type can be corrected only by elimination of the defects in metabolism, or by administration of nutrients by routes which permit utilization. However, the vast majority of nutritional failures are associated with the consumption of diets deficient with respect to essential food factors. In the following quotation, the facts regarding malnutrition resulting from faulty diet are concisely stated (1):

> "Three facts concerning nutritive failure are becoming increasingly obvious: first, that it does not come solely from lack of vitamins but from deficiency of proteins and minerals as well; in certain of the lower animals, it comes even from lack of fats; second, that in America it is seldom complete; and third, that it is not, as a rule, the expression of a single nutritive fault. More often it is partial in extent and multiple in nature, with a clinical picture that is correspondingly lacking in detail and hazy in outline."

Although nutritional diseases are manifestations of the prolonged consumption of diets deficient with respect to amino acids, minerals, and vitamins, students of the problem agree (2, 4, 5, 6) that elimination of malnutrition is primarily a problem of increasing the variety of foods regularly eaten. Special emphasis should be placed upon the judicious consumption of familiar foods such as meats, (including glandular organs, poultry, sea food, and fish); eggs; milk in its many forms; milk products; fruits and vegetables; legumes; and the whole cereals and their various products. Thus, in its practical application (7), nutrition may be viewed as "an economic, agricultural, industrial and commercial problem, as well as a problem in physiology."

The nutritive values of canned foods have indeed been well established by means of numerous studies (8). By transforming foods, from the perishable condition in which they are harvested, to canned foods which may be stored for consumption in all seasons, the canning industry has rendered great assistance in carrying out the program designed to eliminate malnutrition in America.

AMERICAN CAN COMPANY
230 Park Avenue, New York, N. Y.

REFERENCES

1. 1939. J. Am. Med. Assoc. 112, 2110.
2. 1938. J. Am. Med. Assoc. 111, 1073.
3. 1940. J. Med. Assoc. Alabama 9, 365.
4. 1940. J. Am. Med. Assoc. 114, 548.
5. 1939. U. S. Dept. Agri. Circular No. 507.
6. 1938. J. Am. Med. Assoc. 111, 1846.
7. 1935. Quart. Bull. Health Organ. League of Nations 4, 326.
8. 1939. Canned Food Reference Manual, American Can Company, New York.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-fifth in a series which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

For home, office or hospital

VINETHENE

Reg. U. S. Pat. Off.

THE ease with which Vinethene may be administered, and the quiet, prompt recovery which follows its use, are factors which have led to its present usage for short operative procedures in the home, office and hospital.

Extensive clinical experience with Vinethene anesthesia has established its special value for

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Vinethene anesthesia is characterized by:
Rapid Induction Adequate Relaxation
Prompt, Quiet Recovery
Infrequent Nausea and Vomiting

Supplied with special dropping nozzle in bottles of 25, 50, and 75 cc. and in small containers for the physician's bag.

Literature on Request

Vinyl Ether for Anesthesia Merck

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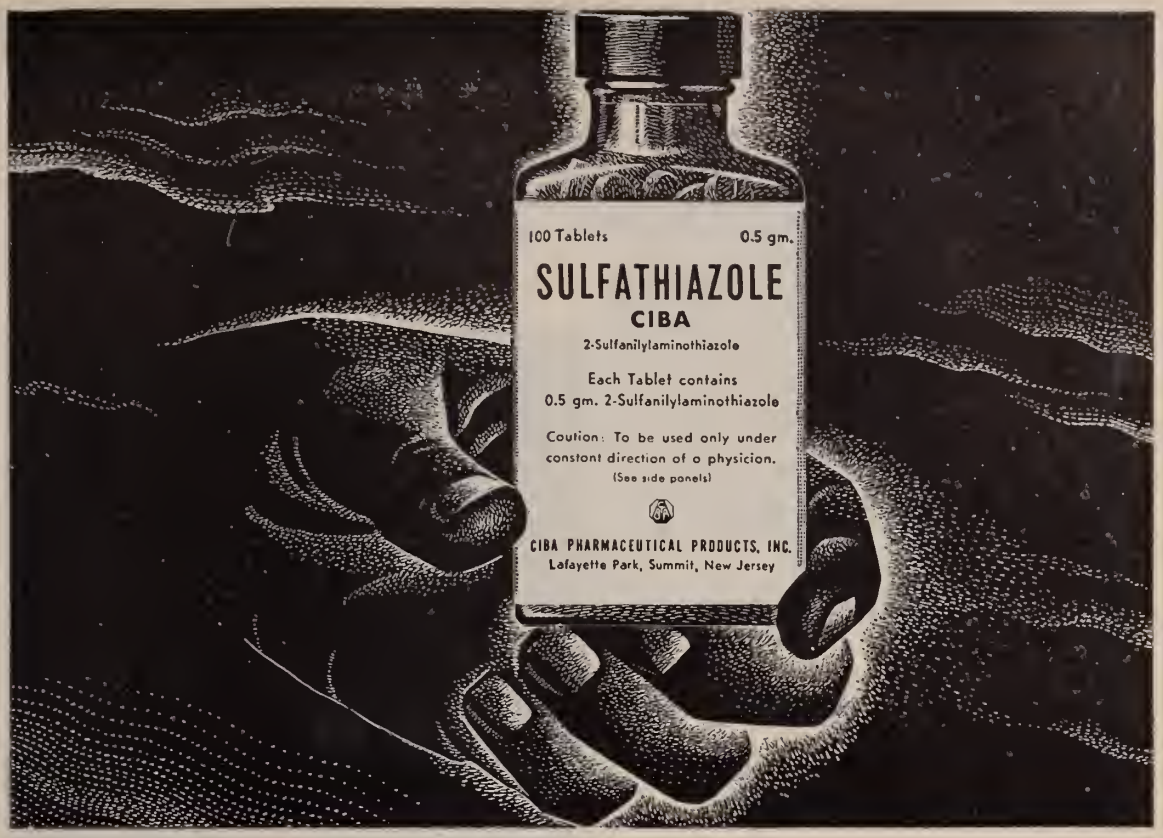

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SULFATHIAZOLE

for Pneumococcal and Staphylococcal Infections

SULFATHIAZOLE (the thiazole analogue of sulfapyridine), carefully administered, has shown a definite chemotherapeutic effect in the treatment of pneumococcal and staphylococcal infections.

Its chief advantages, compared to sulfapyridine, seem to be more uniform absorption, less conjugation after absorption, less tendency to cause serious nausea or provoke vomiting, and greater effectiveness against the Staphylococcus. Sulfathiazole already has been used in over 2,000 pneumonia patients with good results.

SULFATHIAZOLE, "Ciba" (2-Sulfanilyl-Aminothiazole) is available in 0.5 gram tablets, in bottles of 50, 100, 500 and 1000. Also available are 5 gram bottles of Sulfathiazole crystals for making solutions to be used as a reagent in estimating the sulfathiazole content of the blood.

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT NEW JERSEY

This page is the eleventh of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A full color, two-page insert on the same subject appears in the November 9 issue of The Journal of the American Medical Association.

The Gingival Manifestations of Vitamin C Deficiency

Gingival lesions are said to be among the most frequent anatomic changes occurring in scurvy. They occur only after dentition has taken place, and are most severe when the teeth are deformed or broken. The pathologic process begins as a hyperemia which is rapidly followed by destruction of the epithelium, and ulceration. Even in the early stages bleeding is readily produced by slight trauma; hemorrhages, while they do not lead to a great loss of blood, may be prolonged and difficult to control. The gum necrosis is usually accompanied by dental porosity. In the advanced stages of scurvy, the teeth are loosened due to destruction of the alveolar process, and the ulcerative lesions may extend to the mucous membrane of the cheeks and tongue. Gangrene has been described as a sequel of advanced untreated scurvy.

UPJOHN

Pioneers Needed!

When an explorer leaves the beaten path, he never knows what lies ahead.

He may find only barren, worthless wastes. Or he may come upon rich deposits of minerals, or great stands of timber—completely unsuspected.

So it is with the explorer in medical research. Leaving familiar scientific landmarks behind, he never knows whether he will find disappointment, or some new fundamental principle which may greatly benefit mankind.

But in any case, his pioneering has set up significant guideposts for those who follow.

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The practice of medicine takes on fresh appeal as more and more medicinal agents of proved therapeutic value become available. The Lilly Research Laboratories constantly co-operate with a large number of clinicians in the investigation of new substances for the treatment of disease.

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For Parenteral Use

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1 U.S.P. unit per cc.

Ampoules Solution Liver Extract, Lilly,
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PRINCIPAL OFFICES AND LABORATORIES, INDIANAPOLIS, INDIANA, U.S.A.

Volume XXXVII.
Number 11

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly

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Direction of the
Committee on Publication

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Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. XXXVII, No. 11 November, 1940 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

EDITORIAL

Thanksgiving Greetings

In these trying times, the respite which a holiday affords is indeed a relief from the tension of our daily lives.

It is a time for all to give thanks that we are a *free people,* in that we have continued privileges, not existent in many parts of the world today, of enjoying in peace the benefits to be derived from spiritual fellowship. This fact helps to strengthen us, and give us courage, particularly at this time when each day's news seems only to add to the uncertainty as to what lies ahead.

The reunion of our families and friends, with the feeling of "good will toward all" spirit is a custom which assures us that there is *sanity* and *stability* still existing in the world, and, that a large proportion of the human race has not sunk to barbarism and willful murder.

In Europe the holiday will again be darkened by war. There, human energies and physical resources are being wasted in destruction and futile combat, instead of in the spirit of tolerance and beneficience.

Men who crave the companionship of their families and friends are forced to commit murder on the very day that they would prefer to give thanks to the Almighty, who, they hope, is watching over these loved ones.

Many of these war-weary and tired souls will never return to the communities from which they came, and those dearest to them will never know their fate. On this coming holiday, even the children will be separated from their parents, unsafe from military attack, unless they be among those who have had the good fortune to have been evacuated from the war area.

In this "land of the free and home of the brave", good fortune is still with us, and we should all be profoundly grateful for all our blessings. While we are enjoying all these privileges, let us not forget the trials and tribulations of our medical brethren across the sea.

Here at home we can still devote our energies in the problems of medical care and prevention, while over there they are consumed in problems of the sick and wounded.

It has been well said that perhaps the great-

est service we as Americans can render the world is to maintain a strong enlightened people, in which representative government, and *freedom of individual initiative* can be preserved.

Let us hope that this democratic form of life may again be restored to others, by the shining example exemplified by our own people.

We, in America, have a higher standard of living, better housing, more food, and greater freedom in our civil, religious, and personal life than any other nation, and it must be preserved at any price.

As an enlightened and educated people on Thanksgiving Day, let us all give thanks and say a prayer for those who fail to realize that there is a Supreme Being, so that they too may see the light, and Peace on Earth may again prevail.

A Happy Thanksgiving to All!

Watson B. Morris, *President,*
The Medical Society of New Jersey.

A Neglected Opportunity

Last year the Adult Health Committee of The Medical Society of New Jersey compiled a brochure entitled "A Key to Long Life", which was published in the May, 1940, Journal, page 237. The idea expressed in the "Key to Long Life" was a very effective and forceful argument in favor of annual physical examinations, preferably conducted at the time of the patient's birthday, and therefore called the *Birthday Examination.* This plan was favorably received by the profession, and was highly praised in Medical Economics Magazine. It was also the wish of the committee that physicians making these examinations avail themselves of the examination blanks which were approved by the Society, and which can be obtained from the American Medical Association at a cost of seventy-five cents per hundred.

Although every physician in the State was supplied with a sample copy of "Key to Long Life", and a sample copy of the examination blank, the number of requests for these publications has been very disappointing; and we are forced to conclude either that the general practitioners of this State are not interested in preventive medicine and routine examinations, or they are too busy to take the necessary time to advise and provide them. This attitude is not in the best public interest, nor in the best interest of the doctors. I wish to again call this matter to the attention of the physicians of our State, and offer to them the "Key to Long Life" at a cost of thirty cents per hundred, and the examination blanks at seventy-five cents per hundred.

This is a public service which is mutually helpful to both the public and the profession, and one which we, as doctors, cannot afford to neglect. It is the sincere wish of the Adult Health Committee of The Medical Society of New Jersey that the physicians become interested and active in this endeavor to make the public more interested in regard to the preservation of health. Copies of each of these forms will be supplied the secretary of each county society with the request that they be passed around among the members for the benefit of those who may not be acquainted with this effort.

You are urged to ask to see them at your next county society meeting.

William H. Varney, M.D., Chairman,
Advisory Committee on Adult Health.

Are They Listening In?

Probably no medium of public communication is so effective in its educational possibilities as the radio. An attention-arresting program can fire the imagination and seize the interest of millions of Americans at one time. For this reason, we physicians would do well to publicize the A. M. A.'s dramatic series, "Doctors at Work". Heard every Wednesday evening at 10:30 p. m. over WJZ (and the other outlets of the Blue Network), this brightly written series highlights the service of modern medicine to the individual. Here is a public relations project on a grand scale! Every member of this Society should undertake a vigorous personal campaign to acquaint his patients with "Doctors at Work", and urge them to listen in. A community absorbing its message week after week is bound to develop increasing understanding of our profession. The program will pay rich good-will dividends to every practitioner. Remind your patients: Wednesdays, 10:30 p. m., WJZ, starting November 13.

Will you coöperate?

CHARLES M. ROBBINS, M.D.,
Chairman, Public Relations
Committee.

A. M. A. Indictment

In the midst of the most hearty coöperation of organized medicine with governmental agencies there comes the trial of the indictment of four of the highest officers and leaders of the American Medical Association. (See this Journal, April, 1940, p. 144.)

The Journal of the A. M. A. of October 19, in mentioning the coming trial, confines its comments to remarks on its serious interference with medical preparedness in the face of probable war. The editorial says:

IMPORTANT ANNOUNCEMENT

"At this time The Journal is compelled to inform its readers that the work of the American Medical Association as a body, including its contribution in aid of the national defense, must suffer serious interference during the next two or three months. The Secretary and General Manager of the American Medical Association, the Editor of its publications, the Secretary of its Council on Medical Education and Hospitals and the Director of its Bureau of Medical Economics must be absent from the headquarters office during those months since they are required to attend, as defendants, their trial in the United States District Court for the District of Columbia on the indictment there returned against them and against the American Medical Association, the Medical Society of the District of Columbia, the Washington Academy of Surgery, the Harris County (Texas) Medical Society and fifteen prominent physicians in Washington, D. C. The indictment charges all defendants with having conspired to violate Section 3 of the Sherman Anti-Trust Act. The Association respectfully asks the indulgence of the medical profession and the public throughout the United States for any deficiencies which may result from this unavoidable and unfortunate condition.

"When the American Medical Association was requested to assist in the national emergency now confronting this country, its House of Delegates voted unanimously and without dissent to give wholehearted coöperation and support. The officers, the headquarters office, the Committee on Medical Preparedness, the state chairmen and numerous other physicians have been and are now engaged intensively in that service, and they expect to continue therein. In advising physicians and the public of this apparent discouragement in the essential work that it has undertaken to perform, the Association desires to say that it will do its utmost to overcome all obstacles to medical preparedness. We assure the medical profession that it will never be said, either in criticism or in comment, that the Association failed

its country in any hour of need no matter what obstacle might arise to interfere with the otherwise expeditious and efficient service that this country deserves in this critical hour.

"The Journal has indicated repeatedly the difficulties associated with medical mobilization and the nature of the work now being carried on to provide all the various arms of the government with physicians. Even though this work will be seriously hampered by absence from the headquarters office of some of the key men who have been charged with this duty, every possible method will be utilized to carry on the work as expeditiously as can be done. Plans are also being developed for the handling of correspondence, finance, personnel and all the other multitudinous affairs associated with the work of this great organization to the best extent of which the organization is capable, so that the medical world and the public may not suffer by this serious interference with the provision of medical service and the dissemination of knowledge of medical advancement."

Community Health Measures

An outstanding characteristic of the modern practice of medicine is the recognition of the public relations of physicians. These relations are expressed locally by the County Medical Society; and in a broader way by the State Society and the American Medical Association.

A most important function of the County Medical Society is that of advising the community regarding its duties in the distribution of medical services which individuals cannot obtain by their own efforts. As a matter of fact, both the rich and the poor receive essential benefits from medical services supplied by the community.

The oldest form of community medical service was quarantine against contagious diseases. The first community service sponsored by the Medical Society of New Jersey was that of securing the passage of the first law—that of 1772—for determining standards of knowledge and character to be required of all who aspired to practice medicine. Then followed laws imposing restrictions on all persons who suffered from contagious diseases, and later came the control of those suffering from grave mental disorders, resulting in the establishment of the first "Lunatic Asylum" in 1848.

STEPS IN SECURING COMMUNITY ACTION

The steps in securing community support for a public health project have always been the same.

First, a few medical leaders have exposed a public need, and have inspired the support of their colleagues in their County and State Medical Society.

Second, the members of the Society have educated the public in regard to the part which the *community* must take in supplying the health needs of the people.

Third, medical and civic leaders have secured the passage of a law specifying the action which the community must take for the protection and promotion of health.

TIME REQUIRED

Years are required to establish a new plan of community action in regard to the health of individual citizens. It took the founders of the Medical Society six years to secure the enactment of the first medical law; and it still takes about that length of time to secure the cooperation of physicians, civic bodies, and legislators in a new medical project.

The national officials of the "New Deal" charge the medical profession with extreme conservatism toward their Utopian health schemes. The attitude of physicians throughout the country is that action by a transient majority will soon be reversed, with discredit to its former proponents.

The members of The Medical Society of New Jersey are now developing community health plans more actively and efficiently than ever before, particularly those relating to the Medical Service Administration, Medical Preparedness on a nation-wide basis, and the scope of the fields of hospital services.

ORIGINAL ARTICLES

DIARRHEA: CAUSES AND TREATMENT

By Manfred Kraemer, M.D., Newark, N. J.

Chief, Gastro-intestinal Clinic, Newark Presbyterian Hospital; Gastro-Enterologist, St. James Hospital

From the Gastro-intestinal Clinic, Newark Presbyterian Hospital. Read before the Section on Gastro-enterology at the 174th Annual Meeting of The Medical Society of New Jersey, Atlantic City, June, 1940.

The word diarrhea is derived from the Greek *dia* (through) and *rheiu* (to flow), and was defined by Hippocrates as an abnormal frequency and liquidity of fecal discharges. No one goes through life without some personal experience with diarrhea, and it is a complaint for which medical aid is frequently sought.

I shall discuss only those diarrheal disorders which I have personally observed. Certain diseases as actinomycosis and syphilis of the colon, and infestations with Balantidia, Coccidia, Trichomonas, and Chilomastix, are said to produce diarrhea. Either I have not seen such cases, or failed to diagnose them. Increase in travel between this country and Central and South America and with the Orient should result in our seeing the Helminthic dysenteries common to those lands. Schistosoma (bilharzia), Strongyloides, and Fasciola (F. buskii) now evoke only memories of courses in parasitology. But with the increase in communication brought about especially by airplane travel, we may be called upon to treat those infested with these worms. The presence of cholera in our water supplies is an ever-present possibility, but since no cases have been reported from New Jersey in many years, I can omit this illness.

PARASITIC DIARRHEAS

The first group of diarrheal disorders whose therapy I will discuss are those of *parasitic* etiology. They are amebic dysentery, giardial or flagellate diarrhea, and pinworm (enterobius vermicularis) diarrhea.

The old standby for active amebic dysentery is a course of *emetine*. A few years ago there came under my care a woman ill three months who had been having bowel discharges every fifteen minutes. After the third dose of emetine she complained that she did not now know what to do with her spare time. One grain of emetine hydrochloride is put up in solution in a one c.c. ampoule. The contents of an ampoule are given daily intramuscularly for ten to twelve days. Under no circumstances should more than fifteen grains of emetine be given in one course.

It should be remembered that one of the symptoms of emetine poisoning is diarrhea. If frequent movements persist after completing the emetine course, do not repeat it. Along with the emetine I prescribe a four-grain capsule of chiniofon to be taken t.i.d. for ten days. If after ten days amebae are still found in the stools, Carbarsone (Lilly) gr. IV t.i.d. is prescribed for ten days.

Pinworms are rarely mentioned as causing diarrheas, but I have seen a few cases. Therapy with hexylresorcinol is most satisfactory. On an empty stomach on arising, five three-grain tablets are administered by mouth. No food is eaten for the next six hours. At bedtime a cleansing enema is taken. After expulsion of the cleansing enema, a pint of hexylresorcinol solution 1-1000 (S. T.-37) diluted with an equal amount of warm water is instilled into the rectum. It should be retained for at least one-half hour. This entire course should be repeated twice at intervals of five days. The usual hygienic precautions must be taken to prevent reinfestation. Gentian Violet is also a most efficacious remedy for pinworms.

In 1933 I wrote a paper to prove giardia was a commensal parasite for man. To my chagrin shortly thereafter I saw two cases of diarrhea in which no other etiological agent but giardia

lamblia could be found. Biliary drainages, according to the method of Lyon, usually so reduce the number of giardia that diarrhea stops. Frequent movements may also be checked by bismuth subcarbonate. I have tried so-called specifics including chiniofon, arsphenamine and atebrin, but to date I have been unable to permanently rid the bowel of giardia. Atebrin is the most efficacious agent.

SPECIFIC BACTERIAL DIARRHEAS

The second group of diarrheas I call *specific bacterial*. Included here are bacillary dysentery and typhoid, paratyphoid diarrhea, gonorrheal proctitis, and the diarrheas due to so-called food poisoning, formerly called *ptomaine poisoning*. Ptomaine diarrheas are now known to be due to spoilage of food, and contamination by numerous species of bacteria but usually those of the salmonella group.

Of course the "ptomaine" due to allergy or too much liquor is another story.

For *bacillary dysentery* 150 c.c. of polyvalent anti-dysenteric serum should be administered intravenously as soon as the diagnosis is established. The precautions for administering serum should be observed. Although the curative effect of serum therapy for this disease is not as dramatic as in diphtheria, serum does cut down morbidity and mortality. Bacteriophage therapy seems to have been given up as valueless. In addition to serum, administer intravenous saline and glucose, and provide a soft diet if tolerated.

The treatment of typhoid and paratyphoid fevers is purely supportive. The value of sulfanilamide has not been proved. One should be on the alert for bowel perforation which should be surgically repaired as soon as recognized.

Gonorrheal Proctitis.—Rectal irrigations with solution of mild silver protein stop the discharges of *gonorrheal proctitis*. However, I recently saw a patient whose proctitis did not clear up until after the removal of an infected left fallopian tube which had opened into the rectum, forming a sinus.

SECONDARY DIARRHEAS

There is a group of diarrheas secondary to disease of an organ other than the colon. Cure of the diarrhea in these patients depends upon the successful treatment of the primary offender. Under this classification comes the following:

1. Diarrhea secondary to *appendiceal colic,* which ceases after removal of the appendix.

2. The diarrhea which in the *hyperthyroid* stops after sub-total thyroidectomy.

3. The diarrhea which follows a *gastroenterostomy* and proves more troublesome than the ulcer for which the short circuiting operation was performed. When rest in bed, a smooth diet, bismuth, kaolin, and paregoric are of no avail, unhitching of the gastroenterostomy must be resorted to.

4. For the diarrhea subsequent to *gastrojejunocolic* fistula, surgical repair is the only treatment.

5. The diarrhea secondary to ureteral colic is cured by passage or surgical removal of the offending stone.

6. The uremia of advanced nephritis induces frequent bowel movements in an attempt to excrete nitrogenous products via the bowel. This uremic diarrhea is a terminal symptom, and treatment, if any, should be directed toward restoring kidney function.

7. Since the diarrhea of an *incontinant anal sphincter* is not due to any intrinsic disease of the bowel, it should be mentioned here. Surgical repair often proving unsuccessful, these cases had best be treated by use of a smooth diet adequate in vitamins, but eliminating roughage, fruits and fruit juices.

8. The bloody or tarry diarrhea following a *gastric hemorrhage* ceases when attention is directed to stoppage of bleeding.

9. The bloody diarrhea which may be the first symptom of purpura or other blood dyscrasia is also controlled when the primary disease is combatted.

DEFICIENCY DIARRHEAS

Our next group of diarrheas are those due to extrinsic or intrinsic *deficiency* states.

1. *Gastric achlorhydria,* either idiopathic or

due to carcinoma, or as part of pernicious anemia syndrome, often causes diarrhea. One-half dram of dilute hydrochloric acid in water after meals will alleviate the cramps and diminish the number of movements. Glutamic acid hydrochloride in capsules seems to be equally efficacious. It releases free HCl in the stomach and is much more convenient. Rarely a case of diarrhea due to achlorhydria is not helped by acid medication. Resort to bismuth and kaolin for these patients.

2. *Sprue* and idiopathic steatorrhea, or *non-tropical sprue* (adult coeliac disease) both give rise to a fatty diarrhea and are here grouped together though they are probably of different etiology. Tropical sprue may be of an infectious nature, while non-tropical sprue is associated with intrinsic failure of the digestive absorbtive mechanism. To treat both conditions high protein diets are employed. They are supplemented by injections of liver extract. The fat content of the diet is kept very low and carbohydrate is supplied chiefly as fruit. That species of fruit best tolerated, often bananas or strawberries, is selected.

There must be a supplementary intake of vitamin concentrates and calcium, as large amounts of these necessary food elements are lost in the stool.

3. The diarrheas associated with *pancreatitis,* carcinoma of the pancreas and obstruction of the bile or pancreatic ducts, come under the deficiency grouping. Deficiencies in enzymes and solvents result in the presence of undigested fat in the bowel. The passage of fat-splitting enzymes and bile into the bowel must be restored either by surgical procedure or nature.

4. The diarrhea of *pellagra* and *beri-beri* is seen in New Jersey chiefly in chronic alcoholics. Treatment with thiamin chloride and nicotinic acid is specific.

DIARRHEAS DUE TO DRUGS AND POISONS

The next group of diarrheas are those due to drugs and poisons.

1. Diarrhea due to use of *laxatives* is very common and is often unrecognized. A patient is given a magnesium oxide powder for hyperacidity or peptic ulcer, the ulcer symptoms disappear and diarrhea slowly develops. He consults another physician for the diarrhea; and since his ulcer does not bother him, he makes no mention of the fact that he takes a powder t.i.d.

Likewise many physicians prescribe laxative-containing proprietaries for gall-bladder disease like Veracolate, and caroid and bile salts. The patients take these under the assumption of partaking of liver or gall-bladder cures, and do not associate them with the production of loose bowel movements. A careful laxative history is an important part of every gastro-intestinal work-up.

2. For the diarrhea of *toadstool* and *mercury* poisoning only supportive treatment can be given.

3. Those diarrheas secondary to *ether or avertin rectal anaesthesia* are mentioned here. Their serious consequences are rarely recognized. I have seen a colitis so severe as to cause a permanent rectal stricture after use of avertin. Proper attention to temperature and concentration of rectally administered drugs, and their use only if necessary, eliminates complications.

PARADOXICAL DIARRHEA

The next group of diarrheas are best called *paradoxical.* I now refer to the frequent bowel discharge of mucus and blood attendant upon the presence of *obstructing* tumors and *foreign bodies* in the colon. The first subjective symptom of *simple fecal impaction* may be diarrhea. A patient with *obstructing lymphogranuloma inguinale* may complain of diarrhea. Removal, if possible, of the obstruction is the obvious form of therapy.

CHRONIC INFLAMMATORY DIARRHEA

We now come to the diarrheas due to *chronic inflammatory disease* of the small and large bowel. Included are idiopathic ulcerative colitis, Crohn's disease (chronic interstitial [regional] ileitis), diverticulitis, bowel tuberculosis, and polyposis coli. The latter may not be inflammatory in nature. Its treatment is surgical. The treatment of the primary pulmonary involvement often results in the arrest of *intestinal tubercular lesions.*

1. The diarrhea of *diverticulitis* is a common complaint of the aged. It yields to treatment with a bland diet and bismuth and kaolin.

2. In Crohn's disease the involved bowel should be resected. Failure of surgical therapy results from not resecting all the ulcerated areas. Since skip segments of normal intestine intervene between involved areas it is important that careful exploration of the entire bowel be made before resection is begun. These patients are usually in a poor state of nutrition, therefore frequent blood transfusions pre- and post-operatively are very helpful.

3. Now we come to *idiopathic ulcerative colitis*. Here therapy is on an empiric basis. Drugs, vaccine, or sera which may help one patient are ineffectual when used on others. Regardless of therapy used, in most reported series five to ten per cent of patients will succumb.

Since numerous agents may at time be effectual, it is well to keep them in mind. In the acute stage of the illness polyvalent antistreptococcic serum, polyvalent antidysenteric serum, or so-called Bargen's serum, may seem to work miracles. For all cases I make up an autogenous vaccine. Rectal scrappings are taken through the proctoscope, and all pathogenic bacteria that grow in broth and blood media are used. I have had more success with vaccine than with serum therapy.

I give transfusions of blood with sufficient frequency to keep the red blood count above 3,000,000. Except for those cases with high temperature or severe bleeding, I prefer *ambulant* to hospital treatment. All patients are given *ultra violet radiation* through the Winter months.

I prescribe *a diet* high in protein and low in carbohydrates. The diet should be as roughage-free as possible. Milk as a rule is poorly tolerated by these patients, while they take cream without untoward effects.

The diet should be supplemented with *vitamin concentrates*. I give fifteen U. S. P. units of liver extract intramuscularly each week. Thiamin chloride and cevitamic acid are given daily—the former preferably intramuscularly.

Drugs as a rule are of little value. Bismuth subgallate in gram doses every three hours may diminish the frequency of bowel movements. A course of antiamebic drugs, like chiniofon or carbarsone, is prescribed as a therapeutic test to rule out amebiasis. If they prove ineffective in ten days, there is not need in their continuance.

Opiates should be used when necessary.

Rectal instillations of various agents have been recommended. They may do more harm than good. I have tried bismuth subgallate in oil, aluminum hydroxide suspensions, azochloramide in oil, hot copper sulfate solution 1-10,000, mercurochrome solutions, and others. Warm water irrigations are as good as anything.

I have tried neo-prontosil by mouth in large doses on several cases. In one case I had a brilliant arrest;—most others were not benefited. I have used nickel pectinate in one case with evidence of improvement.

Surgery should be promptly instituted for those cases with segmental involvement of the colon without evidence of disease in the rectum. For other cases surgery is a last resort.

Since over the course of years 90 per cent of cases are kept going by medical management, patience is a prime requisite in therapy. Not only the diseased and his family must be patient, but also the physician.

PSYCHOGENIC OR FUNCTIONAL DIARRHEAS

I now take up the *psychogenic* diarrheas. I include here those attacks of bowel looseness following *fright* or accompanying fear states (examination diarrhea of students); and also the entire group of so-called *mucous colitis* or functional diarrheas caused by a personality inadequate not only for the emergencies, but also for general demands of modern life. Psychotherapy must be employed to help these patients over their difficulties. To start with, they must be convinced that they have no organic disease. In addition, a smooth diet, and ample doses of bromide and belladonna give relief.

DIETARY DIARRHEAS

The last group is the *dietary* diarrheas, that is those due to eating or drinking excessively; partaking of foods to which one has a sensitivity (allergy); or due to eating irritating

foods or excess roughage (green apple colic, rhubarb diarrhea); or to eating improperly prepared foods. At the onset of the corn and watermelon seasons I always am visited by a few patients of this group.

When the etiological agent is not known, I place the patients on a semi-starvation diet of tea and sugar, and bouillon with salt, for twenty-four hours. A dram of a mixture of equal parts of kaolin and bismuth subcarbonate is given every two hours until the frequency of bowel movements is diminished. If the cramps are intense, I prescribe a mixture containing tincture of opium and tincture of belladonna, ten minims of each to the dram dose, every three hours for three doses.

The diet and medication outlined above is good routine when confronted with any case of acute diarrhea of *unknown etiology*. Sometimes these dietary diarrheas are associated with fever, and when the diarrhea is of sufficient severity and duration, acetone appears in the urine. When associated with vomiting, it may be necessary to supply glucose and saline intravenously to combat electrolyte loss. If the patient is not vomiting, the diet above outlined prevents acidosis.

Although recommended in textbooks, I do not believe that *castor oil,* or *saline laxatives* have any place in the treatment of dietary or any other type of diarrhea. The digestive tract is doing its best to evacuate the offending foodstuff or poison. To further whip it up in its already irritated state is adding insult to injury. At their inception ulcerative colitis, bacillary dysentery, or acute appendicitis may simulate an ordinary dietary diarrhea. Laxatives will only spread an inflammatory process,—why use them? In a day or two, by merely resting the digestive tract on the semi-starvation diet, a dietary diarrhea will ordinarily cease. If it persists, look for a more serious etiology; proctoscopy, laboratory, and x-ray procedures are indicated.

It may be difficult to find the offending agent. Elimination diets and skin tests for allergy may not even help. Coöperative observation by the patient often identifies the offender. A patient of mine traced his trouble to ice cream,—a few spoonfuls made him rush for the toilet. Yet he could tolerate whipped cream and cold drinks.

I have never been able to divide these simple diarrheas into *fermentative* and *putrefactive* types as have the German writers; yet when diarrhea persists and no basis for it can be determined, a shift to a high-protein, low-carbohydrate diet may provoke a dramatic cure.

I have tried *apple and pectin powder* in a variety of diarrheal states. While they may prove beneficial in infants, I have found them worthless in adults. The new nickel pectinate may prove valuable.

31 Lincoln Park

DIFFERENTIAL DIAGNOSIS OF NEOPLASM AND PRIMARY VASCULAR DISEASE OF THE INTRACRANIAL CAVITY

By JEFFERSON BROWDER, M.D., Brooklyn, N. Y.

Clinical Professor of Surgery, Long Island College of Medicine

Abstract of an address before the Middlesex County Medical Society, in the Roosevelt Hospital, Metuchen, N. J., June 19, 1940.

Dr. Browder began by stressing the need of careful neurological examinations in all cases of cerebral disorders. Especially to be examined are the eye grounds for the presence or absence of choked discs, as this will determine whether or not encephalographic studies of the brain should be carried out. If choked disc is present, air should not be introduced by the lumbar route, but rather directly into the ventricles by previously made burr holes.

Introduction of air by the lumbar route in adults is usually carried out without an anesthetic, but in children an anesthetic is usually necessary as a preliminary to such a procedure. The patient should be informed of the possibility of headache following such a procedure.

CLASSIFICATION

Among the primary vascular diseases of the brain may be mentioned:

Cerebral hemorrhage
Cerebral thrombosis
Cerebral embolism
Cerebral aneurysm
Cerebral arteriosclerosis

In many instances these are difficult to differentiate from tumor. When doubt arises, the introduction of air into the cranial cavity by the lumbar route or through burr holes in the cranial vault may help in locating the area involved and indicating the type of pathology.

Primary vascular disease is sometimes associated with a neoplasm of the brain. The most frequently encountered tumors of the brain are:

1. Rapidly growing (malignant)
   Gliomas
   a. Glioblastoma
   b. Medulloblastoma (especially in children)
2. Moderately rapid growing (of possible malignancy)
   Gliomas
   a. Astrocytoma
   b. Spongioblastoma
3. Slow growing (benign)
   a. Meningioma
   b. Acoustic neuroma
4. Gummas

Slides were shown illustrating various encephalopathies.

Regarding treatment, Dr. Browder stated that spontaneous cerebral hemorrhage should be dealt with conservatively.

Hemorrhages into the internal capsule as well as those into the ventricles are seldom amenable to surgery, for the condition is likely to be rapidly fatal.

Large hemorrhages into the frontal, parietal and temporal lobes of the brain can be successfully treated by operation.

The history of sudden headache, followed by drowsiness which continues for several days, should not be considered as a hopeless situation until air studies of the brain have excluded the possibility of a large blood clot or other expanding lesion.

Electro-encephalography is still in the experimental stage. Perhaps this method of diagnosis may be helpful in the future.

THE MOVEMENTS OF THE HUMAN UTERUS BEFORE AND DURING LABOR

MATERNAL WELFARE ARTICLE NUMBER FIFTY-THREE

By Douglas P. Murphy, M.D., Philadelphia, Pa.
From the Gynecean Hospital Institute of Gynecological Research and Department of Obstetrics, University of Pennsylvania. Read before the Section on Obstetrics and Gynecology of the Annual Meeting of The Medical Society of New Jersey in Atlantic City, June 6, 1940.

There is much of both scientific and clinical interest to be gained from a study of the movements of the pregnant uterus. For this purpose the Lóránd tocograph [1] is a useful instrument.

The tocograph (Figure 1) is a simple mechanical device, about the size of a pack of cards, which records the changes in the curvature of the abdominal wall that are produced by movements within the underlying pregnant uterus. The uterine activity is picked up by a movable rod, projecting one-half centimeter from the middle of the bottom of the tocograph; and this rod operates a writing point in contact with a moving paper strip. By this means a permanent record of the activity of both the fetus and the uterus can be obtained. It is thus possible to get information upon the frequency, duration, strength, rhythmicity, and general character of the intermittent uterine contractions; and also some idea of the degree of intra-uterine tension.

Figure 2 illustrates the two types of movement produced in the uterus before and during labor. The upper two tracings, taken ten

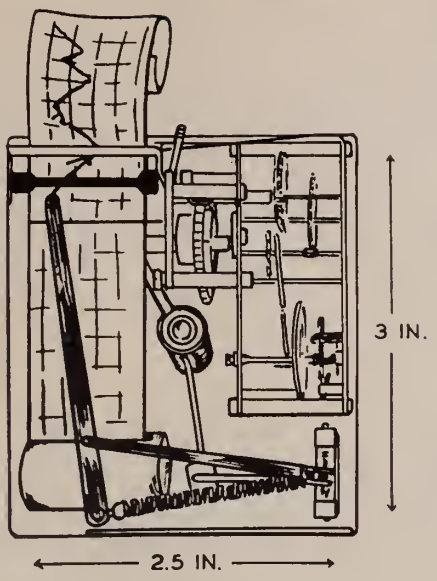

FIGURE 1

Lóránd tocograph. Showing construction, external appearance, and position used for recording uterine activity.

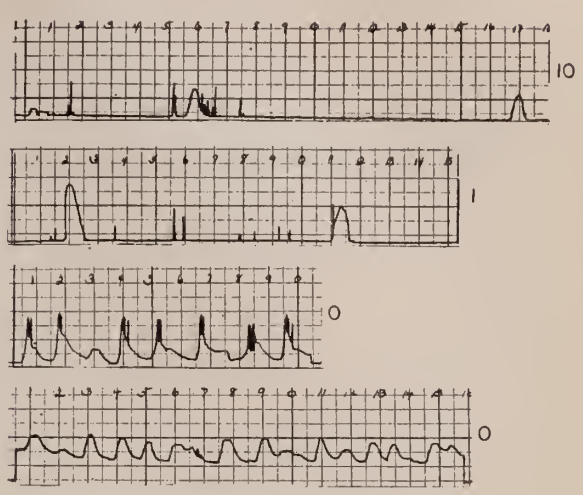

FIGURE 2

Tocographic records typical of intra-uterine activity. Uppermost tracing made ten days before labor. Vertical strokes record fetal activity and waves uterine contractions. Next tracing made one day before labor. Third tracing made during expulsive part of second stage of labor. Expulsive efforts record as spikes at crests of waves. Fourth tracing made during first stage of labor.

days and one day respectively before the onset of labor, record fetal movements and uterine contractions. The fetal activity registers as vertical lines and the intermittent uterine contractions as waves.

The lowermost tracing was made during the first stage of labor. The waves produced at this time usually are smoother in outline, and more regular in occurrence, than those appearing before labor.

The tracing next to the bottom was made during the expulsive part of the second stage. The voluntary efforts register as spikes at the crests of the waves produced by the involuntary uterine contractions. The numbers at the top of each tracing denote two-minute intervals.

The *prelabor* uterine movements of any given individual in general are very much alike from day to day. Figure 3 represents two tracings of the same individual, the upper one made seventeen days before labor, and the lower one on the following day. Note the similarity of the movements on the different days.

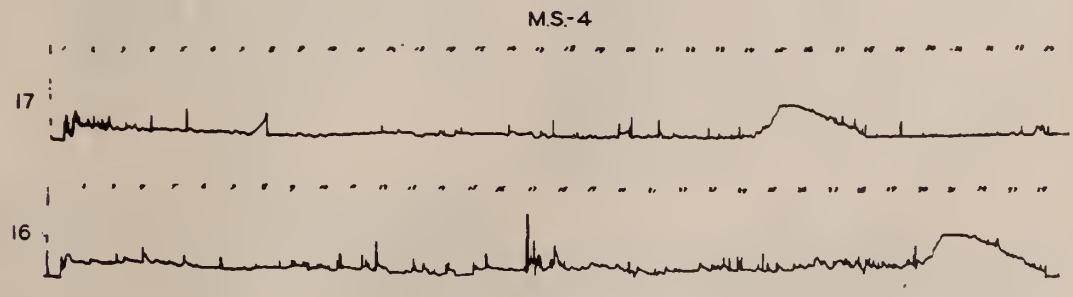

FIGURE 3

Tracings of one patient made on seventeenth and sixteenth days, respectively, before labor. Note similarity in movements from day to day.

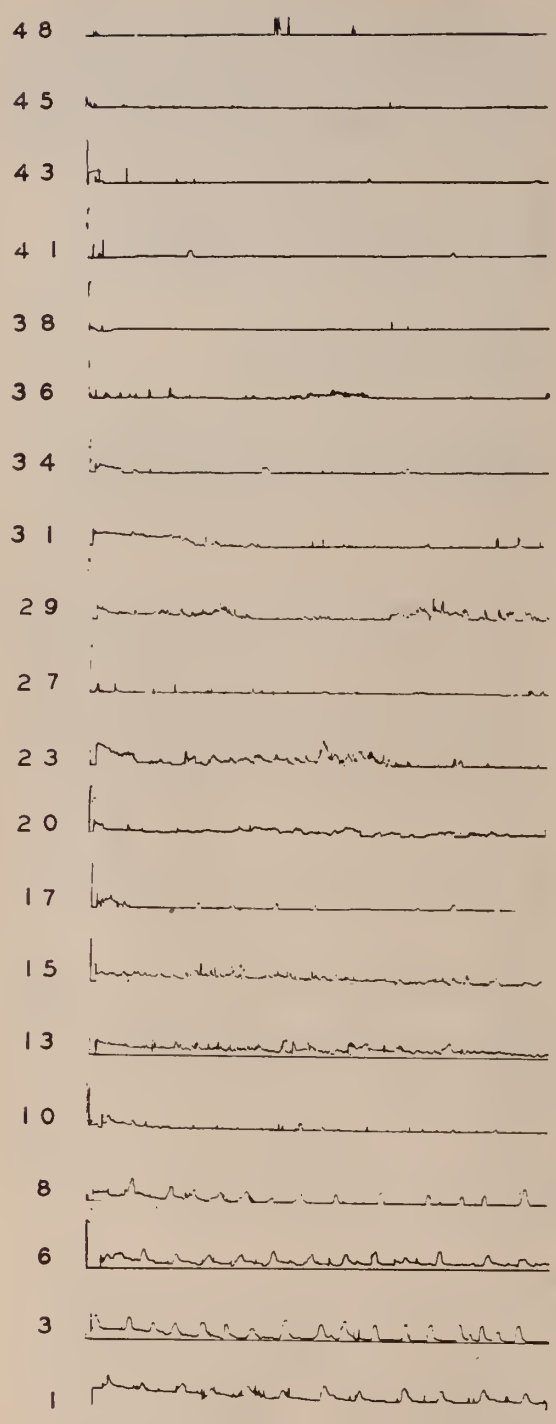

FIGURE 4

Tracings of one patient, each lasting one hour. Numbers indicate days before labor. Note early quietness, later increasing irritability of non-rhythmic nature, followed by rhythmic contractions beginning eight days before labor.

Figure 4 contains a series of tracings secured from one patient at intervals of a few days, beginning forty-eight days before labor, the last one being made one day before labor.[2] Each tracing lasted one hour. Note the quietness of the uterus at first, its later increasing irritability of a non-rhythmic nature, followed by rhythmic activity beginning eight days before labor. This rhythmicity was observed in all subsequent tracings.

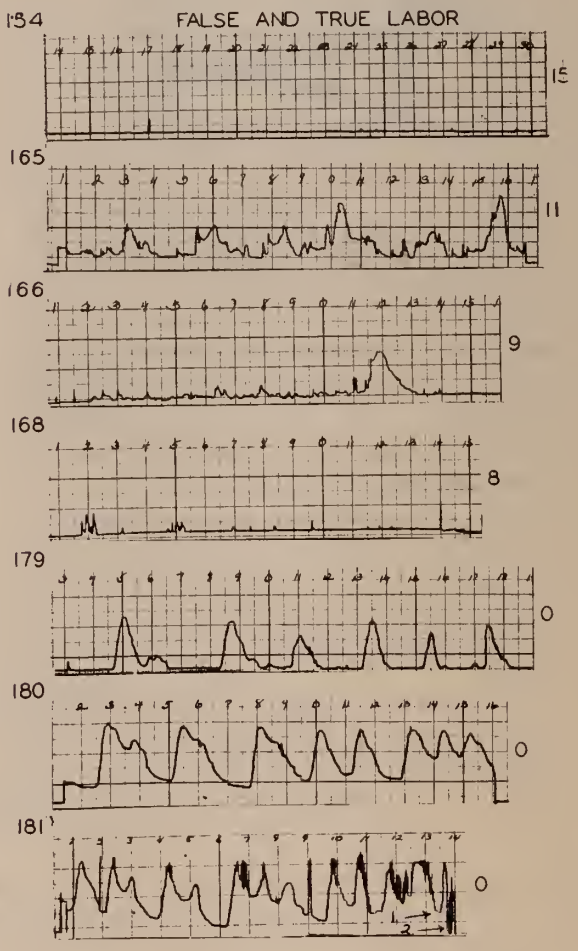

FIGURE 5

Tracings of one patient. Numbers on right indicate days before labor. Zero means day of true labor. Irregularly shaped waves on eleventh and ninth day associated with false labor. Note greater smoothness of waves during true labor. Last tracing made during delivery; infant's head born at arrow 1, and body at arrow 2.

FALL CLINICAL CONFERENCE

ANNOUNCEMENTS AND PROGRAMS

The Third Fall Clinical Conference of The Medical Society of New Jersey will be held in Essex County, under the auspices of The Essex County Medical Society, on Wednesday and Thursday, November 27 and 28, 1940.

(Thanksgiving Day is on November 21, 1940, in New Jersey.)

LOCAL COMMITTEES

GENERAL CHAIRMAN

Henry C. Barkhorn, M.D., Newark

HONORARY CHAIRMEN

Frederic A. Alling, M.D., Newark
William Gauch, M.D., Newark
Bernard H. Greenfield, M.D., Newark
Briscoe B. Ranson, Jr., M.D., East Orange

ASSOCIATE CHAIRMEN

Harry N. Comando, M.D., Newark, Presdent, Essex County Medical Society
Charles M. Robbins, M.D., Newark, President, Academy of Medicine of Northern New Jersey
Arturo R. Casilli, M.D., Elizabeth, President, Essex County Anatomical and Pathological Society
Joseph A. Clarken, M.D., Newark, Chairman, Entertainment Committee, Essex County Medical Society

Charles W. Barkhorn, M.D., Newark
Max Danzis, M.D., Newark
Dean W. Marquis, M.D., East Orange
Royal A. Schaaf, M.D., Newark
C. Abbott Beling, M.D., Newark
John W. Gray, M.D., Newark
Benjamin Saslow, M.D., Newark
Asher Yaguda, M.D., Newark

ANNOUNCEMENTS

REGISTRATION

Registration desks will be maintained in the Academy of Medicine Building at 91 Lincoln Park, Newark, N. J., and also in each of the four hospitals holding clinics:

1. The Newark City Hospital, 116 Fairmount Avenue, Newark
2. The Hospital of St. Barnabas, and for Women and Children, 685 High Street, Newark
3. The Newark Beth Israel Hospital, 201 Lyons Avenue, Newark
4. The Orange Memorial Hospital, 188 South Essex Avenue, Orange

LUNCHEON

Luncheon will be served at noon on Wednesday and Thursday in each of the four hospitals in which clinics are held.

PARKING

Parking space will be provided for automobiles of members of the Medical Society; and stickers of identification will be enclosed with the Official Program.

TRANSPORTATION

Through the willing coöperation of the Woman's Auxiliary, transportation will be provided to the several hospitals for physicians who request it when they register.

TELEPHONE

Telephone service will be maintained in the Academy of Medicine of Northern New Jersey, 91 Lincoln Park, Newark, N. J., so that members can be reached at any time. Telephone Market 3-2981. The four hospitals will also provide service for quickly reaching any doctor attending a demonstration there.

HOTELS

Robert Treat—50 Park Pl., Newark
Newark Athletic Club—16 Park Pl., Newark
Essex House—1050 Broad St., Newark
Douglas—15 Hill St., Newark
Suburban—141 S. Harrison St., East Orange

SCHEDULE OF EVENTS

November 27 and 28, 1940

1. Wednesday morning—9:00 a. m. to 12:00
   Clinics and scientific demonstrations in four hospitals of Newark and Orange

2. Wednesday afternoon
   Scientific meetings in the Academy of Medicine
   Moving pictures in the Academy of Medicine

3. Wednesday evening
   A social dinner in the Newark Athletic Club. Tickets $2.50 to be obtained at the registration desks. Informal.

4. Thursday morning
   Clinics and scientific demonstrations in four hospitals, as on Wednesday morning.

5. Thursday afternoon
   Special meeting of the House of Delegates of The Medical Society of New Jersey.

SCIENTIFIC PROGRAMS

Wednesday, November 27, 1940, 2:00 to 5:15 P. M.

in The Academy of Medicine, 91 Lincoln Park, Newark, N. J.

I. SCIENTIFIC ADDRESSES

The Main Assembly Hall

2:00 P. M.

William H. Areson, M.D., Upper Montclair, Presiding

"The Pathologist and the General Practitioner"
Harrison S. Martland, M.D., Newark
Professor of Forensic Medicine, New York University
Chief Medical Examiner, Essex County
Pathologist, Newark City Hospital

3:30 P. M.

Bernard A. O'Connor, M.D., Newark, Presiding

"Clinic on the Estimation of Permanent Disability in Industrial Accidents"
Henry H. Kessler, M.D., Newark

4:15 P. M.

Elmer G. Wherry, M.D., Newark, Presiding

"Prematurity"
Chester R. Brown, M.D., Arlington

4:45 P. M.

Charles V. Craster, M.D., Newark, Presiding

"The Sulphanilamide Group in the Treatment of Gonorrhea"
William L. James, M.D., Newark

II. MOVING PICTURE PROGRAM

Lecture Room, Second Floor

2:00 P. M.

Allergic Diseases—
Drs. Coca, Walzer and Harten, Brooklyn Jewish Hospital
Silent,—in color; 30 minutes

2:30 P. M.

Pernicious Anemia—
Dr. William P. Murphy, Peter Bent Brigham Hospital, Boston
Silent,—in black and white; 30 minutes

3:00 P. M.

A Clinical Study of Uterotubal Insufflation—
Dr. I. C. Rubin, New York
Sound,—in black and white; 45 minutes

3:45 P. M.

Sterility (Its Causes, Investigation and Treatment)—
Dr. Samuel J. Siegler, Brooklyn
Silent,—in black and white; 45 minutes

4:30 P. M.

Diagnosis and Treatment of Infections of the Hand—
Dr. A. B. Kanavel, Chicago, Eastman Kodak Co.
Silent,—in black and white; 45 minutes

5:15 P. M.

Emergency Treatment for Fractures—
Aetna Casualty and Surety Co.
Silent,—in black and white; 15 minutes

DINNER MEETING

Wednesday Evening, November 27, 1940

in The Newark Athletic Club, 16 Park Place, Newark, N. J.

7:00 P. M.—Cocktails

7:30 P. M.—Dinner

TOASTMASTER

William J. Carrington, M.D., Atlantic City,
Past President, The Medical Society of
New Jersey

ADDRESS

Watson B. Morris, M.D., Springfield
President, The Medical Society of New Jersey

ADDRESS OF WELCOME

Harry N. Comando, M.D., Newark
President, Essex County Medical Society

ADDRESS

"The Future of America"
Dr. Harold Major, Boston

HOSPITAL OF ST. BARNABAS AND FOR WOMEN AND CHILDREN

685 High Street, Newark

Telephone Market 2-6300

Wednesday, November 27, 1940

GROUP A

9:00 A. M. to 10:00 A. M.

1. Pre- and Post-Operative Management; Shock Studies—Use of Falling Drop Apparatus. Demonstration of apparatus and its use in the laboratory—Mr. Cecil Cowen. Ward rounds including application of the material in actual problem cases—Dr. T. C. Hooton.

10:00 A. M. to 11:00 A. M.

2. Ambulatory Treatment of Fractures and Sprains—Demonstration of patients and methods including appliances. Follow-up Clinic.
   Dr. H. Schulte and Dr. C. J. Reilly.

11:00 A. M. to 12:00 Noon

3. Sulfathiazole in Treatment of Staphylococcus Infections. Rounds on cases being treated; methods of administration, dosage, reactions, results, contraindications, and a simple laboratory method of determining the blood level.
   Dr. C. A. Beling.

12:00 Noon to 1:00 P. M.

4. Use of Electrocardiograph; Demonstration of Circulation Time; and Other Methods in Heart Disease—Interpretation in relation to signs, symptoms and prognosis; ward round on typical cases.
   Dr. F. A. Alling and Dr. E. C. Klein.

GROUP B

10:00 A. M. to 11:00 A. M.

5. Nose and Throat Clinic.
   Dr. E. P. Cardwell and Dr. C. M. Tirrell.

11:00 A. M. to 12:00 Noon

6. Prenatal Clinic.
   Dr. Carl Ill and Dr. Louis Bull.

12:00 Noon to 1:00 P. M.

7. Neurology Clinic.
   Dr. A. F. Dowd and Dr. N. C. Policastro .

Luncheon will be served at 12:30 p. m.

Thursday, November 28, 1940

GROUP A

9:00 A. M. to 10:00 A. M.

8. Arthritis—Ambulatory and hospital treatment shown in clinic and wards. Importance of the unit plan demonstrated by the coöperation of various departments. Indications and dangers of gold therapy.
   Drs. J. W. Gray, W. G. Bernhard and G. L. Erdman.

10:00 A. M. to 11:00 A. M.

9. Medical Orthopedics—The use of splints, casts and other appliances for the prevention and correction of deformities. The advantages of castex as compared with plaster. Clinic and wards.
   Drs. John Toye and D. E. Kavanaugh.

11:00 A. M. to 12:00 Noon

10. Physical Therapy—In hospital and office practice. Limitations and advantages of each and their coördination.
Drs. J. H. Samuel and B. Clement.

12:00 Noon to 1:00 P. M.

11. X-Ray Interpretation and Therapy—Demonstration with films—of the x-ray as an aid to general practice; the place of x-ray therapy in general practice; Pelvimetry by x-ray.
Drs. C. F. Baker and W. J. Marquis.

GROUP B

9:00 A. M. to 10:00 A. M.

12. Genito-Urinary Clinic.
Drs. Herbert Ill and Paul Menk.

10:00 A. M. to 11:00 A. M.

13. Ocular Fundus Examination—Methods and demonstration of various pathologic conditions in patients; discussion of reflection of systemic disease in the ocular fundus.
Drs. G. Holmes and J. Chattin.

11:00 A. M. to 1:00 P. M.

14. Cancer Clinic.
Drs. E. J. Ill and W. D. Miningham.

Operations will be performed each day according to regular service schedules.

EXHIBITS, at the hospital

Peritoneoscopy and *Plastic Surgery* in the Staff Room;
Arthritis in the Physical Therapy Department;
Ocular Fundus illustrations by Dr. J. Chattin in Eye Clinic.

NEWARK BETH ISRAEL HOSPITAL

201 Lyons Avenue, Newark
Tel. Waverly 3-6000

Wednesday, November 27, 1940

9:00 A. M. to 10:00 A. M.

1. Departments of Gastro-Enterology and Proctology. Demonstration of Gastroscopy; Gastrophoto; Fractional Drainages and Biliary Drainages. Office Procedures and Proctologic Examinations. Examinations and Treatments of Patients.
Drs. S. B. Kaplan, E. Merliss, A. L. Reich and Staffs

9:00 A. M. to 10:00 A. M.

2. Clinic for the Injection Treatment of Herniae. Indications for Injection Treatment and Demonstration of Method of Administration.
Dr. Max Horn

9:00 A. M. to 10:00 A. M.

3. Ambulatory Treatment of Diabetes Mellitus.
Dr. J. Skwirsky

10:00 A. M. to 11:00 A. M.

4. Urological Services. Some Unusual Kidney Lesions of Interest to the General Practitioner. (Lantern slides.)
Dr. C. O'Crowley and Staff.

10:00 A. M. to 11:00 A. M.

5. Departments of Pediatrics. The Management and Treatment of Childhood Rheumatic Infections. The Treatment of Muscular Dystrophy with Vitamin B-6. Necro-Suppurative pulmonary and pleural infections. Presentation of Interesting Cases. These subjects will be illustrated by lantern slides and charts.
Drs. A. Heyman, C. Rosenberg and Staffs.

10:00 A. M. to 12 Noon

6. Department of Cardiology. Demonstrations of Various Types of Electro-cardiograms in Relation to Clinical Diagnosis. Demonstration of Interpretation, Classification and Cross-index System.
Drs. A. Parsonnet, J. Kaufman, S. Parent, A. Bernstein and S. Lieb.

11:00 A. M. to 12 Noon

7. Department of Gynecology. (a) Demonstration of Trichomonas Vaginitis smears, and its treatment by insufflation. (b) Rubin Test with Kymographic tracing. (c) The Practical Value of Smears for Menopausal Patients with Demonstration of Smears before and after estrogenic treatment. (d) Biopsy of the endometrium as an office procedure. (e) Artificial Insemination. (f) Therapeutic Application of Pessary.
Drs. E. Steiner and J. Huberman.

11:00 A. M. to 12 Noon

8. Diseases of the Chest. (a) Diagnosis and Treatment of Pulmonary Diseases. (b) X-Ray, Fleuroscopy and Bronchoscopy. (c) Collapse Therapy, Surgery of the Diseases of the Chest.
Dr. M. J. Fine and Staff.

Ward Rounds—On the Medical Services between the hours of 9:00 A. M.-11:00 A.M., Dr. Harold Goldberg and Dr. Emanuel Yadkowsky and Staff.

Luncheon will be served.

Thursday, November 28, 1940

9:00 A. M. to 10:00 A. M.

1. Department of Endocrinology. (a) Clinical Demonstration of Diagnosis and Treatment of Endocrinopathies. (b) Presentation of Cases of Hypogenitalism in Male and Female. (c) Functional Uterine Bleeding. (d) The Amenorrheas and Menopause.
Dr. Rita S. Finkler and Staff.

9:00 A. M. to 10:00 A. M.

2. Department of Orthopedics. Presentation and Discussion of Orthopedic Cases of Interest to the General Practitioner. (Low Back pains; common foot ailments; congenital deformities of the newborn, etc.)
Dr. L. Szerlip and Staff.

9:00 A. M. to 11:00 A. M.

3. Clinic for Peripheral-Vascular Diseases. 1, Presentation and Demonstration of Diagnostic Instruments: (a) Boulitte Oscillometer, (b) Recording Oscillometer, (c) Skin Temperature Thermometer. 2, Presentation and Demonstration of Therapeutic Instruments and Procedures: (a) Intermittent Venous Occlusion Apparatus, (b) Mecholyl Iontophoresis Apparatus, (c) Tissue Extract (Depropanex), (d) Hypertonic Saline—5% Solution, (e) Outline of care of feet, (f) Application of Indirect heat. 3, Outline of Vascular Diseases: (a) Organic Occlusive Diseases, (b) Spastic Diseases, (c) Diseases of the Veins, (d) Accepted Methods of Treatment.
   Drs. A. Kruger, H. Schmukler, J. Gelb and F. Weinstein.

10:00 A. M. to 11:00 A. M.

4. Department of Laboratories. (a) The Value of the Blood Bank in a General Hospital, by the Blood Transfusion Group. (b) Round Table Discussion on Sulfanilimide Derivatives with Emphasis on Toxicologic and Pharmacologic Effects.
   Dr. William Antopol.

10:00 A. M. to 11:00 A. M.

5. Department of Radiology. Presentation of cases for diagnosis and discussion of the types of therapy to be applied by the "Tumor Clinic Group".
   Dr. L. Levinson.

11:00 A. M. to 12 Noon

6. Urological Services. Urological Topics of Interest to the General Practitioner.
   Dr. Burnet Rothhouse

11:00 A. M. to 12 Noon

7. Department of Neurology and Neuro-Surgery. Diagnosis and Treatment of Neurological Diseases from a Neurological and Neuro-Surgical Point of View.
   Drs. William Ehrlich, Charles Englander, and Lewis Loeser.

There will be the usual schedule of surgical operations in general surgery and the surgical specialties on the operating room floor between the hours of 8:00 A. M. and 12:30 P. M.

Luncheon will be served at 12:30 p. m.

NEWARK BETH ISRAEL HOSPITAL

Wednesday and Thursday

EXHIBITS

1. Increase of the narcotic and toxic effects of codeine, morphine and papaverine after sulfapiridine administration.
   Dr. Sussi Glaubach.
2. Hematologic aspects of the sulfanilimide derivatives.
   Drs. L. Goldman, M. Klein, W. Antopol.
3. Comparative toxicity of the sulfanilimide derivatives and organic lesions caused by their administration.
   Drs. D. Lehr, J. Churg, H. Sprintz and W. Antopol.
4. Bacteriophage and its clinical applications. Blood Tests in forensic medicine.
   Dr. P. Levine.
5. Exhibition of cases of plastic and reconstructive surgery.
   Dr. J. Newman.
6. The Roentgen Diagnosis of bone tumors.
   Dr. N. J. Furst.
7. Growth and sex deficiencies in children.
   Dr. R. S. Finkler.

NEWARK CITY HOSPITAL

116 Fairmount Ave., Newark, N. J.

Telephone Market 2-3300

The program at Newark City Hospital will take place on Wednesday and Thursday, November 27 and 28, from 9 a. m. to 1 p. m. Many features will run concurrently. The program will consist of ward rounds, operations, rounds in the pathological museum, presentation of interesting cases, talks, and a demonstration of diagnostic, therapeutic, and laboratory procedures and instruments.

PROGRAM

Wednesday, November 27

A. Ward Rounds with Head Service. 9:30 a. m.-12 noon. Dr. Eagleton and Staff.
B. Ward Rounds. Management of Peptic Ulcer Cases. 11 a. m.-12 noon. Dr. M. Kraemer.
C. Ward Rounds with Medical Services. Cases to be announced later. 10 a. m.-12 noon.
D. Ward Rounds with Orthopedic Service. 10 a. m.-11 a. m. Dr. W. B. Ein.
E. Ward Rounds with Tuberculosis Service. 10 a. m.-12 noon. Dr. M. J. Fine and Staff.
F. Ward Rounds. 10 a. m.-11:30 a. m. Interesting Lung Cases. Dr. R. H. Dieffenbach.
G. Ward Rounds with Surgical Services. Cases to be announced later. 10 a. m.-12 noon.
H. Demonstration of Obstetrical Clinic. 9:30 a. m.-11 a. m. Dr. J. Panullo and Staff.
I. Pathological Museum Rounds. 10 a. m.-12 noon. Dr. H. S. Martland and Dr. E. Libman.
J. Operations. Program to be announced later. 9 a. m.-12 noon.

TALKS AND DEMONSTRATIONS

To be held in the Martland Amphitheatre. Each talk will last 20 minutes, followed by 10 minutes of discussion.

9 A. M. to 9:30 A. M.

1. The Management of Fractures.
   Dr. E. Liccese and Dr. M. Scher.

9:30 A. M. to 10:00 A. M.

2. Office Treatment of the Diabetic Patient.
   Dr. S. Weiss.

10:00 A. M. to 10:30 A. M.

3. Medical Management of Peptic Ulcers.
   Dr. M. Kraemer.

10:30 A. M. to 11:00 A. M.

4. Indications for Surgery in Peptic Ulcer.
   Dr. H. Wesson.

11:00 A. M. to 11:30 A. M.

5. Nutrition in Surgery.
   Dr. R. H. Hill.

11:30 A. M. to 12:00 Noon

6. Common Skin Lesions.
   Dr. J. McCauley.

Luncheon will be served at 12:30 p. m.

Thursday, November 28, 1940

A. Ward Rounds with Skin Service. 10 a. m.-11:30 a. m. Dr. F. McCauley and Dr. N. B. Heller.

B. Ward Rounds with Neurological Service. 10 a. m.-11:30 a. m. Dr. C. C. Beling and Staff.

C. Ward Rounds with Urological Service. 10 a. m.-12 Noon. Dr. C. O'Crowley and Staff.

D. Ward Rounds with Metabolic Service. 10 a. m.-12 noon. Dr. W. Nyiri and Staff.

E. Ward Rounds with Medical Services. Cases will be announced later. 10 a. m.-12 noon.

F. Ward Rounds with Surgical Services. Cases will be announced later. 10 a. m.-12 noon.

G. Ward Rounds with Rectal Service. 10 a. m.-12 noon. Dr. D. Kraker and Staff.

H. Interesting X-Ray Plates. 10 a. m.-12 noon. X-Ray Department. Dr. R. Pomeranz and Dr. P. Santora.

I. Demonstration of Fractures. 10 a. m.-11:30 a. m. Dr. M. Scher and Dr. Liccese.

J. Pathological Museum Rounds. 10 a. m.-12 noon. Dr. H. S. Martland and Staff.

K. Operations. Cases will be announced later. 9 a. m-12 noon.

TALKS AND DEMONSTRATIONS

To be held in Martland Amphitheatre. Each talk will last 20 minutes, followed by 10 minutes of discussion.

9:00 A. M. to 9:30 A. M.

1. Demonstration of Newer Diagnostic Blood Methods.
   Dr. W. Shulman.

9:30 A. M. to 10 A. M.

2. Diagnosis of Peripheral Vascular Disease.
   Dr. S. Z. Hawkes.

10:00 A. M. to 10:30 A. M.

3. Evaluating Neurological Reflexes.
   Dr. L. Loeser.

10:30 A. M. to 11:00 A. M.

4. The Diagnosis of Genito-Urinary Conditions.
   Dr. C. O'Crowley.

11:00 A. M. to 11:30 A. M.

5. The Rôle of the Electrocardiogram in the Diagnosis of Coronary Heart Disease.
   Dr. E. Klein.

11:30 A. M. to 12 Noon

6. Feeding Problems in Infants and Children.
   Dr. A. Harden, Jr.

12:00 Noon to 12:30 P. M.

7. Clinical Interpretation of Laboratory Findings.
   Dr. S. Berg.

Luncheon will be served at 12:30 p. m.

ORANGE MEMORIAL HOSPITAL

188 South Essex Avenue, Orange

Telephone Orange 5-1100

Wednesday, November 27, 1940

WARD ROUNDS

9:00 A. M. to 10:00 A. M.

Wards B and D. Main Building—Surgical Rounds.
Services of Drs. John Parker and Charles Dane.

Wards A and C, Main Building—Medical Rounds.
Dr. A. R. Chamberlain.

Obstetric Building—

(a) Demonstration of Delivery Room Technique and Explanation of Staff Rules.
Drs. Robert White and E. J. Kaderabek.

(b) Ward Rounds and Discussion of Common Post-Partum Complications.
Dr. Raymond Potter.

North Building—Pediatric Rounds—Discussion of Everyday Problems in Child Care.
Dr. Frederick Von Hofe.

CLINICAL TALKS AND DEMONSTRATIONS
Dr. B. B. Ranson, Jr., Presiding
Lecture Room—Mary Austen Hall

10:00 A. M.

1. Discussion of Misunderstood and Often-Ignored Minor Surgical Conditions.
   Dr. Virgil Mason.

10:20 A. M.

2. The Treatment of Sinus Disease in Children by X-Ray.
Dr. Frederick Von Hofe.

10:40 A. M.

3. The Uses of Lipiodal in Connection with X-Ray in Diagnosis. Illustrated.
Dr. William H. Seward.

11:00 A. M.

4. Recent Advances in the Treatment of Fractured Femurs. Demonstration of Patients.
Dr. Herbert Taylor.

11:20 A. M.

5. Demonstration of Automatic Resuscitation Apparatus and Newer Anesthetic Methods.
Dr. W. G. Kilborn.

11:40 A. M.

6. Ambulatory Treatment of Pulmonary Tuberculosis. Demonstration of Patients.
Dr. William Wakeley and Staff.

12:00 Noon

7. The Diagnosis of Placenta Praevia by X-Ray.
Dr. G. E. Matheson.

CLINICS AND HOSPITAL DEPARTMENTS
OPEN TO VISITORS

10:00 A. M. to 12:30 P. M.

8. *Venereal Disease Clinic.* Methods of Treatment and Follow-up in a Hospital Clinic.
Dr. Joseph Higi and Staff.

11:00 A. M. to 12:30 P. M.

9. *Metcalf Foundation Building.* X-ray Therapy in Cancerous and Non-cancerous Conditions.
Dr. William Seward and Dr. William Pottinger.

10:00 A. M. to 12:30 P. M.

10. *Colgate Physical Therapy Department.* Peripheral Vascular Diseases. Diagnostic and Therapeutic Procedures for Home and Hospital; Demonstration of Physical Therapeutic Measures Used in the Treatment of Disabilities of the Upper Extremity; Fever Therapy. Indications and Methods.
Dr. B. S. Troedsson.

10:00 A. M. to 12:30 P. M.

11. *Edison Pathological Laboratory.* Demonstration or Explanation Concerning Technique of Various Laboratory Procedures.
Dr. Arthur Abel.

Luncheon will be served at 12:30 p. m.

Thursday, November 28, 1940

WARD ROUNDS

9:00 A. M. to 10:0 A. M.

Wards B and D, Main Building—Surgical Rounds.
Services of Drs. B. B. Ranson, Jr. and James Allan.

Ward A and C, Main Building—Medical Rounds.
Dr. W. H. A. Warner.

Obstetric Building—
(a) Demonstration of Delivery Room Technique and Explanation of Staff Rules.
Drs. Robert White and E. J. Kakerabek.
(b) Ward Rounds and Discussion of Common Post-Partum Complications.
Dr. Raymond Potter.

North Building—Pediatric Rounds—Discussion of Everyday Problems in Child Care.
Dr. Frederick Von Hofe.

CLINICAL TALKS AND DEMONSTRATIONS

Dr. B. B. Ranson, Jr., Presiding
Lecture Room—Mary Austen Hall

10:00 A. M.

1. Major Causes of Errors in Diagnosis in Chronically Sick Patients.
Dr. Charles Evans.

10:20 A. M.

2. Indications for Electrocardiography After Careful Clinical Examination. What Additional Information may be Expected. Demonstration of Patients.
Dr. Henry Crossfield.

10:40 A. M.

3. Differentiation and Importance of Congenital Heart Lesions. Demonstration of Patients.
Dr. David Evans.

11:00 A. M.

4. Optimum Dose of Salicylates in Acute Rheumatic Fever. Criteria for Convalescence. Demonstration of Patients.
Dr. Dean Marquis.

12:00 Noon

5. Methods of Detection, Care and Prevention of the Early Stages of Toxemias of Pregnancy.
Dr. Everett Campbell.

11:40 A. M.

6. Classification and Treatment of Early and Late Syphilis.
Dr. Joseph Higi.

CLINICS AND HOSPITAL DEPARTMENTS
OPEN TO VISITORS

10:00 A. M. to 12:30 P. M.

7. *Allergy Clinic.* Methods Used in Diagnosis and Treatment of Allergic Patients.
Dr. W. Lundblad and Staff.

11:00 A. M. to 12:30 P. M.

8. *Metcalf Foundation Building.* X-Ray Therapy in Cancerous and Non-cancerous Conditions.
Dr. William Seward and Dr. William Pottinger.

10:00 A. M. to 12:30 P. M.

9. *Colgate Physical Therapy Department.* Peripheral Vascular Diseases. Diagnostic and Therapeutic Procedures for Home and Hospital; Demonstration of Physical Therapeutic Measures used in the Treatment of Disabilities of the Upper Extremity; Fever Therapy. Indications and Methods.
Dr. B. S. Troedsson.

10:00 A. M. to 12:30 P. M.

10. *Edison Pathological Laboratory.* Demonstration or Explanation Concerning Technique of Various Laboratory Procedures.
Dr. Arthur Abel.

EXHIBITS

Reception Room—Mary Austen Hall
10:00 A. M. to 12:30 P. M.

Wednesday and Thursday

Gastric and Intestinal Decompression by Means of the Levine and Miller-Abbott Apparatus. Evolution of the Suction Apparatus.
Dr. Charles Scranton and Dr. G. A. McLellan.

Demonstration of Diathermy Units. Their Use in General Office Practice.
Dr. Ralph Pattyson and Dr. Albert Tenney.

Research on Moulds as Possible Allergens.
Dr. Nathan Schaffer.

Demonstration of the Peritoneoscope. Its help in the Diagnosis of Intra-Abdominal Pathology.
Dr. Robert Hamilton.

Demonstration of Methods of Treatment of Fractured Jaws.
Dr. Matthew Pearce and Members of the Dental Staff.

Dietetics Department:
Mechanics of Selecting Menus for Restricted Diets.
Contrast between Low and Normal Carbohydrate Diabetic Diets.
Trays set with actual portions for each meal of the day.
Miss Juanita Trapp and Dietitian Staff.

X-Rays of Lumbar Spine following air injection in the Diagnosis of the Sciatic Syndrome.
Dr. William Briggs, New Jersey Orthopedic Hospital and Dispensary.

ANNOUNCEMENT

THE HOUSE OF DELEGATES

OF

THE MEDICAL SOCIETY OF NEW JERSEY WILL HOLD A SPECIAL MEETING

ON

Thursday Afternoon, November 28, 1940

AT 2:00 P. M.

in The Academy of Medicine, Newark, N. J.

This meeting is called by President Morris, at the request of the Board of Trustees of The Medical Society of New Jersey, in conformity to the By-Laws of the Society, Chapter II, Section 2.

The agenda of the meeting is as follows:

1. Medical Service Administration, Progress Report
Elton W. Lance, M.D., President Board of Governors
2. Medical Preparedness Committee, Progress Report
Charles H. Schlichter, M.D., Chairman
3. Hospital Relationships Committee, Progress Report on Out-Patient Survey
Henry B. Decker, M.D., Chairman
4 Proposal to Purchase a Permanent Home for The Medical Society of New Jersey
Harry R. North, M.D., Chairman Committee on Finance and Budget

WATSON B. MORRIS, *President*
ALFRED STAHL, *Secretary*

The tracings shown in Figure 5, all secured from the same individual, illustrate the character of the uterine movements to be seen in false labor, compared with those observed in true labor. Tracing 154 was made fifteen days before the onset of labor. It records a few fetal movements, but shows no false labor activity.

The two following tracings, secured on the eleventh and ninth days, were made when the patient was experiencing a false labor. Here strong contractions are present, but the waves are very irregular in outline.

The last three tracings were made during true labor, the first two of these being recorded during the first stage. The lowermost tracing was made during delivery; at the arrow marked 1, the baby's head was delivered, and at arrow number 2 the body was born.

The above tracings illustrate how the contractions of false labor tend to produce irregularly shaped waves; whereas those occurring during labor create ones which are smoother in outline.

Figure 6 represents first-stage labor contractions observed in two individuals, the duration of whose second stages differed widely. The lowermost tracing is typical of a labor in which the second stage was of normal length. The upper tracing, presenting waves of much greater height, was secured from a patient whose second stage lasted only a few minutes. Note the difference in the height of waves in the two tracings.

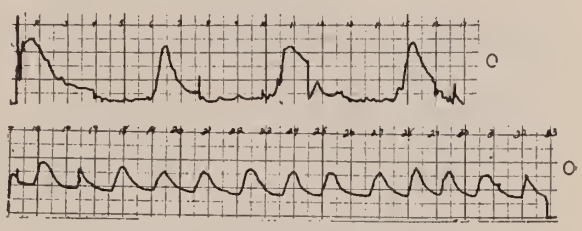

FIGURE 6

Tracings of two patients made during first stage of labor. High waves of upper tracing associated with a second stage of a few minutes. Lower tracing associated with a second stage of over an hour.

Figure 7 records tracings of two patients who received hypodermic injections of morphine during the first stage of labor. Each individual received one-sixth grain at the point indicated by the arrow. In neither instance after the treatment was there any significant decrease in uterine activity. It is of interest that the very active fetal movements recorded in the uppermost tracing ceased seven minutes after the injection.

EFFECT OF MORPHINE

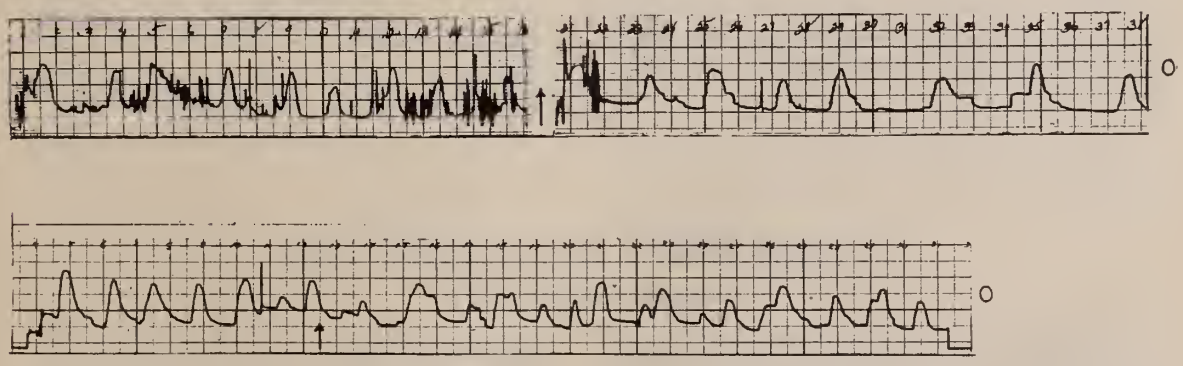

FIGURE 7

Tracings of two individuals in first stage of labor. Morphine, grains one-sixth, given at arrows. Note in upper tracing cessation of fetal movement seven minutes after administration of drug, and absence of any significant effect of the drug upon the uterine activity of either patient.

EFFECT OF PITOCIN

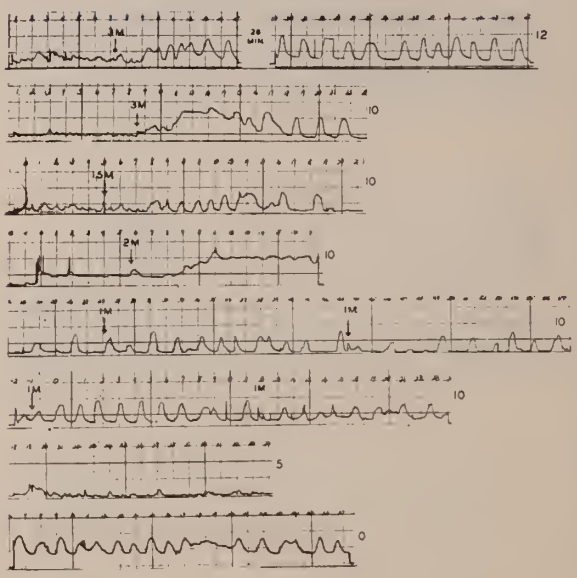

FIGURE 8

Tracings of one patient. Numbers on right indicate days before labor, zero represents day of labor. Hypodermic injections of pitocin given at arrows. On tenth day, note that doses of two or more minims were followed by spasm.

The effect of posterior pituitary extract upon uterine activity is illustrated in Figure 8. Dosages are expressed in minims, and were administered hypodermically at the points marked with arrows. The days before labor are given at the right end of each tracing. The lowermost tracing was made during the first stage of labor.

Note how the larger doses (two and three minims) produced spasms, whereas the small ones produced rhythmic, intermittent contractions without spasm.

SUMMARY AND CONCLUSIONS

Observations based upon a series of more than 800 tocographic tracings, made both before and during labor, lead to the conclusion that the tocograph is a useful instrument for recording the movements experienced by the pregnant human uterus. These findings indicate that it may be an aid in learning more about the following matters:

a. How the uterine movements of one person differ from those of another, both before and during labor.

b. How uterine activity changes as pregnancy advances.

c. The difference between the movements seen in false and in true labor.

d. The difference between the type of activity observed in normal, and in cases of precipitate delivery.

e. The effect of sedative and other drugs upon uterine motility, especially the action of oxytocic drugs.

By its use, it is possible to tell:

1. The nature of the uterine activity which is present before an oxytocic drug is given.
2. Whether a given dose is effective.
3. How much drug is required to produce an optimum response.
4. How long such an effect lasts.
5. What size dose is likely to produce an undesired effect, i. e., spasm.

REFERENCES

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2. Murphy, D. P.: Measurements of uterine contractions in late pregnancy. A study of five patients with Lorand tocograph. Surg., Gynec. & Obst., 1940, 70:129-135.

A LESSON FROM A DEATH CERTIFICATE

NUMBER TWENTY-FIVE

Statement of attending physician who signed death certificate: "The patient was markedly decompensated, and her heart tremendously enlarged. I feel that she died primarily from heart disease. The death certificate says that she had post partum infection. This is highly questionable in my opinion."

More care should be used in accurately stating cause of death on death certificates.

Why sign a certificate believed to be incorrect?

A. W. BINGHAM, M.D.

STATE SOCIETY ACTIVITIES

WELFARE COMMITTEE

A meeting of the Welfare Committee was held on Sunday, October 6th, at 2:00 p. m., in the Carteret Club, Trenton, Dr. Hilton S. Read, Chairman, presiding.

Those present from the several counties and organizations were as follows:

Atlantic—
Hilton S. Read, Chairman
William J. Carrington

Bergen—
G. Barton Barlow — William K. Harryman
Joseph R. Morrow

Burlington—Joseph M. Kuder

Camden—
Reuben L. Sharp — Harold D. Barnshaw
Henry B. Decker

Cape May—Clarence W. Way

Cumberland—Millard F. Sewall

Essex—
A. W. Bingham — Edgar A. Ill
Wright MacMillan — Chester R. Brown
H. Roy Van Ness — Charles M. Robbins

Gloucester—
Wendell J. Burkett — Chester I. Ulmer

Hudson—
A. E. Jaffin — B. S. Pollak
J. F. Londrigan — F. J. Quigley

Hunterdon—Samuel B. English

Mercer—
D. Leo Haggerty — Joseph E. Raycroft

Monmouth—
Stanley Nichols — Robert E. Watkins

Morris—Franklin W. Rice

Ocean—
Adolph Towbin — J. Edwin Obert

Passaic—Sigurd W. Johnsen

Salem—C. Spencer Davison

Union—
C. Hartley Berry — Norman W. Burritt
Frederic W. Lathrop — Elmer P. Weigel

Warren—W. H. Varney

Advisory—
Dr. Robert P. Fischelis, Board of Pharmacy
Mr. William H. MacDonald, State Department of Health
LeRoy A. Wilkes, Secretary
Frank Overton, Editor
Norman M. Scott, Executive Assistant

Trustees—
E. J. Marsh — Harry R. North
R. K. Hollinshed — Thomas K. Lewis
James F. Norton — G. W. Fithian

Guests—
Dr. H. B. Diverty — Dr. E. C. Potter
Dr. C. H. Schlichter — Dr. Wilbur Watts
Dr. H. H. Kessler — Dr. Emil Frankel
Miss Margaret Ashmun, R.N.

I. GREETINGS FROM PRESIDENT MORRIS

Dr. Watson B. Morris, President, The Medical Society of New Jersey, reviewed the activities of the Society during the past few months.

SCIENTIFIC PROGRAM

The success of our annual meetings affords ample evidence of the steady progress in the integration of the profession into a coördinated body. However, our scientific program has been lacking in interest during the past few sessions, so that the Annual Meeting Committee is in the process of arranging a program which I am sure will be a revelation to us all.

SUMMER ACTIVITIES

To many of our members the close of the Annual Meeting means a cessation of activities. To your officers it is a continuing program; and this past Summer has been no exception. As a matter of fact, it has been unusually busy, because of the continued efforts of the Board of Governors to perfect their plans for the selected low-wage groups. Another reason for the busy Summer was the request for the appointment of a Medical Preparedness Committee and the necessary meetings to coördinate the work as outlined by the American Medical Association.

INTEGRATION OF EFFORTS

During the past year the several subdivisions of the Welfare Committee have accomplished much in integrating their efforts into one common purpose; and that means progress in leadership in all matters pertaining to the scientific practice of medicine.

The growing unity of the profession is well demonstrated in the increasing attendance of the meetings of the Welfare Committee, where

we find representatives from every county in the State, all willing and anxious to give of their time and energy to serve their fellow-members.

Another evidence of this unity is the absence of intimations of State Society control, and the ever-increasing requests for advice and service to be given by the Executive Offices and its staff.

PROGRAM FOR THE YEAR

My suggested program for the year was published in the July number of the Journal, page 374; and at this time I would like to bring to your attention a number of those features which I think should be emphasized.

1. *Unanimity.*—I wish to stress the fact the unanimity within our ranks is essential to success in obtaining our objectives. We are proud to say that in a democratic body such as ours every member is privileged to express his opinion in open meetings.

For the first time in the history of the Society we are to hold an ad interim meeting of the House of Delegates. The Delegates are the true representatives of the members of the component societies, and their actions will determine some of the policies for the remainder of the year.

Many items on the agenda are matters that should be considered *now,* and not delayed to the Annual Meeting.

2. *Economics.*—The second feature of the program is that of economics. The Society for many years has been trying to devise some plan whereby the low-income groups of our population could pay something for the medical care they were receiving "gratis" from the doctors.

At the 1939 session of the House of Delegates such a plan was sponsored, and after much time and money had been spent, the committee has developed a plan which, if accepted by the public and supported by the profession, will provide that need at a cost within the reach of the average worker included in that category.

The proposed plan will, 1, insure these groups against unpredictable costs of medical care; 2, assure the medical profession of local control, can be adapted to local needs; and 3, will preserve the free choice of the physician by the patient. It is heartily recommended to you for serious consideration, and it deserves your support.

3. *Legislation.*—The question of legislation and the approach of physicians to those in office has been considered from various angles over a period of years, and its proper solution is still a problem. From the standpoint of the Society I think we should agree that every proposed item of legislation should be presented to the individual members of the component societies, be discussed before an open meeting, and should have a majority approval of the members before its introduction in the Legislature. When this has been done and approval given, it is the duty of each and every member to support the measure.

My experience has been that if we make personal contacts with legislators, and present our reasons for the proposed legislation, we will accomplish much more than by high-pressure tactics during the session.

4. *Post-Graduate Education.*—The fourth and last important feature is that of post-graduate education. After spending much time in an effort to have the Clinical Conference held in some other part of the State than Essex or Hudson, it was found necessary to resort to one of them. Because of the fact that Hudson County provided the program last year, I requested Essex County to serve the Society this year with the hope that in future years it may be possible to plan it in some other part of the State, and so relieve Hudson from being called upon too soon again. Such a meeting is a tremendous undertaking, and Essex is to be congratulated in arranging a program, the theme of which is "The General Practitioner". The program will be varied, and there will be attractions for all who can attend.

The Post-Graduate Education Committee is planning a splendid refresher course on any medical or surgical phase of medical practice that may be requested. The detailed report of the committee will be found in the October Journal, page 515.

It is hoped that the *essay contest* for a prize of $100.00 will prove popular among the members. Any member in good standing in the State Society is eligible, and may select any medical or surgical subject which may be of interest to the general practitioner. The winner will be privileged to read his cotribution at the annual session.

HOSPITAL RELATIONSHIPS

This committee has been actively engaged in the further development of plans suggested in the previous reports, and stresses the fact that fine coöperation exists between the Hospital Association and its committee.

A survey is to be made under the direction of Dr. Emil Frankel, Statistician of the Department of Institutions and Agencies, in order to obtain factual data concerning the operation of, and the type of medical care rendered in the *out-patient departments* of the various hospitals throughout the State. It is felt that this

is an opportunity to obtain data that can be analyzed under the supervision of a competent and experienced person. This data will be presented to the Society at a later date, when interpretations can be made as to their true significance.

PUBLIC RELATIONS

This subject was not included in my presidential program, but in closing may I say a word as to the activities of this important committee. Some parts of the program are a continuation of the former committee's work. However, there is in progress some outstanding features which I would like to mention.

1. *Foreign Language Press.*—New Jersey has forty newspapers printed in foreign languages. The committee proposes to offer news items to each of these with a request that the editor translate and publish them. As far as I know, this field has never been touched; and it will be a splendid means of refuting much of the propaganda published by other agencies.

2. *Exhibits.*—The committee recommends setting up in the Executive Office a collection of charts, graphs, and models which will be available to any County Society, and will aid any society in any way possible, upon request.

3. *Town Hall Discussion.*—Through the efforts of this committee, and the coöperation of the Griffith Foundation, the Town Hall of Essex County has consented to allot the evening of March 24th to the Medical Society.

Dr. Frank Lahey, President-Elect of the American Medical Association, will be the guest speaker, and his subject will be "The Health of the Nation". This lecture is especially presented in commemoration of the 175th anniversary of the Society, which is sponsoring this event.

As this is one of the subscription series for the year, I would recommend that it be given our generous support.

Features of the Fall Clinical Conference.—President Morris announced that there will be a dinner meeting on Wednesday evening, November 27th, at the Newark Athletic Club, at which time Harold Major, D.D., publicity manager for the Manufacturers' Association, will speak on "The Future of America".

The House of Delegates will meet at 2:00 p. m. on Thursday, November 28th.

II. THE SUB-COMMITTEE ON MEDICAL PRACTICE

Dr. R. L. Sharp, Chairman, gave the following report:

The Medical Practice Committee will continue the work which has gone on before, but there are two committees from whom we expect to have quite a lot of activity this year—those on Hospital Relationships, and Workmen's Compensation.

The Workmen's Compensation Committee has outlined several objectives it would like to get through.

1. The free choice of physicians in compensation cases.
2. Study of proposed legislation.
3. Appointment of Arbitration Board for disputed bills.
4. Discussion of proposal to have non-practicing State doctors pass on disability of plaintiff.
5. Have State doctors pass on whether or not a case is receiving adequate care, and advise a change in the course of medical care if this is justified.
6. Medical fees for hernia cases. (A bill has already been drawn up, but never presented to the legislature.)
7. List of compensable dermatoses.

The committee is also going to "feel out" the Labor Board to determine its views and attitude. The advisability of sending instructions to the general practitioners as to the main points in the present compensation law will be determined.

The Committee on Pharmaceutical Problems will continue its work as in the past, and has asked permission this year to publish a new edition of the *New Jersey Formulary*. This has the sanction of the Medical Practice Committee, and will be referred to the Board of Trustees.

The Committee on Medical Care of the Indigent and Low-Wage Group will coöperate particularly with the Medical Service Administration of New Jersey, and work with Mr. Erdman of the Municipal Aid Administration, in caring for the low-wage group, and in trying to set up the State plan for medical and hospital care of the poor.

The Committee on Nursing and Nursing Education will continue as in the past. I have no formal report from Dr. Zehnder, but I know the work will go on. He is, unfortunately, kept at home by illness.

The Committee on Auxiliary Medical Services last year presented a practical report which was published in the May Journal, page 218. The members of the committee will try to get some of these plans into effect in the various hospitals. There will be some overlapping with the Committee on Hospital Relationships in this work.

The Committee on Contract Practice will act only on those matters referred to it. There will be some overlapping with the Workmen's Compensation Committee.

Hospital Relationships Committee, Dr. Decker, Chairman, will continue its efforts to establish harmonious working relationships between The Medical Society of New Jersey, and the State Hospital Association, and the governing bodies of hospitals.

The committee will continue the survey of the dispensary work in Cooper Hospital, which was started last year.

Through the efforts of Dr. Scott, and Dr. Frankel, the committee has sponsored a W. P. A. project for the survey of hospital dispensaries throughout the State. This survey is in the process of organization and will be completed before the Annual Meeting next Spring. This should give us considerable data to then carry on further work.

Dr. Arthur W. Bingham moved that the report of the Medical Practice Committee be accepted as presented, seconded and unanimously carried.

III. THE SUB-COMMITTEE ON LEGISLATION

Dr. Pollak, Chairman of the Sub-committee on Legislation, gave the following report:

We have discussed the selection of the *County Key-men,* and we hope, with additional information from three or four counties, to be able to submit to the President of our Society the key-men whom we have nominated, trusting that he will approve the selection. (See page 549.)

We have discussed the definition of *chiropody.* This has been under consideration for some time, and we have had many conferences, and the matter has taken the following trend:

The State Board of Medical Examiners has tried to draft a law defining the meaning of chiropody, and has submitted that draft to the Attorney General. This is somewhat in contrast to the concepts previously stated, that they were an *administrative* and not a *legislative* body. However, it is most important that this definition of chiropody be made a part of the law, so that we may be able to adequately provide for the practice of chiropody in the State of New Jersey.

The *Medical Technologist* has been considered today, and we merely bring it to your attention so that you will know the matter has been discussed. It will be submitted to you as soon as we have more definite information concerning activities of technologists, and the necessity of licensing them. They are registered by the *Clinical Pathologists of America.*

In consideration of what the President has said, the sentiments expressed by him are in keeping with the views of the Legislative Committee. Far be it from us to desire to add any legislation in addition to that legislation which is already brought to the legislative halls. In an estimation of the number of bills brought into the legislature annually, we feel that ten per cent deals with medical or public health matters;—and it is a big job to go over all these matters.

CONTACTS WITH LEGISLATORS

In anticipation and in keeping with our plan of last year, we have again attempted the policy of contacting not only the legislators that are remaining in the legislature from last year, but also those that are running for office on both of the party tickets. Our committee will be glad to contact them in matters relating to public health; and will hold itself ready to cooperate with them to the fullest. That plan has worked out very satisfactorily during the last year; and our status quo with the legislatures last year was on a higher plane because of the adoption of that policy.

WORKMEN'S COMPENSATION

We have considered the various amendments introduced concerning the Workmen's Compensation Act and we are awaiting a conference between labor and the various committees before this act can be brought int odefinite shape, so we can act upon it and present it for your consideration. This is a summary of what we have to present to you today.

Dr. Quigley: I just want to supplement what Dr. Pollak said about amendments to the Workmen's Compensation Act—also in line with the report by Dr. Sharp. You will recall that the Legislative Committee in its report at the Annual Meeting stated that, in the number of bills introduced affecting the Workmen's Compensation Act, sixteen had medical features. It was the feeling of the Legislative Committee that an effort should be made, if possible, during the Fall to have the Committee on Workmen's Compensation and Industrial Health and Hygiene meet with the labor leaders who are responsible for the introduction of these amendments. An effort has been made to bring this about. Dr. Wegrocki, who has been very active in this legislation, phoned me that the labor leaders welcomed the assistance offered by the medical profession, and that they are ready to sit down and work out amendments that they feel should be brought in.

Also in our report at the Annual Meeting (Journal, May, p. 258), it was suggested that any amendments that the Society has to offer to the Workmen's Compensation Act, such as has been considered for the last several years, be shaped this Fall so that the bill may be

studied by the legislature in advance of its introduction in January.

Dr. Ulmer moved that the report of the Committee on Legislation be accepted as presented. Seconded and unanimously carried.

IV. THE SUB-COMMITTEE ON PUBLIC HEALTH

Dr. Nichols, Chairman of the Committee on Public Health, gave the following report:

We have examined the Advisory Committees' programs carefully, and they are largely the same as in the past except for their provision for expansion. Dr. Varney is the new Chairman of the *Adult Health Committee,* and he is developing a program with educational features. There is a new Chairman of the *Cancer Committee,* and that committee has not crystalized its program so far.

The Child Health Committee, under the new Chairman, Dr. Brown, is working in coöperation with the Department of Health, centering about the care of prematures. The committee is also concerned with the care of European guest children. A new film is recommended by the committee, "When Bobby Goes to School", developed by the A. A. P. It is important that doctors see this film before it is sent out for public viewing.

The Committee on Conservation of Vision is working with the Commission for the Blind and is interested in developing an educational program for the schools.

The Maternal Welfare Program is the same as in the past, with one addition. It will be requested to the Department of Health that provision be made for post partum nursing services in some cases.

The Mental Hygiene Committee hopes to develop conferences with heads of institutions and hospitals, looking into the problem of mental hygiene from the doctor's standpoint. An attempt will be made to dramatize the proceedings of a mental hygiene clinic.

Traffic Accidents Committee has been requested by the Commissioner of Motor Vehicles to continue to study with him the factors that have to do with accidents and deaths. It hopes to develop a medical examination which will help prevent such accidents.

The Public Relations Sub-committee requests the County Societies to give it a list of the public health organizations in their several counties. The Woman's Auxiliary can do that. The County Societies should supply speakers for these organizations. If this cannot be done from the county, then the Public Relations Committee can supply them.

We are collecting exhibits from the World's Fair, Departments of Health, etc., and will classify them.

We are attempting to gather a library of slides and movies. We have well-prepared talks. This work can be carried on. It is a matter of interest.

We are prepared today to take any press release and send it out to the newspapers. We have the mechanics for getting the public relations work done in the several counties. It is much better to do it this way under one head, rather than for ten or twelve committees to send out their own material. In other words, it is a matter of closer coördination between ourselves and the public.

It was regularly moved, seconded and unanimously carried that the report of the Public Relations Committee be accepted.

After the transaction of routine business, the meeting adjourned at 4:00 o'clock.

LEROY A. WILKES, M.D., Secretary.

PUBLIC HEALTH COMMITTEE

A REPORT TO THE WELFARE COMMITTEE ON OCTOBER 6, 1940

A meeting of the Public Health Committee was held on Sunday, October 6th, at 11 a. m., in the Carteret Club, Trenton, Dr. Stanley H. Nichols, Chairman, presiding.

Those present were: Drs. Stanley Nichols, Chairman; Frederic W. Lathrop, Vice-Chairman; A. E. Jaffin, A. W. Bingham, J. E. Raycroft, M. F. Sewall, C. R. Brown, W. H. Varney; Mr. William H. MacDonald, Dr. Emil Frankel, Dr. Ellen C. Potter, Dr. Fischelis, Dr. H. H. Kessler, and Miss Margaret Ashmun, all technical advisers. Dr. C. H. Schlichter represented Dr. Sherman, and Miss Dilworth represented Dr. Ireland. Also present were Dr. William W. Cox of Essex County and Dr. Wilbur Watts of Mercer County.

ADVISORY COMMITTEE PROGRAMS

The following programs of the Advisory Committees were considered and approved:

ADULT HEALTH SUPERVISION—DR. VARNEY, CHAIRMAN

The program of the Adult Health Supervision Committee will center around the dissemination, through teachers, of information to high school students regarding *nutrition.*

Dr. Nichols suggested that an effort be made to stimulate the interest of adults in health conservation. In line with this, Dr. Varney could visit the Western Electric Company for perusal of the adult health program set up for the employees; and also contact Dr. Bristol of the American Telephone and Telegraph Company, and try to have him appointed as an advisory member of this committee. It was suggested that this committee might in some way coöperate with the Governor's Defense Council on Health and Recreation. Commissioner Ellis is Chairman.

It was suggested that contacts could be made, through the Boards of Education, to learn what was being done, or had been done, along the line of health education in the schools.

CHILD HEALTH—DR. C. R. BROWN, CHAIRMAN

The main emphasis of the Child Health Committee will be on the care of the premature. A set of standards has already been prepared and sent out to the County Societies.

Each County Society has been contacted with a request that one meeting during the year be devoted to some pediatric subject. In this can be included the showing of the movie "When Bobbie Goes to School", prepared under the direction of the American Academy of Pediatrics.

The committee has gone on record as ready to coöperate in caring for the medical needs of "refugee" and of "guest" children from Europe.

CONSERVATION OF VISION

By Dr. Schlichter, in place of Dr. Sherman, Chairman

The committee will continue to work with the Commission for the Blind. An Advisory Committee of Ophthalmologists has already been established, and a list of ophthalmologists throughout the State has been furnished, as those qualified to examine cases.

The committee also wants to develop an educational program for the better understanding of the more common eye diseases. Through the County Societies an effort will be made to call to the attention of school physicians the necessity for proper lighting in the school rooms. The Department of Education has worked with the school nurses in emphasizing the need for proper light.

Dr. Nichols requested Dr. Brown, and Miss Dilworth of the Department of Education, to work with Dr. Schlichter on this problem.

CRIPPLED CHILDREN—DR. WEIGEL, CHAIRMAN

In the absence of Dr. Weigel, Dr. Nichols read the program of this committee:

1. Coöperation with Crippled Children's Commission.
2. Compensation for professional care of these cases.
3. Segregation of the care of chronic heart cases from the crippled child.

MATERNAL WELFARE—DR. BINGHAM, CHAIRMAN

The same twelve-point maternal welfare program of the past few years will be continued:

1. Rules of procedure established in community hospitals.
2. Obstetrical conferences in counties.
3. Lecture courses.
4. Refresher courses at Margaret Hague Hospital.
5. Field physicians.
6. Investigation of maternal deaths by field physicians.
7. Use of nursing delivery and consultation services.
8. System of prenatal care—maternity centers in urban districts and community system in rural districts.
9. Study of annual obstetrical reports of hospitals.
10. Statistical study.
11. Maternal welfare article in Journal each month.
12. Lesson from death certificate in each issue of the Journal.

There will be a request that provision be made for post-partum care in some cases.

MENTAL HYGIENE—DR. RAYCROFT, CHAIRMAN

The committee hopes to put into operation the program reported at the Annual Meeting last year.

1. Conferences with heads of institutions and hospitals, as well as with heads of schools and the County Societies on mental hygiene questions. Number 2 of 1940.
2. Publication of a statement on mental hygiene problems in relation to the general practitioner.
3. Dramatize proceedings of a mental hygiene clinic—movies and speech record.

The committee would like to invite Dr. George Stevenson to become an advisory member of the Mental Hygiene Committee. He would be in a position and interested in promoting a program of motion pictures.

TRAFFIC ACCIDENTS—DR. SEWALL, CHAIRMAN

The program will be much the same as last year.

1. Coöperation with the Department of Motor Vehicles in obtaining statistics on various conditions which render an applicant for licensure a hazard on the road.

2. Further study on advisability of medical examination of applicants for licensure at the ages of 65, 70, and 75, and yearly thereafter.

Dr. Kessler was asked to assist the committee in obtaining data relative to the relation between age and accident incidence.

VENEREAL DISEASE CONTROL—DR. BLAISDELL, CHAIRMAN

In Dr. Blaisdell's absence, Dr. Nichols read the committee's program, as follows:

1. Articles on venereal disease written by members of the Society should be reviewed by Bureau of Venereal Disease Control and Venereal Disease Committee.

2. Sponsor a clinical course in syphilis for physicians.

3. Sponsor a post-graduate course in syphilis and gonorrhea for physicians.

4. Assist New Jersey State Medical Association (Negroes) in the diagnosis and treatment of syphilis among the Negroes.

5. Obtain a list of physicians who will treat semi-indigent venereal disease patients at reduced fees in their offices.

It was suggested that the committee contact the Council on Defense to offer coöperation in work with the soldiers.

TUBERCULOSIS—DR. JAFFIN, CHAIRMAN

Approval was asked of the program of procedures prepared by the Advisory Committee on Tuberculosis, entitled "Tuberculosis Case-Finding, a Discussion of the Tuberculin Test and X-Ray Procedures". It was the consensus of opinion that all references to fees be deleted from the report.

Dr. Kessler moved that the report be approved for publication, subject to a conference with the radiologists, and the Committee of the State Society on Auxiliary Medical Services. Seconded by Dr. Brown and unanimously carried.

Dr. Fischelis asked if the pharmacopoeia should recognize oil with synthetic vitamins as a substitute for cod-liver oil, which is getting scarce. He was referred to the A. M. A. Council on Pharmacy.

Meeting adjourned at 1:20 p. m.

LEROY A. WILKES, M.D., Secretary.

THE SUB-COMMITTEE ON LEGISLATION

A meeting of the *Sub-Committee on Legislation* was held October 6th, 1940, at 11 a. m., in the Carteret Club, Trenton. Those present were: Dr. Pollak, Chairman; Drs. Burkett, Watkins, Van Ness, Kuder; and Dr. Quigley, Executive Secretary of the Committee; and Dr. Alexander, Trustee Consultant.

SELECTION OF LEGISLATIVE KEY-MEN

The following list of key-men was approved for recommendation to the President, Dr. Morris:

Atlantic—Dr. David B. Allman, 104 St. Charles Pl., Atlantic City

Bergen—Dr. Samuel Alexander, Main St., Park Ridge

Burlington—Dr. Joseph M. Kuder, 104 Garden St., Mt. Holly

Camden—Dr. Edward A. Y. Schellenger, 429 Cooper St., Camden

Cape May—Dr. Clarence W. Way, Sea Isle City

Cumberland—Dr. Millard F. Sewall, 195 E. Commerce St., Bridgeton

Essex—Dr. Frank A. Bien, 999 Cilnton Ave., Irvington

Gloucester—Dr. Wendall J. Burkett, 16 W. Holly Ave., Pitman

Hudson—Dr. James F. Norton, 299 Varick St., Jersey City

Hunterdon—Dr. Barclay S. Fuhrmann, Main St., Flemington

Mercer—To be appointed after election.

Middlesex—Dr. William C. Wilentz, 188 Market St., Perth Amboy

Monmouth—Dr. Robert E. Watkins, 517 Fifth Ave., Belmar

Dr. William G. Herrman, 501 Grand Ave., Asbury Park

Morris—Dr. Thomas S. Thomas, Jr., 18 Elm St., Morristown

Ocean—To be appointed after election.

Passaic—Dr. J. Allen Yager, 420 Broadway, Paterson

Dr. Thomas Clay, 351 Totowa Ave., Paterson

Salem—Dr. David W. Green, 69 Market St., Salem

Somerset—Dr. Frank L. Field, Far Hills

Sussex—Dr. James H. Spencer, Jr., 23 Hospital Rd., Franklin

Union—Dr. Rowland P. Blythe, 30 Springfield Ave., Cranford

Dr. Chris A. Brokaw, 1045 North Ave., Elizabeth

Warren—Dr. William H. Varney, 122 Belvidere Ave., Washington

DEFINITION OF CHIROPODY

The tentative definition of chiropody, formulated by committees of the New Jersey Chiropodists' Society and The Medical Society of New Jersey, was discussed.

Attention was called to the difficulty of prosecuting chiropodists for illegal practice, since there is no clear definition of the practice.

The committee decided to invite representatives of the Board of Medical Examiners to meet with the Legislative Committee in order to work out a clear definition of chiropody.

LICENSURE OF MEDICAL TECHNOLOGISTS

The Executive Secretary, Dr. Quigley, reported that Miss Pauline Holbert, a registered technologist, called on him on October second and requested that the Committee on Legislation help the technologists to secure recognition in law. She stated the following facts:

There are about 150 registered technologists in New Jersey.

The membership of the New Jersey Technologists Society is 45.

The Registry of Medical Technologists, established in 1938, sets the standards and conducts the examinations for registry.

The present educational requirements are two years in a college accredited by the regional professional college association, and instruction for twelve consecutive months in an approved training school for technologists, or an apprenticeship instruction of at least twelve consecutive months under a recognized qualified clinical pathologist in the various departments of laboratory methods.

After January 1, 1943, all applicants for registry must be graduates of an approved school (four-year course) leading to a degree.

The suggestion was made to Miss Holbert that, in order to effect such licensing of technologists, it could only properly be done by a supplement to the Medical Practice Act, placing the control of the licensing of these technologists in the Board of Medical Examiners.

AMENDMENTS TO THE WORKMEN'S COMPENSATION ACT

The Executive Secretary reported that there were about sixteen bills proposed to amend the Workmen's Compensation Act. An attempt has been made by the Executive Secretary to arrange a conference with labor leaders so that their opinions may be considered before any action is taken by the Committee in regard to these bills. On October 5th Dr. Wegrocki informed him that the labor leaders will welcome a conference with members of our Workmen's Compensation and Industrial Health and Hygiene Committees, and are now ready to meet with these committees.

LETTERS TO CANDIDATES OF THE LEGISLATURE

The Executive Secretary read three letters which he had drafted, to be sent to the candidates of the Legislature on October 15th. The committee approved the drafts and recommended that the letters be sent out.

THE POSITION OF EXECUTIVE SECRETARY

The Chairman called attention to the fact that the term of the Executive Secretary expires on October 31. After a discussion on the necessity of having an Executive Secretary, Dr. Van Ness moved that the Legislative Committee recommend to the Board of Trustees the continuance of the position of Executive Secretary of the Legislative Committee. Motion was seconded by Dr. Watkins, and unanimously carried.

Dr. Quigley was unanimously nominated by the committee for the office of Executive Secretary.

Meeting adjourned at 1:00 p. m.

FREDERIC J. QUIGLEY, M.D.
Executive Secretary
Committee on Legislation.

COMMITTEE ON PUBLIC RELATIONS

A joint meeting of the State Public Relations committee, the County Public Relations Chairmen, and the County Presidents of South and Central New Jersey was held Sunday, October 6th, 1940, at the Carteret Club, Trenton, N. J., at 11:00 a. m. Present were Drs. Charles M. Robbins, Chairman, who presided; Henry A. Davidson, Secretary; Louis K. Collins, Charles Butcher, H. D. Barnshaw, W. Blake Gibb, A. J. Casselman, G. W. Fithian, Ralph Buchanan, Adolph Towbin, G. Barton Barlow, H. B. Diverty, Walter Zwick, George T. Tracy, J. E. Obert, W. E. Dodd, J. Howard Hornberger, Watson B. Morris, President, and LeRoy A. Wilkes, Executive Officer.

AREAS OF THE COMMITTEE

Dr. Robbins explained that for conference purposes the committee had divided the State into three areas: Northern, Central, and Southern. A meeting with the officers of the northern counties on September 17th proved very satisfactory. The program of the committee has been developed, and was approved August 14th by the President and his Cabinet. It now awaits approval of the Board of Trustees.

CLINICAL SESSION

The Fall Clinical Conference will be held Wednesday and Thursday, November 27th and 28th, in Essex County. Participating hospitals are Orange Memorial, Newark City, Beth Israel, and St. Barnabas. Theme will be "The General Practitioner". Dr. Robbins outlined the program and called for the coöperation of all concerned.

In answer to a query about exhibit facilities, Dr. Robbins advised exhibitors to make contact with Dr. Barkhorn. Every convenience will be provided by the hospital or Dr. Barkhorn. This committee can be helpful by sending Dr. Barkhorn the names of physicians interested in exhibiting, or speaking at the Conference.

SPEAKERS' BUREAU

The committee feels that operation of the Speakers' Bureau is one of its major functions. To strengthen this, the committee has requested the Woman's Auxiliary to secure the names and addresses of the organizations in their communities. A letter is being sent to each County Auxiliary Chairman by the State Auxiliary Public Relations Chairman requesting this information. This will furnish us with a complete directory of all organizations in New Jersey.

The committee will provide speakers upon request.

MATERIAL FOR DISTRIBUTION

The following material is available at the Executive Offices in Trenton:

1. Talks ready for delivery.
2. Material from which speakers can prepare their own talks.
3. Clippings from which talks can be prepared.

It was suggested that the county societies remind their members that such material is available and will be sent to them upon short notice.

The committee is trying to prepare a lantern slide and moving picture collection that will be available to county societies. Then, members delivering talks can secure illustrative slides from the committee.

Large organizations will be asked to provide time for a Medical Society speaker.

EXHIBITS

The committee believes that the display of exhibits offers one of its most challenging opportunities. This kind of program need not be confined to large counties; small counties can also participate. Some sort of exhibit project should be attempted in every county. Exhibits should be addressed to the lay public and should be displayed in some centrally located school, hall, library, store or other suitable space that might be available in the county.

The following material is available through the committee:

1. Large placards, containing legends only.
2. Metropolitan Life Insurance placards which carry the company's name to which the committee has no objection.
3. Signs explaining certain medical terms.
4. Material used in the Hall of Man at the New York World's Fair. However, transportation and insurance rates on this are high as most of these exhibits are bulky and heavy.
5. Material from the State Department of Health and the State Department of Institutions and Agencies.

Most of the placards require stands which the county societies can supply. Sizes of the posters will be listed by the committee so that floor plans may be prepared by counties requesting the exhibits.

An inventory of all exhibits available will be made, mimeographed, and sent to the county societies.

Henry A. Davidson, M.D., Secretary.

AMERICAN PUBLIC HEALTH ASSOCIATION

The sixty-ninth annual meeting of the *American Public Health Association* was held in Detroit, Michigan, from the morning of Tuesday, October 8, 1940, until Friday afternoon, October 11. The attendance was over three thousand, consisting of workers in the several fields of public health, including medicine, sanitation, education, administration, nursing, industrial

hygiene, and many other branches. The presiding officer was Dr. Edward S. Godfrey, Health Commissioner of the State of New York.

The Medical Society of New Jersey was represented by Dr. LeRoy A. Wilkes, Executive Officer, who has been a regular attendant at the sessions, and is well known to the leaders, especially to those in child hygiene.

Special features were held by the Epidemiological Section in commemoration of its tenth year; and of the Laboratory Section on its fortieth anniversary.

A novel feature was a demonstration of a public hearing on a school health budget, with members acting as proponents and opponents of the project, in a manner that was true to life.

Much space was given to exhibits, both professional and commercial, including the newest health movie films.

The 1941 meeting will be held in Atlantic City, N. J., and will give the physicians of New Jersey an opportunity to see their co-workers in public health in action, and to receive as well as give advice in public health measures.

DECEASED PHYSICIANS — NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Irvin M. Bierman	60	Sept. 27	Newark	Same	Coronary occlusion.
William S. Collier	63	Sept. 27	Trenton	Same	Carcinoma of rectum.
Albert S. Hoheb	47	Sept. 13	Passaic	Rutherford	Chronic myocarditis.
Bartholomew M. Howley	69	Sept. 2	New Brunswick	Highland Park	Cerebral hemorrhage.
Franklin J. Keller	66	Sept. 18	Hawthorne	Same	Coronary thrombosis.
William T. Maguire	85	July 21	Bridgeton	Ocean City	Arterio sclerosis.
Theo. J. Miller	31	Sept. 4	Perth Amboy	Same	Subacute endocarditis.
Louis G. Newman	67	Sept. 9	Plainfield	Westfield	Cerebral arterio sclerosis.
John Riordan	72	Sept. 2	Rutherford	Same	Carcinoma of pancreas.
Lloyd E. Strohm	57	Sept. 28	Audubon	Same	Myocarditis.
Samuel E. Walker	86	Sept. 6	Somers Point	Same	Hypostatic pneumonia.

NUMBER OF CHILDREN REPORTED RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1940

DIPHTHERIA TOXOID

County	Total to Aug. 31	Month of Sept.	Total to Sept. 30	Average per Month
Atlantic	134	369	503	167.6
Bergen	365	113	478	159.1
Burlington	20	45	65	21.6
Camden	401	191	592	197.3
Cape May	6	5	11	3.6
Cumberland	39	8	47	15.6
Essex	2178	386	2564	854.6
Gloucester	33	12	45	15.
Hudson	271	1	272	90.6
Hunterdon	1	1	2	.6
Mercer	374	121	495	165.
Middlesex	19	15	34	11.3
Monmouth	761	38	799	266.3
Morris	71	54	125	41.6
Ocean	5	9	14	4.6
Passaic	845	466	1311	437.
Salem	26	72	98	32.6
Somerset	6	9	15	5.
Sussex	0	0	0	0
Union	644	105	749	249.6
Warren	34	5	39	13.
Totals	6233	2025	8258	2732.6

SMALLPOX VACCINE

County	Total to Aug. 31	Month of Sept.	Total to Sept. 30	Average per Month
Atlantic	79	136	215	71.6
Bergen	411	225	636	212.
Burlington	82	86	168	56.
Camden	168	132	300	100.
Cape May	7	20	27	9.
Cumberland	86	26	112	37.3
Essex	1753	502	2255	751.6
Gloucester	96	59	155	51.6
Hudson	98	1390	1488	496.
Hunterdon	8	8	16	5.3
Mercer	103	409	512	170.6
Middlesex	70	135	205	68.3
Monmouth	135	160	295	98.3
Morris	117	163	280	93.3
Ocean	4	7	11	3.6
Passaic	750	376	1126	375.3
Salem	57	136	193	64.3
Somerset	32	65	97	32.3
Sussex	3	0	3	1.
Union	187	268	455	151.6
Warren	84	70	154	51.3
Totals	4330	4373	8703	2901.

CONTACTS AND COMMENTS

A. M. A. RADIO

Doctors at Work is the title of the series of dramatized radio programs presented by the American Medical Association over WJZ every Wednesday evening at 10:30 o'clock.

The series will open November 13, 1940, and will run for thirty consecutive weeks, closing with a broadcast from the A. M. A. meeting at Cleveland, on June 3, 1941.

The programs will dramatize what modern medicine offers to the individual in the way of opportunities for better health and the more successful treatment of disease. Incidental to this main theme, there will be a presentation of the characteristics of the different fields of modern medicine and its specialties.

Doctors at Work will be broadcast from scripts by William J. Murphy, author of many previous AMA-NBC "shows" and other popular radio features. It will be produced under the direction of J. Clinton Stanley, director of *Medicine in the News*, last season's brilliantly successful A. M. A. health program. Supervision will be in the hands of the Bureau of Health Education of the A. M. A.

Program titles will be announced weekly in the Journal of the A. M. A., and monthly in The Journal of The Medical Society of New Jersey.

AUTHORS, ATTENTION!

The following notice regarding reprints of medical articles has been received from the office of the Surgeon General of the Army:

I am directed by the Surgeon General to inform you that authors' reprints are gratefully received at the Army Medical Library. They are placed in a special collection catalogued by author, and thus form a ready bibliography of the work of any given writer and a valuable supplementary source of material when the volume of original publication is temporarily unavailable at the bindery or on loan.

Editorial notice of this collection would be much appreciated.

Very respectfully,

Harold W. Jones,
Colonel, Medical Corps, U. S. Army,
Librarian.

GLOUCESTER COUNTY

The annual social meeting of the Gloucester County Medical Society is always an outstanding event of high order. The Society was formed on December 8th, 1818, in Woodbury, and was the eighth to be organized under the auspices of the State Society, in accordance with the law of 1816. Its founders had been designated by the State Society, and were as follows:

Dayton Lummis	William Hunt
Thomas Hendry	Samuel Harris
Joseph Fithian	Bowman Hendry
Lorenzo Fisher	J. I. Foster
——— Davis	Ezra Balear
——— Evins	John C. Warner
Francis Hoover	

(See first minute book of the State Society, page 178.)

It is extremely desirable that the facts concerning the lives of these founders be discovered and recorded on the pages of the State Journal.

ELECTED PRESIDENT

Dr. Harold D. Corbusier, Plainfield, N. J., was elected President of the Association of U. S. Military Surgeons at the annual meeting of the organization in Cleveland, Ohio, on October 10-12, 1940.

Dr. Corbusier is the son of an officer of the regular army,—Col. William H. Corbusier,—and was born on an Army Post in Arizona. He has been in practice in Plainfield, N. J., for thirty years as an orthopedist, but has taken part in all the Spanish-American War, the Border Rebellion, and the World War. He has been active in the Association of Military Surgeons, which publishes a monthly journal of about 100 pages on the subject of Military Medicine and those who participate in its practice. The membership of the Association is open to all physicians who have served in the U. S. Army or Navy.

THE A. M. A. BROADCAST

Listen to the Broadcast on
Doctors at Work
by the American Medical Association
over the
National Broadcasting Company
Every Wednesday at 10:30 P. M.
Eastern Standard Time

Tell your lay friends and your patients to look in the morning and afternoon newspapers each Wednesday for an annoucement of the program.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

NOVEMBER, 1940

5	Camden	14	Burlington
5	Hudson	14	Essex
8	Atlantic	14	Passaic
12	Bergen	14	Somerset
12	Cape May	15	Salem
13	Mercer	20	Middlesex
13	Ocean	21	Gloucester
13	Union	27	Monmouth

DECEMBER, 1940

3	Camden	12	Passaic
3	Hudson	12	Somerset
10	Bergen	13	Atlantic
10	Cape May	18	Middlesex
10	Cumberland	19	Gloucester
11	Mercer	19	Morris
11	Ocean	20	Salem
12	Burlington	25	Monmouth
12	Essex		

ATLANTIC COUNTY

Charles Hyman, M.D., Reporter

The regular meeting of the *Atlantic County Medical Society* was held at the Hotel Ambassador, October 18, 1940. The meeting was called to order at 9 p. m. by the President, V. Earl Johnson.

SCIENTIFIC

Dr. Henry H. Ritter, Associate Clinical Professor of Surgery, New York Post-Graduate Medical School, Columbia University, New York City, spoke on "What the General Practitioner Should Know About the Surgery of Trauma".

Dr. Ritter reviewed the history of the types of warfare in relation to the kind of injuries one now treats in war areas. The relative values of the various antiseptics were mentioned as leaving much to be desired, plenty of warm water and soap was the choice of the speaker, followed by three and a half per cent solution of iodine.

The "golden" period for wound repair was mentioned as being within six hours after the injury, when primary suture is done; but after this period primo-secondary suture is recommended. Thorough flushing with warm water and soap, and careful debridement precede suturing. Tetanus antitoxin, 1500 units, with two and a half c.c. syringe is given every injury that is suspicious of soil contamination. It is given slowly, drop by drop, and a second dose is similarly given one week later.

The last work in the treatment of burns has not been written. Dr. Ritter chooses careful debridement under anesthesia, followed by five per cent tannic acid; after which ten per cent silver nitrate is applied. The tannic acid must be fresh or there is the danger of toxic gallic acid being formed. Tannic acid must not be used about the eyes, the hand, or in encircling wounds of the extremities. In order to avoid the loss of expression as the result of facial burns the immediate use of chewing gum and facial gymnastics has been helpful.

The cardinal principles of fractures were discussed, particular mention being made of the need for assurance of good circulation of the part before fixation. Reduction must be immediate and gentle. Particular notice was taken of Colles and Potts fractures, as well as elbow and clavicle fractures, the latter being best treated with combined posterior T splint, and figure of eight of the shoulders.

The paper was opened for discussion by Dr. John S. Irvin. Drs. Allman, Boysen, Stolfo, and Johnson entered the discussion.

COMMITTEE REPORTS

Dr. Robert A. Kilduffe reported on the functioning of the Medical Preparedness Committee.

Dr. Samuel L. Salasin reported for the Committee on Public Health.

The Board of Censors favorably reported the application of Dr. J. E. Mishler, who was voted into membership.

BURLINGTON COUNTY

T. Bruce Dickson, M.D., Reporter

The regular monthly meeting of the *Burlington County Medical Society* was held in Moorestown on October 10th, with 42 members present. Drs. Elias J. Marsh, Chester I. Ulmer, and Norman M. Scott were also present, representing The Medical Society of New Jersey.

STATE SOCIETY HEADQUARTERS

Dr. Marsh, First Vice-President of the State Society, spoke on the project of acquiring a permanent site and building for its headquarters.

MEDICAL PREPAREDNESS

Dr. Harry L. Rogers, Riverton, Chairman of the County Committee on Medical Preparedness, reported on the scope of the work of the committee.

Dr. Norman M. Scott, Secretary of the State Society's Committee on Medical Preparedness, clarified some points of the committee's program, particularly the plans for meeting local medical emergencies, and the reasons for not paying local preparedness committees for their services.

THE NEW JERSEY FORMULARY

Dr. Chester I. Ulmer, Chairman of the State Committee on Pharmaceutical Relations, spoke on the objections to prescribing proprietary articles,

and the desirability of prescribing those which are listed in the New Jersey Formulary.

MEMBERSHIP

Dr. Anthony Ziccardi, of Maple Shade, was admitted to membership.

SCIENTIFIC

Dr. Harry L. Rogers, of Riverton, a member of the County Society, gave an address on "Allergy", and described some of his unusual cases.

CAMDEN COUNTY

Harold D. Barnshaw, M.D., Reporter

The regular meeting of the *Camden County Medical Society* was held in the City Dispensary Building, Camden, on October 1st, 1940, at 9 p. m., with President Robert S. Gamon presiding.

SERVICE TO THE INDIGENT

Dr. Scott, Executive Assistant of the State Society, addressed the Society on the statutes regarding municipal aid as affecting a plan for giving medical service to the indigent of the City of Camden.

SCIENTIFIC

The scientific program was a lantern-slide illustrated lecture "Broncho-Esophagology in Relation to General Medicine". delivered by Chevalier L. Jackson, M.D. This was a most interesting and enlightening talk.

MEMBERSHIP

The following doctors were elected to active membership:

Sidney Friedenberg, 2990 Alabama Rd., Camden
Michael Kraczyk, Mt. Ephraim and Everett Sts., Camden.

MEMORIAL TO DR. JENNIE SHARP

Resolutions were adopted in memory of Dr. Jennie Sharp, who died on June 21, 1940. Dr. Sharp was licensed to practice medicine in 1895. She was appointed on the Out-Patient Staff of Cooper Hospital,—the first woman to receive that recognition. During the World War she was appointed a special lecturer in venereal diseases under the training camp activities of the War Department. She was one of the founders of the Camden Branch of the Young Women's Christian Association, and was prominently identified with religious and educational activities of Camden.

CAPE MAY COUNTY

Clarence W. Way, M.D., Reporter

A regular meeting of the *Cape May County Medical Society* was held at the Bellevue Hotel, Cape May Court House, N. J., Tuesday evening, October 8th, 1940, at nine o'clock. President A. C. Crowe presided, and the following members were present: Drs. Frank Hughes, Millard Cryder, C. W. Way, Maurice Cohen, Jules Cooper, Samuel Gidding, A. C. Crowe, Paul Cameron, George Brooks, Herschel Pettit. The visitors were Colonel W. Cole Davis, Drs. Hilton Read, J. Carlisle Brown, W. P. Haines, Jr., all of Atlantic City; A. Joseph Hughes, Philadelphia, and Alexander Stuart, New York City.

MEMBERSHIP

Four applications for membership were received, and referred to the Board of Censors.

VENEREAL DISEASE

Dr. Millard Cryder, County Physician, reported on a meeting of the Venereal Disease Committee attended by the County Judge, County Prosecutor and many other prominent officials.

A resolution was adopted by this Society that all venereal cases should be reported to local boards of health for follow-up treatment.

REPORT OF A CASE

Dr. C. W. Way, Sea Isle City, N. J., presented an interesting case to the Society.

A man sixteen years ago first noted a painless swelling in his neck just below the middle of the horizontal ramus of the left jaw. The mass gradually increased in size until on July 18, 1940, it had become one-third the size of his head, occupying the whole lateral surface of the right side of the neck. The mass had become slightly painful. It had pushed the trachea and larynx one inch toward the left, and was beginning to interfere with swallowing and had given him a husky voice on talking.

Dr. William Steel operated on the patient in the Temple University Hospital, Philadelphia, on May 21, 1940.

The specimen was a thick-walled cyst lying under the sternocleidomastoid muscle, and above the deep muscles of the neck, and infiltrating between the deep muscle layers down to the transverse processes of the cervical vertebrae. It contained a thick cloudy fluid with much free caseous material. It originated from the submaxillary gland.

The facial artery and vein were ligated during the course of the removal. The patient made an uneventful recovery.

SCIENTIFIC

The feature of the evening was an illustrated lecture by J. Carlisle Brown, M.D., of Atlantic City, N. J., on "The Toxemias of Pregnancy".

His address was excellent and proved of great interest to all present.

Dr. Hilton Read, Chairman of the State Welfare Committee, assisted Dr. Brown.

A midnight supper was served at the close of the meeting.

CUMBERLAND COUNTY

E. C. Lyon, M.D., Reporter

The Fall meeting of the *Cumberland County Medical Society* was held at Ivy Manor, Tuesday, October 8th, 1940, and an able and informative address was a feature.

MEMBERSHIP

The transfer of Dr. George A. Nitshe, of Elmer, from the Salem County Medical Society to the Cumberland County Medical Society was approved.

The application for membership of Dr. Albert B. Kump was received.

STATE WELFARE COMMITTEE

Dr. M. F. Sewall gave an interesting and detailed report on the latest meeting of the State Welfare Committee. The health and past history of refugee children was discussed.

SCIENTIFIC

Dr. I. S. Ravdin, Professor of Research Surgery at the University of Pennsylvania, gave an interesting illustrated lecture on "Some Problems of Biliary Tract Surgery".

It was stated that 65 to 85 per cent of patients operated upon for gall-bladder trouble who did not have gall stones were not improved. All gall-bladder cases had an associated liver disease. It was stated that there were certain tests given to distinguish jaundice due to obstruction from that due to inflammation of the liver. He stated that tests performed before the operation gave no definite indication of what the liver function would be after the anesthesia.

The diagnosis of gall-stone presence was discussed. The selection of patients suitable for gall-bladder operation was mentioned.

The professor considered spinal anesthesia had no harmful effect on the liver, and offered good muscle relaxation. A diet given before operation of 75 per cent carbohydrate, 20 per cent protein and five per cent fat was helpful. The exact location of the operative incision for best results was described.

Professor Ravdin stated that patients not relieved by gall-bladder surgery often have liver disease, resulting from retention of bile salts. Hemorrhage of the newborn and of the jaundiced patient was a manifestation of vitamin K deficiency. He also stated that the synthetic vitamin K was more effective than the costly natural vitamin.

ESSEX COUNTY

Paul H. Hosp, M.D., Reporter

The regular monthly meeting of the *Essex County Medical Society* was held October 10th, 1940, at the Academy of Medicine, Newark. Dr. Harry N. Comando, the President, called the meeting to order promptly at 9 p.m., with a large number of members present.

SCIENTIFIC

Dr. David Danforth, Associate of Dr. Cardwell, was introduced. He brought out the facts that the knowledge of *uterine physiology* during labor was very meager. He discussed and illustrated the work of Dr. A. C. Irg of Northwestern University. (This work was carried out on monkeys.) Frozen cross-sections (sagittal) of monkeys in different stages of labor were studied macrmoscopically and microscopically.

Dr. W. E. Cardwell, Professor of Clinical Obstetrics, Columbia University, gave an illustrated talk on "The Prolonged First Stage of Labor". He brought out many practical points. For instance, he stated that the slowing of the fetal heart was no indication to put on forceps. He showed many types of pelves, indicating how they could prolong the first stage of labor.

The discussion was led by Drs. A. W. Bingham and W. Mount.

POST-GRADUATE COURSES

Essex County's post-graduate program is going forward smoothly. It is the aim of the committee to arrange throughout the coming year Refresher Courses of from six to eight weeks' duration. Here the practitioner can acquire that rejuvination which we all need ever so often to bring us up to date with the newer methods of the day.

At present there is in progress the Physio-Therapy course, given through the combined efforts of the Committee on Post-Graduate Instruction and the Physical Therapy Committee. The course consists of nine lectures and demonstrations. The fee is only five dollars for the complete course. The class will be limited to twenty. This is open to all physicians.

CONFERENCES IN PATHOLOGY

Dr. Harrison Martland's Tuesday Conferences, held in his new auditorium at the Newark City Hospital, are attended to capacity. These clinics, which are open to all physicians, are second to none. The vast amount of material which the City Hospital presents and at times the interesting cases which are added from other institutions, makes this clinic a "Well of Knowledge". The doctors who present the cases work them up to the highest point, and then Dr. Martland, in his own inimitable way, acts as master of the discussion. Lantern slides are part of the program. For the final summary Dr. Martland shows autopsy specimens on the projectoscope. It is an evening well spent.

BREAST MILK STATION

The Breast Milk Station at the Babies' Hospital-Coit Memorial is in a position to furnish that mother's milk you may need for that premature baby. Call the hospital twenty-four hours a day.

MEMBERSHIP

The following physicians were elected to membership:

The following new physicians were unanimously elected to membership:

To Active Membership—

By election:

N. H. Greenberg, 580 Lyons Ave., Irvington
Merton H. Stevens, 58 S. Maple Ave., East Orange

By transfer:

Harold Grubin, 22 Treacy St., Newark, from Washington County, Maine
Anna L. Levy, Essex House Hotel, Newark, from Luzerne County, Pa.
Sarah Emil, 1 Grumman Ave., Newark, from Wayne County, Mich.

To Associate Membership—

Nathan Adelman, 208 Remis Ave., Newark
Charles I. Binder, 175 Lafayette St., Newark
Alphonse L. Cantalino, 207 S. Harrison St., East Orange
Horace Canto, 229 Kearny Ave., Kearny
Kenneth Goodman, 141 Park Ave., East Orange
Manfred L. Gorten, 669 Elizabeth Ave., Newark
Marie Idelcowitz, 878 S. 14th St., Newark
Irving I. Lomhoff, Essex County Sanatorium, Verona
T. A. Masciocchi, 316 Park Ave., Orange
James A. Moore, 66 S. Fullerton Ave., Montclair
John J. Papera, 12 Sutton Pl., Verona
Edward D. Quinn, 323 Belleville Ave., Bloomfield
Harold Solomon, 240 Avon Ave., Newark
Arthur Sonnenberg, Essex St. Sanatorium, Verona
Herbert Steiner, 650 Stuyvesant Ave., Irvington
Jerome A. Strack, 1072 South Orange Ave., Newark
W. Austen Tansey, 54 Baltusrol Way, Short Hills
Benno B. Tunis, 5 Farley Ave., Newark
Virginia E. Wuerthele, 311 Mt. Prospect Ave., Newark

ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

Reported by Franklin J. Tobey, M.D., Secretary

The stated meeting of the *Academy of Medicine of Northern New Jersey* was held on Thursday, October 17, 1940, in coöperation with the Heart Committee of the Essex County Medical Society. President Charles M. Robbins called the meeting to order at 9 p. m.

The following physicians were elected to fellowship:

W. Kenneth Wheeler, Newark
James H. Willson, East Orange

Junior Fellow:

Roman T. Lakiszak, Jersey City

Dr. Arthur C. De Graaf, of New York University and Bellevue Hospital, the guest speaker, took for his subject "The Present Status of Digitalis Therapy". The speaker gave a history of digitalis since its discovery and dealt with the chemical composition of the drug, especially the glucosides. The paper was of great interest to the large audience.

Dr. Arthur Fishberg, of Mt. Sinai Hospital, New York, opened the discussion.

Dr. De Graff and Dr. Fishberg held a clinic in the auditorium of the Newark City Hospital in the afternoon.

The December program of the Academy is as follows:

OBSTETRICS AND GYNECOLOGY

Thursday, December 5, 1940, 8:45 P. M.

Paper: "The Mechanisms of the Anemias of Pregnancy."

Cornelius P. Rhoads, M.D., F.A.C.P., Director of Memorial Hospital for the Treatment of Cancer and Allied Diseases, New York.

EYE, EAR, NOSE AND THROAT

Monday, December 9, 1940, 8:45 P. M.

Paper: "The Clinical Significance of Hoarseness and Its Importance in Carcinoma of the Larynx."

Louis H. Clerf, M.D., F.A.C.S., Professor of Laryngology and Bronchoscopy, Jefferson Medical College of Philadelphia.

MEDICINE AND PEDIATRICS

Tuesday, December 10, 1940, 8:45 P. M.

Paper: Title and author to be announced later.

STATED MEETING

Thursday, December 19, 1940, 8:45 P. M.

In conjunction with the Essex County Dental Society.

Paper: "Cancer of the Mouth."

Douglas Quick, M.B., F.A.C.S., New York City.

GLOUCESTER COUNTY

Clarence A. Bowersox, M.D., Reporter

The annual social meeting of the *Gloucester County Medical Society* was held in the Country Club, Pitman, on the evening of October 17th, 1940, in celebration of the 122nd anniversary of founding of the society on December 8th, 1818, in Woodbury.

The meeting was attended by forty-five members, eleven physician guests, and forty-nine lady guests, —a total of 105. Every seat in the banquet hall was taken. President Henry B. Diverty, the ranking member of the society in years of service, presided.

Miss Evelyn Russell sang four beautiful solos.

The group at the Speaker's table of the Gloucester County Medical Society. From left to right the individuals are:

1. Dr. C. I. Ulmer
2. Mrs. A. J. Winebrake
3. Dr. A. J. Winebrake
4. Dr. Henry B. Diverty
5. Dr. Watson B. Morris
6. Mrs. F. G. Wandell
7. Dr. F. G. Wandell
8. Dr. Norman M. Scott

HISTORICAL GROUPS

The first number of the after-dinner program was a lantern slide exhibit of three group photographs of the members. Dr. Chester I. Ulmer, Secretary of the Society, with terse humor, explained the identity of each member of the groups as they were shown on the screen. Each group was introduced with a slide containing appropriate verses.

The first group photograph was that of twenty-six members and was taken at a meeting held on September 15th, 1898. This photograph was reproduced in The Journal of November, 1937, page 700, and in it Dr. Diverty was the youngest member. The descriptive verse introducing it read:

Tonight in photographs we show
Our pals of two score years ago.
With joy they served their fellow men;
In memory sweet they live again,
Inspiring us to carry on
The work by them so well begun.

The second portrait photograph showed Drs. Diverty and Hillegas on April 15th, 1937, when the two were honored for their attainment of fifty years of membership in the society. The descriptive verse introducing them read:

Now on the screen you all behold
Two links between the new and old.
For fifty years they peddled pills
And ministered to folkses' ills.
One short and stout, one tall and thin
Each twinkling eye and gentle grin
Reveals a kindly heart within.
One greets us from the spirit land,
The other with his heart and hand.

This slide was reproduced in The Journal of May, 1937, page 354. Dr. Hillegas died on October 8th, 1939.

The third series of photographs showed the members of the Gloucester County Medical Society who were present at the meeting held on April 15th, 1937. The group photograph was reproduced in The Journal of May, 1937, pages 356 and 357. It was introduced with the following verse:

And now upon the screen we show
How *you* appeared three years ago.
You surely were a somber lot
And fearful of the camera shot.
To Diverty just run a mile,
And learn to pose a graceful smile.

The exhibition was closed with the following reading slide:

Four generations of doctors have served
The folk of Gloucester County.
The ministering angels come and go,
But their spirits go on forever.

STATE SOCIETY GREETINGS

Dr. Watson B. Morris, Springfield, President of The Medical Society of New Jersey, expressed the felicitations of the members of the official staff of the organization.

GUEST SPEAKER

The guest speaker was Dr. A. J. Winebrake, Scranton, Pa., a classmate and intimate friend of Dr. Diverty. Dr. Winebrake entertained the society for an hour with accounts of his human experiences while practicing medicine among the coal miners of Scranton.

ABSTRACT OF THE ADDRESS OF DR. WINEBRAKE

I was born and reside in the coal region. I left school when I was twelve years old, and did not go inside one again until I entered Jefferson Medical College. I started to practice forty-one years ago in Montana. There I met a wonderful character,—Charley Russell,—who was a cowboy and painter, almost illiterate, but above all, a philosopher. "The time will come," he said, "when somebody will pass judgment on me. I don't know who he is, or where he is, or what he is, and that's why I never can see ill in anybody."

He had friends, and some were cattle thieves, but whoever they were, he treated them all in the same way. He had a card hanging outside of his studio which read:

Friends of mine,
I don't care who you are,
Or where you came from,
Or what you were.
It's not what you were,
But what you are,
And I will thank you to smoke with me.

I came back from Europe with beautiful memories of Vienna, and particularly of its gentlemanly doctors. If there is anything that upsets me, it is the thoughts of those highly trained gentlemen who were dispossessed of their medical practice, and driven out of their homes because they happened to be of a different race.

My wife and I spent a beautiful day in a London hospital, and only a day or two ago a bomb was dropped on it. This makes us think. We must be prepared. Nobody is going to come into my house and rob me if I have a shotgun there, waiting for

him, or if I have a burglar alarm all set up and ready. This country must be prepared.

Just before the depression I had a few thousand dollars laid by for a trip through Europe with my wife, and a doctor friend tried to interest me in a new bank. He said, "If you put that in bank stock you can get in on the ground floor, and soon you will be sitting on top of the world." But my wife persuaded me to take her to Europe where we spent the money on a long trip, and which included some of the medical clinics, and had the time of our lives. But my friend invested his money in the bank stock, and the bank blew up, and he not only lost his money but had to pay as much more as an assessment on his stock.

One thing Charley Russell used to say was, "I can learn more knowledge and philosophy from an old Indian than the wisest white man I ever met," and there's a lot of truth in those keen observers.

When Dr. Diverty invited me to address you, he impressed it upon me to give the case histories of some of my interesting patients.

Case 1.—When I started to practice medicine an old Irishman came to me one night. "My wife thinks she is having a baby; and three hours ago she sent me to get a doctor. You had better come along and help me out." So I went home with him and his wife called out, "Where have you been? Here I am dying!"

"I was looking for old Dr. Haggery, and could not find him. He's dead, so I have brought you this nice doctor."

"No, he looks more like a boy than a doctor to me. I won't have him." But she had to have me. It wasn't long before it was all over. When I got through and she was feeling all right, I asked her, "What difference did you notice between me and Dr. Haggerty? You had him with all your children."

"Well," she said, "the only thing I noticed was that he washed his hands after he got through, and you washed yours before you started."

My mother was a midwife, and helped many thousand babies into the world. She believed there was too much medical intereference and that having a baby was a normal physiological event if left alone. But today we have gotten to the point where having a baby is a surgical procedure.

I had been practicing quite a while and I didn't have a pair of forceps. When I finally did get them I could not get a chance to use them, for my practice was among the foreign coal miners. I was called early one evening to an Itallan woman in labor, and stuck around until three o'clock in the morning, when the husband said, "Are you going to let my wife die? If you have brought the hooks, bring them up." So I had the husband give the woman a little anesthetic, and had the baby born in no time. I got ten dollars for a normal case, but I got five more for using the forceps.

The next morning I called at the house and the man had a white apron tucked under his collar and said, "I am fixing for the woman a man chicken soup. The baby so fine, that's why I make man chicken soup for the woman." The feathers showed the chicken to be a rooster.

There was much more to Dr. Winebrake's address; but these samples will recall the experiences —human and humorous—of every physician in Gloucester County.

HUDSON COUNTY

John N. Connell, M.D., Reporter

The regular monthly meeting of the *Hudson County Medical Society* was held on Tuesday, October 1st, 1940, at the Union Club, Hoboken, New Jersey. The meeting was called to order by the President, Dr. George Ginsberg, at 9:35 p. m.

COMMUNICATION

The following communication was received from the Honorable Bernard N. McFeely, Mayor of the City of Hoboken:

"For the first time in its history, the Hudson County Medical Society is meeting in Hoboken. It affords me great pleasure to welcome you to our city. We feel honored by the presence of so many eminent members of the medical profession, and I desire to assure you of my cordial coöperation in making your meeting here a professional and social success."

DEATHS

It was announced that Drs. D. S. Hardenberg, and Grant P. Curtis had passed away. The members stood in silence for a minute in their honor.

President Ginsberg introduced Dr. Watson B. Morris, President of The Medical Society of New Jersey. Dr. Morris briefly sketched the tentative plans that have been made for the Clinical Conference which will be held in Essex County the 27th and 28th of November. The theme of the Conference is the *General Practitioner.*

The Board of Trustees of the State Society have requested Dr. Morris to call a special meeting of the House of Delegates to acquaint the Delegates with the numerous activities that are now going on.

The question of a permanent home for The Medical Society of New Jersey will also be brought before the House of Delegates; and if the Delegates approve the project, a suitable piece of property will be sought.

MEDICAL SERVICE PLAN

President G. Ginsberg: "At the last Executive Committee meeting we had Dr. Elton W. Lance, Chairman of the Board of Governors of the Medical Service Administration, which is sponsored by The Medical Society of New Jersey, explain to us the workings of the Medical Service Plan which is printed in the October issue of the Bulletin. He suggested that we have a special meeting of the Society called to discuss this plan."

Dr. W. Shapiro: "Here is something concrete that the State Society has done for the members, and I think it is up to us who are interested to get this across to the members of the Society."

Dr. Shapiro moved that a special meeting be called for the special purpose of presenting this plan to the Hudson County Medical Society. Seconded by Dr. T. J. Schuck, and adopted.

MEDICAL PREPAREDNESS COMMITTEE

President Ginsberg has appointed the following men to serve on the Medical Preparedness Committee of Hudson County:

Samuel A. Cosgrove — Lucius F. Donohoe
J. Lawrence Evans — James F. Norton
Joseph F. Londrigan

COMMITTEE ON CANCER

President Ginsberg has appointed the following committee to serve as an Advisory Committee to the Women's Field Army for the American Society for the Control of Cancer:

Claudio E. McNenney, Chairman

George B. Spath — Frank Pearlstein
George Piltz — William T. Callery
A. J. Walscheid — Emil H. Grieco
Joseph A. Angelo — R. L. Ballinger
Theo. H. Elsasser

MEMBERSHIP

Eleven physicians were proposed for membership.

The following physicians were elected to membership:

Anthony J. Balsamo, 212 8th St., West New York
Herbert Kainer, 851 E. Boulevard, Weehawken
Ralph A. Ruffer, 286 West St., Union City

Dr. Harry Hauptmann, 88 Sherman Place, Jersey City, was accepted by transfer from the St. Louis Medical Society.

SCIENTIFIC

Dr. Robert E. Buckley, Surgeon Director, Manhattan Eye, Ear, and Throat Hospital, New York, and Consulting Otolaryngologist at Roosevelt Hospital, New York, gave an address on the "Removal of Larynx for Carcinoma", and illustrated his talk with colored film. Discussors: Drs. A. J. Conty and H. J. Perlberg. Discussion terminated by Dr. Buckley.

MERCER COUNTY

A. Dunbar Hutchinson, M.D., Reporter

The *Mercer County Medical Society* held its regular monthly meeting in the Carteret Club, Trenton, N. J., on the evening of October 9th, with the President, Elmer J. Elias, presiding.

COMMITTEE REPORTS

The Executive Committee made a detailed report of its activities, and especially recommended that the society coöperate with the State Public Relations Committee in regard to having a medical exhibit in the county; and in establishing a plan for the medical and hospital care of the poor.

The Executive Committee also recommended that the Program Committee submit a concrete plan for conducting the business sessions of the society.

Dr. Watts, of the Public Relations Committee, reported on the activities of the Speakers' Bureau, and urged the members to support it more heartily.

NEW MEMBERS

Dr. Daniel Bergsma was elected to associate membership; and Dr. Samuel J. Lloyd was received as an active member on transfer from the Minnesota Medical Society.

Eleven applications for membership were received.

BANQUET COMMITTEE

The Program Committee was authorized to make arrangements for the annual banquet of the society to be held on November 11.

MILITARY SERVICE

On motion, the society voted to remit the dues of those members called to military service, and also to pay the State dues of those members from the County Society treasury.

SCIENTIFIC

Dr. Leon Schwartz, University of Pennsylvania, described the action of sulfapyridine in pneumonia.

Dr. Wollston of the Lederle Company gave a short address on the value of serums in the treatment of pneumonia.

MIDDLESEX COUNTY

J. J. Jablonski, M.D., Reporter

The October meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, N. J., Wednesday evening, October 16, 1940. President B. F. Slobodien presided.

MEMBERSHIP

Dr. Benjamin Rubin, South River, N. J., was elected to regular membership.

The following associate members were elected to regular membership:

Joseph Lang, Perth Amboy
Sidney Tucker, Perth Amboy
H. T. Weiner, Perth Amboy
V. J. Fazio, South Amboy

The following physicians were elected to associate membership:

Thomas F. McLaughlin, Metuchen
Nicholas M. Gorog, New Brunswick

SCIENTIFIC

Dr. Frank C. Henry Jr., of Perth Amboy, N. J., inaugurated the local county scientific speaker program as advised by Dr. Elias J. Marsh, Vice-President of The Medical Society of New Jersey. Dr. Henry's subject was "Projection Microscope Demonstration of the Action of the Ultra-Violet Light on Bacteria". Dr. Henry used a projection microscope in demonstrating the good effects of ultraviolet light on bacteria in an ordinary operating room.

Dr. Herbert R. Edwards, Director of the Bureau of Tuberculosis, Department of Health of New York City, spoke on "Mass Surveys in Case Findings". His surveys included 275,000 persons in the Harlem and Brooklyn sections, among whom 70 per cent showed minimal infection, and 2.2 per cent showed moderately advanced tuberculosis. He advised more aggressiveness in the battle against tuberculosis, with more fluoroscopies and radiographs.

A lively discussion followed, during which interesting points were brought forth—especially the fact that frequent x-rays of children for follow-up after positive T. B. reactions is not necessary in view of the above mass surveys.

MEDICAL PREPAREDNESS COMMITTEE

Dr. John H. Rowland, reported for the Medical Preparedness Committee, requesting all members to answer and return their A. M. A. questionnaire. He also stated that a special questionnaire for this county will be sent to each member asking for some service toward the Medical Preparedness program. This will be presented at the November meeting.

LISTING LICENSED OSTEOPATHS

A letter was received from Dr. Hallinger, Secretary of the New Jersey State Board of Medical Examiners, asking the coöperation in checking over its listings of licensed osteopathic and medical physicians in the telephone directory.

COÖPERATION WITH ESSEX COUNTY

A letter was received from the Essex County Medical Society asking that a copy about lectures and demonstrations of medical interest that are given in our county from time to time be sent for publication in the Bulletin of the Essex County Medical Society. It was voted that the request be granted.

MONMOUTH COUNTY

Murray Woronoff, M.D., Reporter

The regular meeting of the *Monmouth County Medical Society* was held at the Garfield-Grant Hotel at Long Branch, on Wednesday, October 23rd, 1940, at 9:00 p. m.

SCIENTIFIC

The speaker was Dr. Hamson Fitzgerald Flippin, Associate Professor of Medicine, University of Pennsylvania, who spoke on the subject chemotherapy. Some of the highlights of his talk were as follows:

1. An analysis of 2,000 pneumonia cases at the University of Pennsylvania Hospital treated with and by chemotherapy without serum gave a mortality of 7.3 per cent instead of 25-30 per cent.
2. Sulfathiozole is being used by the hospital instead of sulfapyriidne, with fewer upsets and better results.
3. Blood levels of five milligrams per cent give satisfactory results in most cases.
4. For the average adult, use three grams initially; repeat in four hours and then give one gram every four hours.
5. The average duration of therapy is five days.
6. With sulfathiozole, maintain the urine output at 1200 c.c. This lessens crystallization in the kidney, and helps to prevent kidney damage.
7. Sodium sulfathiozole is the soluble product for use intravenously.
8. Alkalies are optional, but not essential.

stead of sulfapyridine, with fewer upsets and better

10. Good nursing is very important.
11. There is no medicinal incompatibility with sulfathiazole.

MORRIS COUNTY

F. Clyde Bowers, M.D., Reporter

The first regular meeting of the *Morris County Medical Society* for the present year was held at Greystone Park, on the evening of October 17th, 1940, with our President, Dr. Gibb, presiding.

MEDICAL DEFENSE

A short business meeting was held during which medical defense was discussed. Several of the men had neglected to return their questionnaires to the A. M. A., and they were urged to do so immediately. The society sent a recommendation to the Board of Trustees of the State Society suggesting that members be relieved of paying dues while in military service.

OFFICIAL VISITORS

Dr. LeRoy Wilkes, the Executive Secretary of the State Society, spoke on the functions and the history of the State Medical Society of New Jersey. The First Vice-President, Dr. Elias J. Marsh, brought greetings from our State President, Dr. Watson B. Morris, urging us to attend the Fall Clinical Conference in Newark. He also spoke of a probable ad interim meeting of the House of Delegates to be held at the same time.

SCIENTIFIC

The scientific speaker of the evening was Dr. Norman Plummer, Assistant Physician at New York Hospital. This is the second time in as many years that the society has had the pleasure of listening to Dr. Plummer speak upon the newer aspects in the treatment of pneumonia. It was an excellent follow-up on last year's lecture, since the new drug sulfathiazole has been introduced and used to a great extent since then. The complications of treatment were particularly stressed. Many questions, and a long discussion followed the lecture.

After the session, a luncheon was served in the cafeteria.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held on October 10, 1940, at 9:00 p. m., at School No. 13, Paterson, President F. W. Ash presiding.

MEMBERSHIP

One application for active membership and four for associate membership were received. Dr. Joseph P. Connolly, Paterson, was elected to active membership.

Dr. Ash presented a report from the Medical Preparedness Committee, of which Dr. J. C. McCoy is chairman, and pointed out that a Field Unit had been organized. This unit is comprised of twenty-five physicians who will be on call for any catastrophe and will arrange for first-aid. Extra beds

had been made available in all the hospitals for any emergencies, and transportation will be provided for such emergency to take the cases to the hospital.

He reported further that the committee had selected a panel of physicians for the Draft Boards, the Advisory Board, and the Induction Board. These physicians will function for the registration and induction of soldiers under the Selective Service Act. The men had not been notified because the final approval had not been received. Further details will be found in the State Medical Journal.

CONTRACT PRACTICE IN PEDIATRICS

This problem had been referred to the Committee on Child Health in the Spring; and its report had been approved by the Welfare Council, and was now referred to the Society as a whole for approval. The report, which was passed, was as follows:

"The Committee on Child Health considers any arrangement made between a physician and an individual to furnish unlimited medical care to children for a fixed annual fee, as contract practice, and as such, condemns it as contrary to the Principles of Medical Ethics of the American Medical Association and the By-Laws of the Passaic County Medical Society.

"This same condemnation applies to an arrangement to furnish a limited amount of medical service at a fixed fee lower than the usual fee charged by physicians in the community.

"The committee condemns, also, the practice indulged in by some obstetricians of including within their obstetric fee the medical care of infants which they deliver beyond the time when the mother is discharged from their care."

CONSTITUTION AND BY-LAWS

A proposed amendment to the Constitution and By-Laws to create possibilities of membership in the Medical Society for graduates of medical schools not recognized by the American Medical Association was submitted to the society, but it was not approved.

MEMORIAL RESOLUTIONS

The society adopted resolutions to the memories of Drs. F. J. Keller and W. A. O'Brien, whose obituaries were printed in the October Journal, page 522.

SCIENTIFIC

The scientific session was addressed by Dr. Samuel Cosgrove, Attending Obstetrician, Margaret Hague Maternity Hospital, who spoke on "Prolonged Labor". He brought out very interesting points. In a review of 500 cases in which there was a delay in the time of labor, one-third of the cases had delivered spontaneously,—the rest needed artificial help. He spoke of the various factors which were interrelated in prolonged labor, such as uterine power, and the size and position of the fetus. X-ray findings did not give much information because they do not determine the power of the uterus and do not replace physical findings. The cervix per se never caused arrested labor. He showed many lantern slides with more detailed analysis of the cases.

The second speaker was Dr. James F. Norton, Attending Obstetrician, Margaret Hague Maternity Hospital, who spoke on "Hemorrhagic Conditions of Pregnancy, Labor, and Puerperium as Emergencies". His was an excellent paper in which he discussed the different types of bleeding, such as abruptio placenta, placenta previa, rupture of the uterus, and hemorrhage in this third stage. He emphasized the need that all these patients should be typed early, and donors be ready for immediate blood transfusions.

Discussions of the papers was carried on by Drs. Sullivan, Shulman, and Nye.

A large audience was present, including many nurses from nearby hospitals.

SALEM COUNTY

L. C. Hummel, M.D., Reporter

The first meeting of the *Salem County Medical Society* for the year 1940-41 was held at the Salem Tea Room, Salem, N. J., October 18th, with President W. S. Davison presiding.

FINANCIAL

The Treasurer's report for the last year showed receipts of $793.36, and expenditures of $710.00, leaving a balance of $83.36.

APPROVAL OF FILM

The film "Bobby Goes to School" was sanctioned for display in our county.

FARM SECURITY ADMINISTRATION

The committee appointed to investigate the program submitted by the Farm Security Administration, for medical care to the low-wage group, reported favorably, and their recommendation was adopted by the society.

VISIT OF FIRST VICE-PRESIDENT MARSH

Dr. E. J. Marsh was our guest, and spoke to us on a few points the State Society hopes to make this year regarding its program and organization.

We were pleased to have Dr. C. I. Ulmer, our Councilor, present. He gave some helpful advice concerning the application of newly licensed osteopaths to become members of our society.

SCIENTIFIC

Dr. Hynes, head of the Carpenter Memorial Cancer Clinic of Wilmington, Delaware, gave an interesting talk on early diagnosis of cancer, and suggested that we keep the suspicion of cancer always in mind, as it has become the second greatest killer of our time.

Following the scientific session dinner was served in the Tea Room.

UNION COUNTY

C. C. Carpenter, M.D., Reporter

A meeting of the *Union County Medical Society* was held in the Canoe Brook Country Club, Summit, on September 25, instead of September 11, the scheduled date. A program of outdoor sports could not be carried out on accuont of a severe storm, but a social supper at 7:30 o'clock was attended by 104 members.

A formal session was held at 9:30 o'clock, with Dr. George Knauer, President, presiding.

CANCER CONTROL

Dr. W. O. Wuester, reporting for the Cancer Committee, recommended the establishment of a branch of the Woman's Field Army. There was considerable discussion regarding the scope of a county organization as compared with that of the State. The society voted to develop a plan of action and submit it to the State committee for its opinion and advice.

TUBERCULOSIS

Dr. J. G. Boyes, Plainfield, gave the following report of the Committee on Tuberculosis Case-Finding in High Schools:

In order to maintain a high standard of tuberculosis control, the committee, in coöperation with the Union County Tuberculosis League, Inc., is of the opinion that:

1. The skin tests for tuberculosis should be administered by a qualified physician.
2. If the patch test is used:
   a. It should be administered by a physician and removed and read by a physician, and should be applied, removed and read at 48-hour intervals.
   b. No pupil should remove the patch.
3. If the Mantoux test is used, the test should be given by a qualified physician and read by a qualified physician, that,
4. The skin test is essential to a case-finding program in tuberculosis, and should be included with the x-rays. X-rays without the test should not be given, that,
5. The paper film, at 75 cents a plate, is a highly satisfactory method for mass X-raying of tuberculosis, that,
6. The X-rays should be read and interpreted by a qualified roentgenologist and tuberculosis specialist in Union County.

The State Radiological Society has set the fee of fifty cents per plate for interpretation.

JOHN E. RUNNELLS, M.D., Pres.

The questions of patch-testing fees, and the type of X-ray methods which should be used were freely discussed, and on Dr. Walsh's motion the society accepted the Joint Committee's report—with the understanding that there might be a variation in fee schedule at the discretion of the committee.

MEMBERSHIP

Dr. Paul McAlpine, Summit, was accepted as a member on transfer from the New York County Medical Society; and Dr. M. H. Kibbe was accepted by transfer from the Society of Somerset County. N. J.

Ten applications for membership were received.

WOMAN'S AUXILIARY

MRS. ASHUR YAGUDA, Chairman, Press and Publicity Committee

FALL MEETING

The first Fall meeting of the *Woman's Auxiliary to The Medical Society of New Jersey* was held October 14, 1940, at the North Jersey Country Club, Paterson, N. J. This was the largest ever held by the organization, the attendance numbering eighty-one.

A business meeting was conducted by Mrs. Richard J. MacDonald, President.

The principal speaker at a luncheon meeting was Dr. Watson B. Morris, President of The Medical Society of New Jersey, who spoke on the opportunities of the Auxiliary.

Greetings were given by Dr. Andrew F. McBride, Consultant to the Advisory Committee of the State Auxiliary; and by Dr. Frank W. Ash, President of the Medical Society of Passaic County.

NATIONAL BULLETIN

A well-informed County Auxiliary is one in which each individual member is cognizant of the activities of the Auxiliaries of the nation. Certainly the best vehicle of this information is The Bulletin, the publication of the National Woman's Auxiliary. This publication, in its new enlarged form, is issued quarterly, and contains news both social and legislative. The current issue has the inaugural address of Mrs. V. E. Holcombe, National President, and is inspiring as well as instructive. It contains, also, special articles on program, public relations, organization, and legislation by the national chairmen of these committees.

Keep abreast of the news of your organization by subscribing to The Bulletin.

Atlantic County

Reported by Mrs. Matthew Molitch, Chairman

The regular meeting of the *Woman's Auxiliary to the Atlantic County Medical Society* was held on Friday, October 18th, 1940, with Mrs. Anthony G. Merendino presiding, and seventeen members present.

Reports were received from the Program Chairman, Mrs. Carl Surran, who announced the program for the entire year; from the Membership Chairman, Mrs. V. Earl Johnson; and from the Entertainment Chairman, Mrs. Harry Subin.

Mr. Frank McBroom spoke on the "Community Chest".

Music and recitations followed the address.

Burlington County

Reported by Mrs. Camille C. Hartman, Publicity Chairman

The *Woman's Auxiliary to the Burlington County Medical Society* held its regular meeting on October 7th, 1940, at the Medford Lake Log Cabin. Dinner was served at 7 o'clock, followed by a short business meeting. Our President, Mrs. Louis Viteri, presided.

Each of the past presidents of the Auxiliary was presented with a lovely corsage. Our very capable Elizabeth McDonnel, acting as toastmistress, had written appropriate verses for each.

The custom of presenting a Past President's Pin to each on the expiration of her office was started in 1933, so those who had served previous to that time were honored by receiving the pin,—Mrs. R. I. Downs, Mrs. R. Haldeman, and Mrs. Luther Hartman.

Our organization was begun through the efforts of Mrs. E. R. Mulford in 1926. The following have served as Presidents in regular order:

Mrs. D. F. Remer, Mt. Holly
Mrs. R. I. Downs, Riverside
Mrs. R. E. Haldeman, Mt. Holly, 2 years
Mrs. L. M. Hartman, Maple Shade, 3 years
Mrs. G. E. McDonnel, Mt. Holly, 2 years
Mrs. H. Hornberger, Roebling
Mrs. Dean LeFavor, Palmyra, 2 years
Mrs. C. P. Hogan, Burlington
Mrs. W. C. Wells, Delanco

We all enjoyed moving pictures shown by Mrs. Bray, Mrs. Davis, and Mrs. Viteri, taken from the cotton fields in the South, to the seacoast of Maine

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Camden County

Reported by Mrs. E. R. Hirst

The regular meeting of the *Woman's Auxiliary to the Camden County Medical Society* was held on Tuesday afternoon, October 8th, 1940, at the home of the President, Mrs. L. L. Glover. There were forty members and guests present.

Routine reports were received from the officers and chairmen.

Mrs. O. R. Carlander, Public Relations Chairman, announced that a Public Relations Meeting will be held on March 25th, 1941.

The Corresponding Secretary read three letters of appreciation from organizations to whom donations were given last Spring.

Mrs. R. F. Gamon, Program Chairman, presented as the guest speaker Harry F. Roye, of Haddonfield, a member of the New Jersey State Legislature, who talked on the subject "Children of Today in the World of Tomorrow".

The Hospitality Committee arranged for the tea that followed the interesting program.

Essex County

Mrs. Frank S. Forte, Chairman of Publicity

The *Woman's Auxiliary to the Essex County Medical Society* opened the season with a luncheon meeting at L. Bamberger & Co., Newark, on Monday, October 28th, with an attendance of seventy members. Mrs. J. Irving Fort, President, presided.

Mrs. William Donahue, Public Relations Chairman, called for volunteers to work at the City Hospital, Beth Israel, St. Barnabas, Orange Memorial Hospitals, and the Academy of Medicine, registering visiting doctors at the Fall Clinical Conference, to be held on November 27th and 28th.

Mrs. Clymont McArthur, Membership Chairman, reported three new members:

Mrs. Arthur D'Alessandro, Newark
Mrs. Benjamin Saslow, Newark
Mrs. George Sims, Lyndhurst

Gloucester County

Reported by Mrs. Clarence A. Bowersox, Chairman Public Relations Committee

The *Woman's Auxiliary to the Gloucester County Medical Society* held their covered-dish luncheon at the home of Mrs. Ralph Moore on Friday, October 11th, 1940.

Following the luncheon a business meeting was held with the President, Mrs. Paul M. Pegau, presiding. There were twenty-two members and guests present.

Hudson County

Reported by Mrs. Sydney Chayes, Publicity Chairman

The *Woman's Auxiliary to the Hudson County Medical Society* opened its season's activities October 8th, 1940, at the Young Women's Christian Association, Jersey City, N. J. A Board meeting was held in the morning and plans for the year's work and social activities were discussed. This was followed by lunch and bridge in the afternoon.

Miss Sadie James, Executive Director of the Jersey City American Red Cross, spoke of the many activities carried on by the Chapter, and appealed for the coöperation of the members. The afternoon was spent playing cards. Mrs. Aloysius Reiman and Mrs. Samuel Scott were co-chairmen of the day, assisted by Mrs. Peter Maras, Mrs. Edward Murphy, Mrs. John Madaras.

The speaker for the November meeting will be Miss Clarissa Collins, author, lecturer, and collector. Miss Collins will speak on "Fascinating Mexico" from her book "Mexican Vignettes".

BOOKS RECEIVED FOR REVIEW

Modern Dermatology and Syphilology. By S. William Becker and Maximillian E. Obermayer. Pp. 871, illus. Philadelphia, J. B. Lippincott Co. 1940. $12.00.

Bone Graft Surgery in Disease, Injury and Deformity. By Fred H. Albee, assisted by Alexander Kushner. Pp. 403. New York, D. Appleton-Century Co. 1940.

Office Urology, with a section on Cystoscopy. By P. S. Pelouze. Pp. 766. Philadelphia, W. B. Saunders Co. 1940. $10.00.

Practice of Medicine. By Jonathan Campbell Meakins. 3d ed. Pp. 1430. St. Luois, C. V. Mosby Co. 1940. $10.00.

Methods for Diagnostic Bacteriology; a complete guide for the isolation and identification of pathogenic bacteria for medical bacteriological laboratories. By Isabelle G. Schaub and M. Kathleen Foley. Pp. 313. St. Louis, C. V. Mosby Co. 1940. $3.00.

1940 Year Book of Public Health. Ed. by J. C. Geiger. Pp. 560. Chicago, Year Book Publishers. 1940.

Obstetrics in General Practice. By J. P. Greenhill. Pp. 448. Chicago, Year Book Publishers. 1940.

Vitamin Therapy in General Practice. By Edgar S. Gordon and Elmer L. Sevringhaus. Pp. 258. Chicago, Year Book Publishers. 1940.

Handbook of Hearing Aids. By A. F. Niemoeller. Pp. 156. New York, Harvest House. 1940. $3.00.

Complete Guide for the Deafened. By A. F. Niemoeller. Pp. 256. New York, Harvest House. 1940. $3.00.

BOOK REVIEWS

Essentials of the Diagnostic Examination. By John B. Youmans, M.D., B.A., M.S., Associate Professor of Medicine and Director of Postgraduate Instruction, Vanderbilt University Medical School. New York, The Commonwealth Fund, London-Humphrey Milford-Oxford University Press. 1940. Price $3.00.

The development of orderly method and habits for obtaining histories and examining patients is obvious, and for that reason it has to be continually stressed. It is the obvious that we are the most likely to overlook.

Although much has been written on the subject, Dr. Youman's book contributes something of real value, particularly to the new practitioner. It is a brief and informative outline, full of helpful notes on the interpretation of physical signs.

The general practitioner will find Part II a splendid working guide for setting up a small, well-equipped, reasonably priced laboratory for carrying out the various tests and for their interpretation.

C. Abbott Beling.

Modern Urology for Nurses. By Sheila Maureen Dwyer, R.N., Instructor in Urological Nursing, College of Physicians and Surgeons, Columbia University, and George W. Fish, M.D., Associate Professor of Urology, College of Physicians and Surgeons, Columbia University. Pp. 290. Philadelphia, Lea & Febiger. 1940. $3.25.

This is an excellent textbook for graduate nurses. There are careful, thorough descriptions of the examinations and operative procedures. The value of these descriptions is increased by the abundant number of illustrations, diagrams, and outlines throughout the book. The explanation of the mechanical suction aparatus is particularly useful. Mechanical devices do complicate the work of nurses greatly unless they thoroughly understand them.

The nursing care is emphasized throughout with pertinent suggestions that should leave no question as to what the nurse can do for the patients on this service.

The teaching program is a welcome addition to a book of this type. This chapter could well have been augmented by a list of references. It is significant that the ward teaching has been given space, brief as it is.

The mechanical make-up of the book is good. It is clear, and easy to read. The table of contents and the index are complete.

Gynecological and Obstetrical Pathology, with Clinical and Endocrine Relations. By Emil Novak. Pp. 496. Philadelphia, W. B. Saunders Co. 1940. $7.50.

The character of this book is well expressed by the author in the preface by the following sentence: "It can truhtfully be said that this book was written out of the fullness of my heart; for it has been based chiefly on my own work during the past quarter century or so in the Laboratory of Gynecological Pathology of the Johns Hopkins Hospital."

The book presents the problem of obstetrical and gynecological pathology in a most distinctive and comprehensive manner. The text is well written, carefully organized, and based upon extensive clinical experience. There is a complete description of the congenital, functional, inflammatory, neoplastic, and degenerative diseases of the female generative organs.

The author discusses the hormonal relationship to the various anatomical changes in the female reproductive system; and because of the current interest in this field, the histological cycles of the vagina, cervix, endometrium, and tubular epithelium, are presented in great detail. The endometrial changes are especially emphasized, and Dr. Novak describes how they are closely related to various functional menstrual disorders.

The chapters on the pathology of the ovary are interesting and instructive. The author discusses the histogenesis, clinical characteristics, and pathology of all possible ovarian conditions. Much space is devoted to tumors of the ovary, including the masculinizing (arrhenoblastomas) and the feminizing (granulosa cell and theca cell) tumors. There is a good chapter by Dr. L. M. Hellman on the abnormalities and diseases of the placenta and appendages.

The illustrations are a special feature of the book. Each chapter has its own bibliography which includes references to publications as recent as 1939.

The book can be highly recommended as a comprehensive reference for the practicing physician, the pathologist, and the specialist in obstetrics and gynecology.

Edwin H. Albano,
A. W. Bingham.

Neoplastic Diseases; a Treatise on Tumors. By James Ewing. 4th ed. Pp. 1160. Philadelphia, W. B. Saunders Co. 1940. $14.00.

This enlargement and revision of the third edition of an already famous work deserves the highest approval and careful study. The history of neoplastic diseases is briefly covered, and further study made possible through a very complete historical bibliography on the subject. The chapter on experimental cancer research leaves little to tell that is not known in the field at this time. The chemistry of tumors is well covered. The reviewer is rather surprised at the large number of Wassermann reactions reported in the writer's cancer cases, where no clinical signs of syphilis have been present.

Those who are particularly interested in cancer will always keep the chapters of this book in mind. Those interested in the pathology of tumors, both benign and malignant, who want to give their patients the best that is in them can safely rely on the opinions expressed by this renowned author. No laboratory or medical library should be without this work.

Edward J. Ill.

Dr. Colwell's Daily Log for Physicians, a blank book for the financial record of the physician's daily business with monthly summaries. Pp. about 450. Price $6.00. Colwell Publishing Co., Champaign, Illinois.

This is a loose-leaf book, printed on paper of a good quality. The leaves measure 8 x 9½ inches, and are bound in removable covers. Refills and additional sheets may be obtained from the publishers.

The essential features of the book are:

1. A daily record page of 37 lines, for the routine visits of patients.
2. A monthly summary of business done.
3. A monthly itemized expense sheet.
4. Monthly personal account.
5. Narcotics dispensed.
6. Social security tax.

The book is well adapted to the needs of a physician, whether he employs an office clerk or keeps his own records.

Psychiatry for Nurses. By Louis J. Karnosh, M.D., and Edith B. Gage, R.N. Pp. 327. Price $2.75. St. Louis, C. V. Mosby Co. 1940.

At the outset Dr. Karnosh promises an introduction to psychiatry that will place the emphasis on the basic elements of the science. The historical review reads like an epic poem in tracing the former degradation, and the present nobility of practice in the care of the insane.

Hereditary factors are discussed with a concise statement of the accepted facts, and the various mental diseases are classified and described.

Of particular interest to the nurse is the chapter on the examination of the mental patient, based on the psycho-biological method of recognizing the nature of the illness. Each of the common mental diseases is discussed, feeble-mindedness is explained and there is a very simple exposition of the methods of determining the mental age and intelligence quotient of the individual. The use of the behavior chart with a description of the methods of observing the patient to obtain the information is absorbing.

Fittingly the book closes with a chapter on mental hygiene, with its appeal and challenge to all interested in the care of the mentally afflicted.

Mary V. Barrett, B.A., R.N.,
Instructor, Essex County
Hospital, Cedar Grove, N. J.

Electrocardiographic Patterns, Their Diagnostic and Clinical Significance. By Arlie R. Barnes. Pp. 197. Price $5.00. Springfield, Illinois, Charles C. Thomas. 1940.

The first years of the development of the science of electrocardiography were occupied with the study of the various arrhythmias which were clearly demonstrated by the aid of the newly acquired instrument of precision. With the development of the newer concepts of myocardial integrity, so admirably advanced by that rare clinician, Mackenzie, new visits of cardiovascular research were unfolded and the true use and value of the electrocardiograph came into its own. The vastly more important features of graphic changes that take place in coronary insufficiency, infarctions, and myocardial degeneration, were carefully studied, and mutely delineated, so that today, electrocardiography is one of the few almost perfect sciences in the field of medicine.

Dr. Barnes' book is a happy culmination of all these advances. The book is small, yet complete; the illustrations are chosen with care and beautifully executed; the text is clear and the bibliography adequate. Altogether this monograph is a welcome and much-needed addition to our rapidly expanding American medical literature. This work will appeal not only to the cardiologist, who will find it indispensable, but also to the physician who wants to keep up with modern trends in all fields of his profession.

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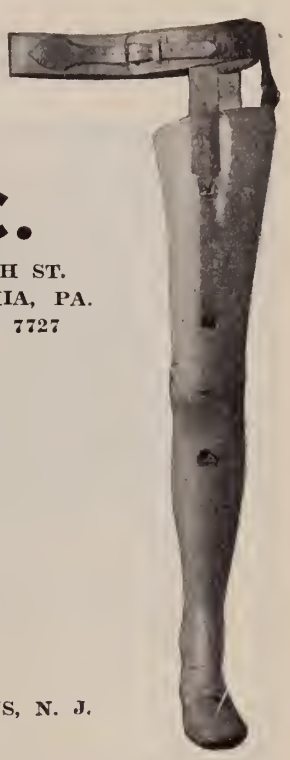

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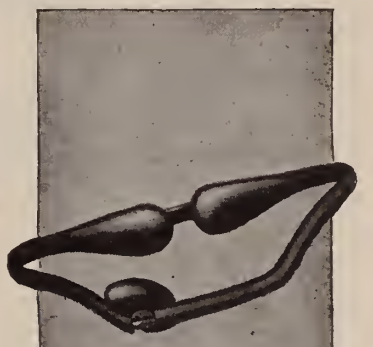

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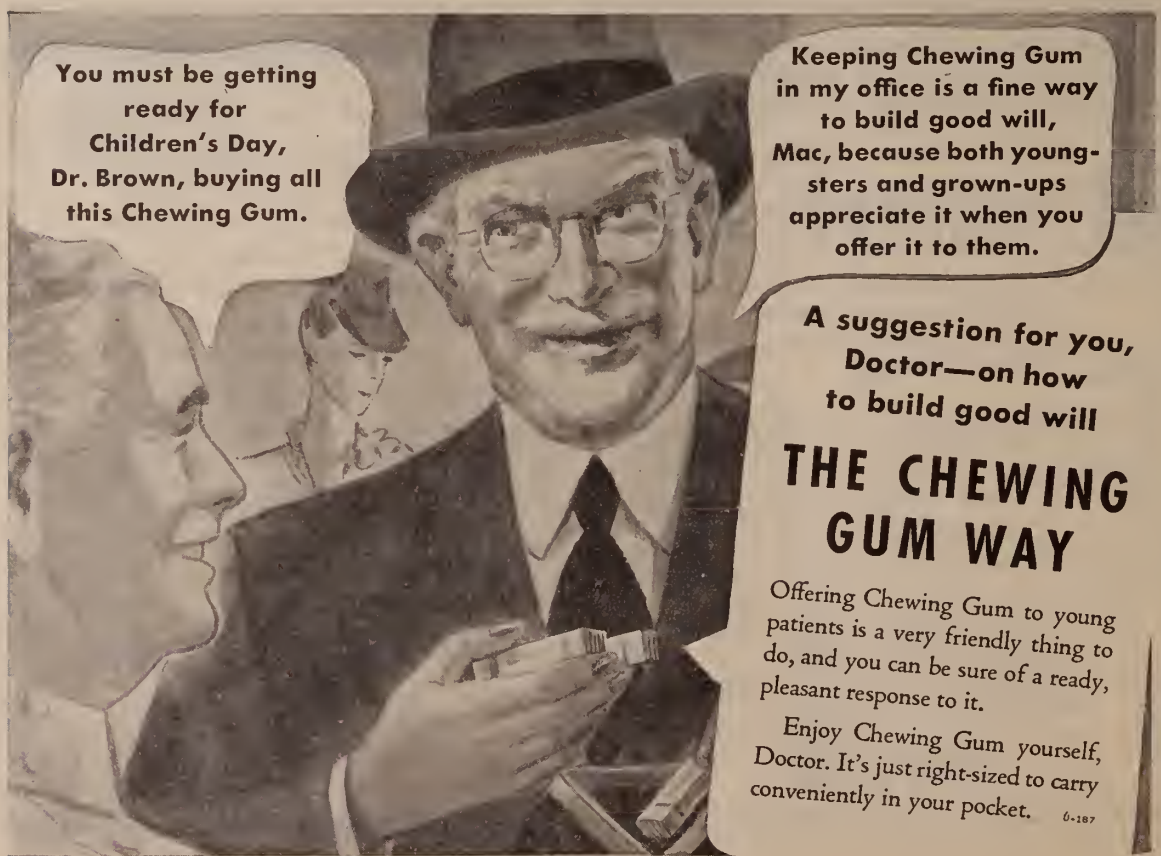

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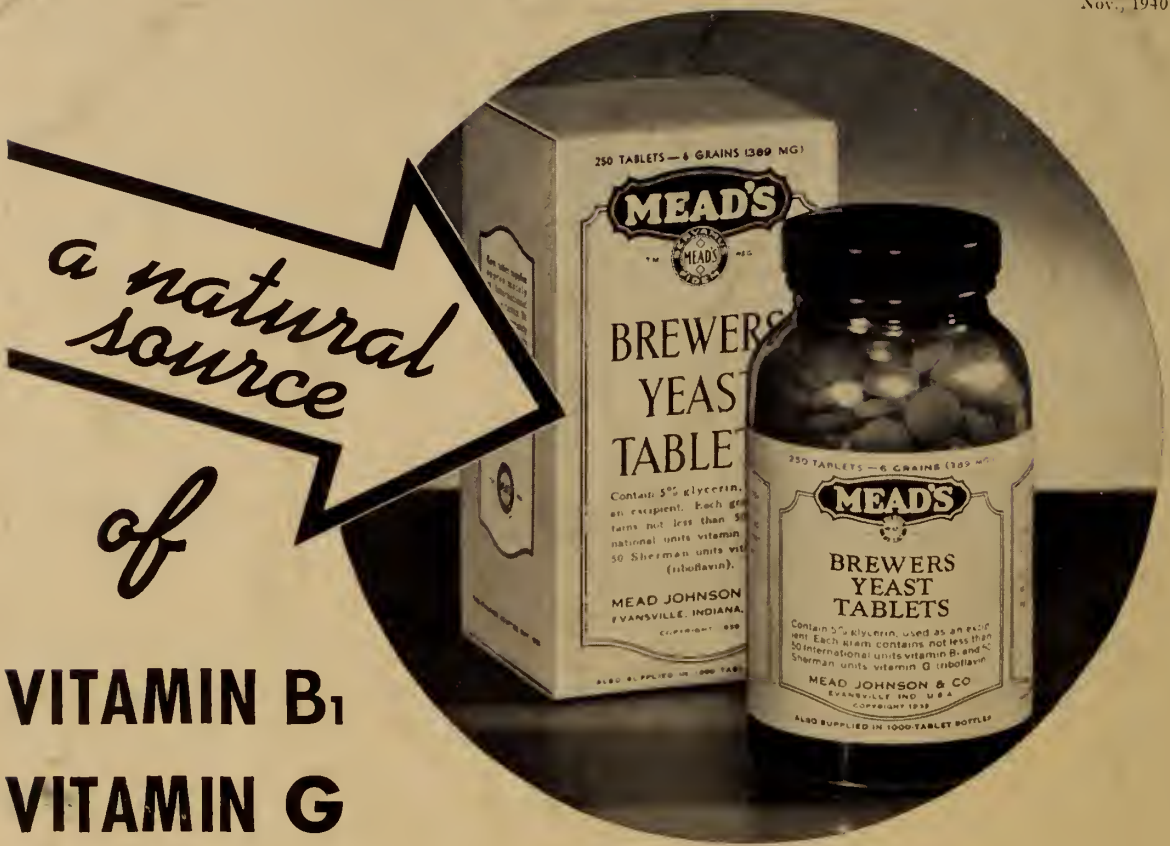

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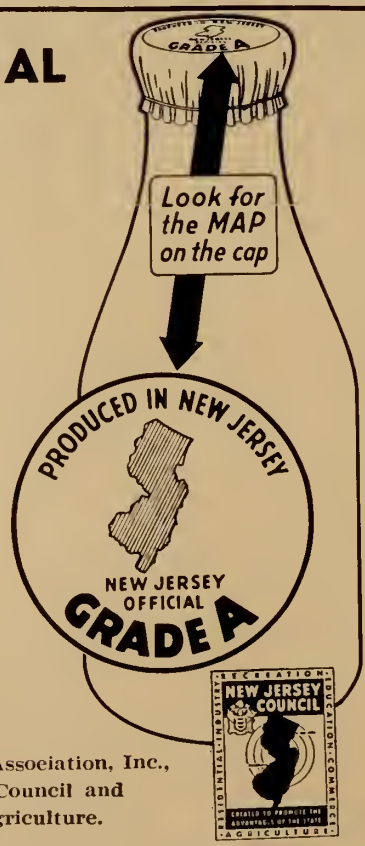

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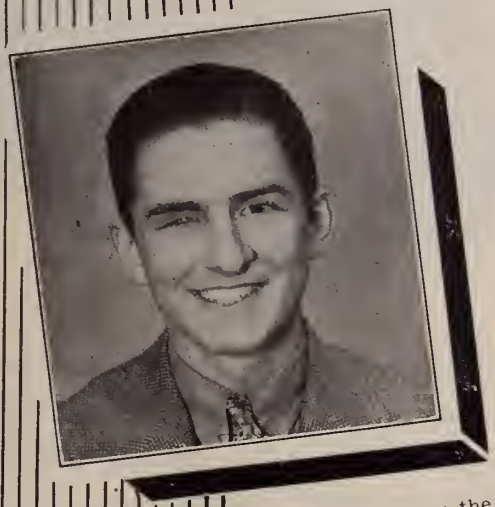

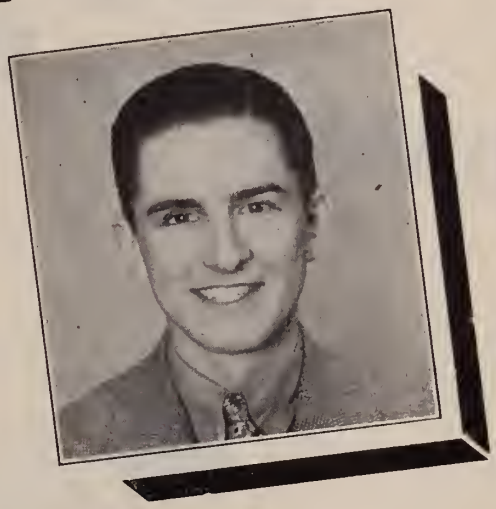

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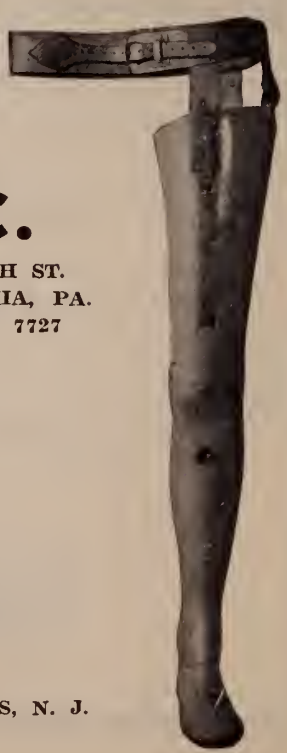

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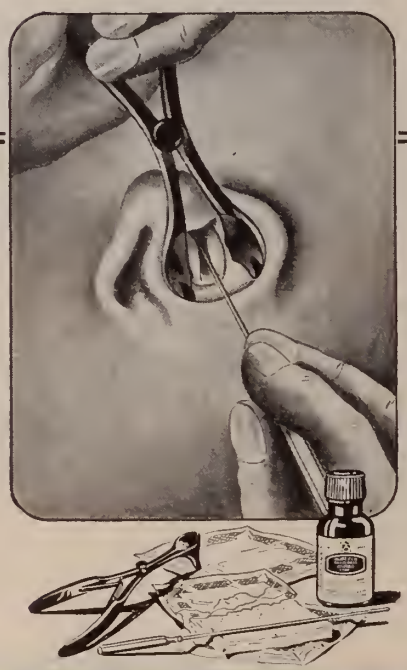
EYE PHYSICIANS: *Your coöperation can be concretely expressed by recommending a GUILD OPTICIAN — where quality and accuracy protect you and your patient.*

Methods of Applying

NEO-SYNEPHRIN HYDROCHLORIDE

(laeva-alpha-hydroxy-beta-methyl-amina-3 hydroxy-ethylbenzene hydrochloride)



For relief of the Nasal Congestion in:
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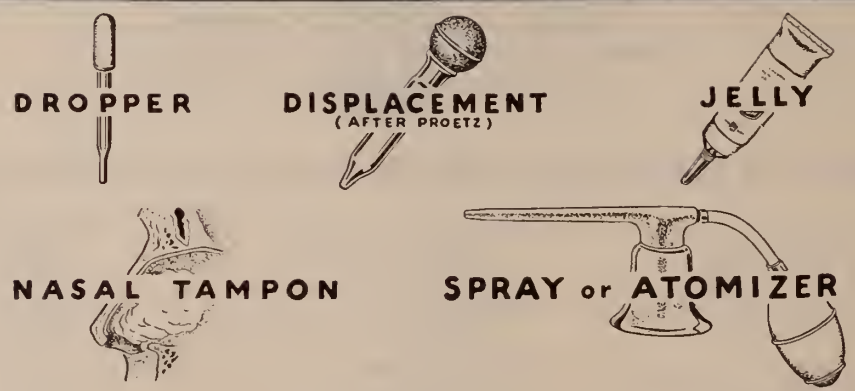
Gentle packing of the nasal cavities with a gauze pack moistened with Neo-Synephrin Hydrochloride Solution ¼% provides efficient and prolonged decongestion.

In severe cases, the 1% Solution may be desirable. This same procedure is also efficacious in the treatment of epistaxis.

METHODS OF APPLYING NEO-SYNEPHRIN HYDROCHLORIDE INCLUDE:



Neo-Synephrin Hydrochloride
SOLUTION ¼%
for dropper, displacement, tampon, spray or atomizer (non-metallic)

Neo-Synephrin Hydrochloride
SOLUTION 1%
for resistant cases

Neo-Synephrin Hydrochloride
EMULSION ¼%
for dropper or tampon

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convenient for the ambulant patient

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CANNED FOODS IN THE MODERN PATTERN OF NUTRITION

● Generalities as to human nutritive requirements are of but limited use in the practical application of our modern knowledge of nutrition. This is particularly true where expert and experienced advice on diet formulation is not readily or conveniently available. For those concerned with actual diet planning or administration, more specific information on nutrition is desirable.

During recent years, several excellent texts have become available which present reliable guidance in diet planning (1, 2, 3). One important factor governing conformance with any diet pattern, of course, is the economic status of the individual, family, or group. A recent text presents a workable system in which rather full consideration has been given to this factor (1).

Under this pattern, the common foods have been classed according to their nutritive contributions into some 12 groups. These groups include milk; potatoes and sweet potatoes; mature dry legumes and nuts; tomatoes and citrus fruits; leafy green and yellow vegetables; other vegetables and fruits; eggs; lean meat, poultry, and fish; flour and cereals; butter; other fats; and sugar. There will, of course, be quantitative differences in the nutritive values of individual foods within a single group. However, there is sufficient similarity so that the foods within a group can be used interchangeably as conditioned by factors such as availability, relative costs, and personal, racial, or religious preferences. In order to minimize variation of nutritive values obtained from each food group, it has been suggested that as wide a variety of foods within a group, as practical, be consumed.

In connection with this diet plan, desirable yearly food allotments for persons of various sex, age, or conditions of life are also listed in terms of these twelve food groups. Thus, from information regarding the sex, age, and activities of the members of a family or group, one can compute the yearly amounts of the various foods which should be provided. From the sum of these yearly totals, the food allowances per week or month for the family or group can be estimated. The latitude in the choice of foods, within the twelve specified food groups, makes the diet pattern more adaptable to situations where the economic factor must be considered.

Estimation of food requirements in this manner provides a practical method of diet planning designed to supply the nutritive requirements of an individual, a family, a group, or even a nation. However, the ultimate achievement of an improved nutritional status is dependent upon a readily available supply (at all times) of the various common foods at reasonable cost. It is apparent from the listing of the twelve food groups that many materials of a perishable nature—which are not conducive to year-round production near the centers of large populations—are indispensable in supplying the dietary requirements of our people. Thus, the transportation and storage of foods, in such a manner as to retain nutritive values, are important problems to be considered.

Needless to state, commercially canned foods are well adapted for use in this diet plan. Commercial canneries are located near the sites of abundant supply of freshly harvested foods. The canning processes convert the perishable foods into nutritious canned foods which can be economically transported and marketed throughout the year. Hence, the canning industry plays an important role in the practical aspects of diet planning to improve the nutritional status of the American people.

AMERICAN CAN COMPANY
230 Park Avenue, New York, N. Y.

REFERENCES

1. 1939. Food and Life; Yearbook of Agriculture, U. S. Dept. of Agriculture, U. S. Govt. Printing Office, Washington, D. C.
2. 1939. Accepted Foods and Their Nutritional Significance, Council on Foods of the American Medical Association, Chicago.
3. 1940. J. A. M. A. 114, 548.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-sixth in a series which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

STUDIES IN THE AVITAMINOSES

This page is the final of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A full color, two-page insert on the same subject appears in the December 7 issue of The Journal of the American Medical Association.

The Exacerbation of LATENT PELLAGRA by Acute Infections

Vitamin requirements are increased by many factors, especially by acute infectious disease. Field, commenting on this phenomenon, states that the onset of pellagra may coincide with pregnancy, organic gastrointestinal disease, severe and prolonged illnesses, and dietary restriction for therapeutic purposes. The patient whose tongue is shown developed this manifestation of pellagra during the course of lobar pneumonia. After nicotinic acid therapy was started she coughed up a cast of the esophagus which consisted of a grey membrane similar to that covering the tongue. The pellagrous symptoms responded promptly to treatment.

Illustration courtesy of Virgil P. W. Sydenstricker, M.D., University of Georgia Medicol School, Augusta, Go.

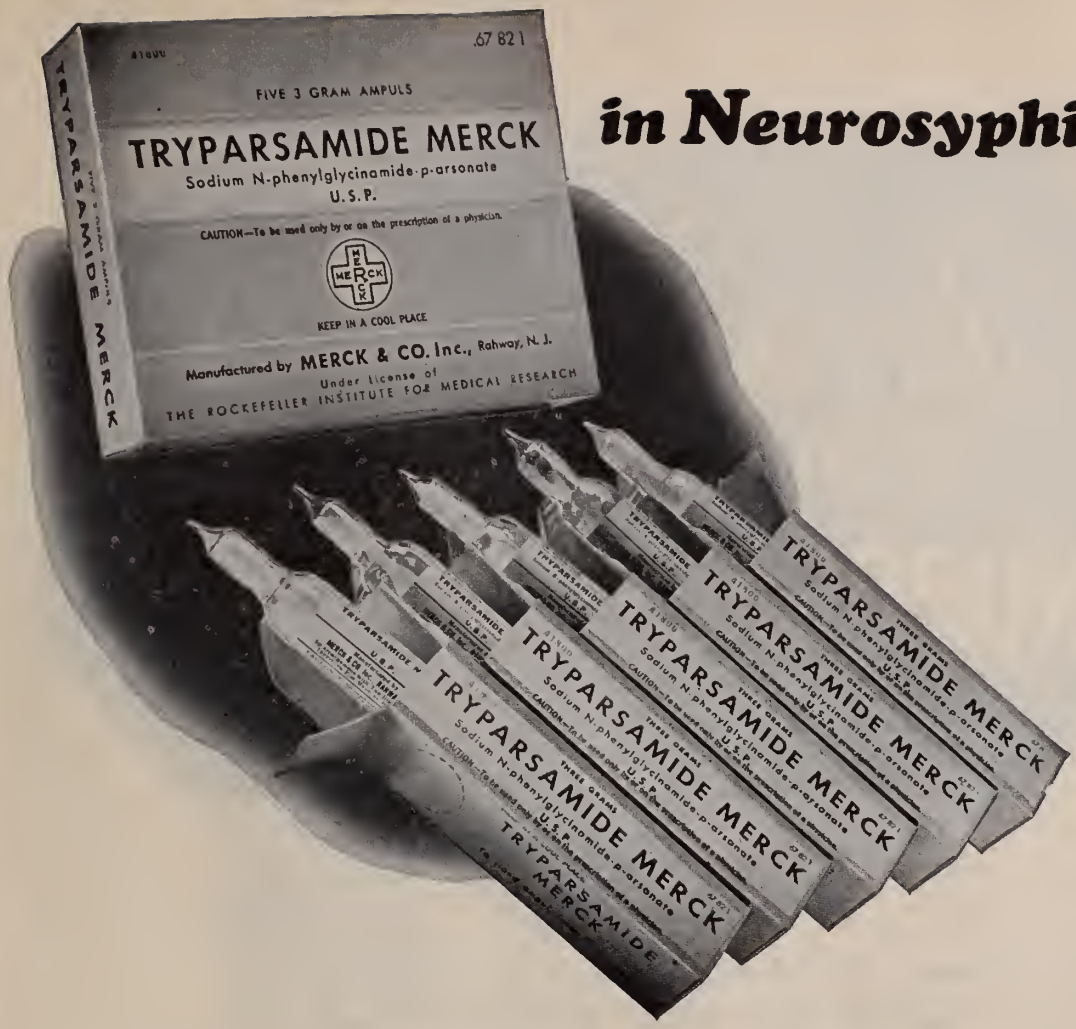
Illustration courtesy of Virgil P. W. Sydenstricker, M.D., University of Georgia Medicol School, Augusta, Go.

The Coexistence of Vitamin Deficiency States

Many authors have recently presented evidence that vitamin deficiency states often are multiple. Strauss has called attention to the fact that deficiency disease in man, unlike that experimentally produced in animals, is rarely limited to a single factor. The patient whose hands are shown had partaken of a markedly deficient diet for several months. As a result, scurvy and pellagra developed concurrently. The ecchymoses of the former and the dermatitis of the latter are clearly visible. Specific therapy together with dietary adjustment led to prompt remission of these signs.

UPJOHN

in Neurosyphilis



There is general agreement that the best method of preventing the development of neurosyphilis is thorough and adequate treatment of early syphilis. Unless timely diagnosis of neurosyphilis is made, the patient may lose his best opportunity for improvement or recovery.

Tryparsamide Merck has attained a prominent status in the therapy of neurosyphilis. In addition to its valuable therapeutic properties, it offers the obvious advantages, that it is easy to administer, is inexpensive, does not require hospitalization when used alone, is available to patients through the services of their own physicians, and does not interfere with the patient's daily routine of life.

Literature on Request

TRYPARSAMIDE MERCK

COUNCIL ACCEPTED

An outstanding therapeutic agent in neurosyphilis

MERCK & CO. Inc. *Manufacturing Chemists* RAHWAY, N. J.

Ciba's ANESTHETIC THROAT LOZENGE

NUPORALS*

Each NUPORAL, "Ciba" lozenge offers one mg. of Nupercaine, the dependable local anesthetic of sustained action. Non-narcotic, NUPORALS have proven clinically effective to allay pain and tenderness of throat and mouth mucous membranes; also to diminish pharyngeal reflexes.

SUGGESTED USES BY PHYSICIANS—Relief from distress of "sore throat", aphthae (ulcers) and post-tonsillectomy; to lessen sensitivity of the pharynx prior to passage of stomach tube; to similarly facilitate pharyngeal and laryngeal examinations, etc. The taste of NUPORALS is not unpleasant.

NUPORALS are supplied in boxes of 15 and in bottles of 100 lozenges.

SAMPLES AND MORE DETAILS UPON REQUEST.

*Trade Mark Reg. U.S. Pat. Off. Word "NUPORAL" identifies throat lozenges of Ciba's manufacture, each lozenge containing one mg. of Nupercaine, "Ciba".

CIBA PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, NEW JERSEY

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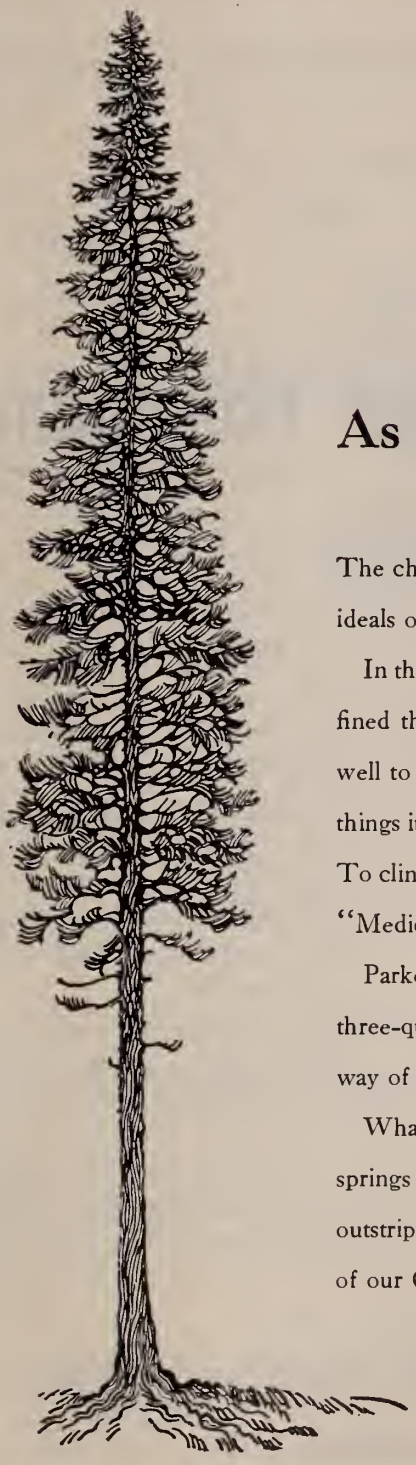

As the twig is bent . . .

The character of any organization is cast in the ideals of its founders.

In the 1860's Parke, Davis, and Duffield, defined the creed of our Company—"To build well to last." To give to the medical world the things it needed, yet could not otherwise secure. To cling to the principle of truth in medicine—"Medicamenta Vera."

Parke, Davis & Company has so lived for three-quarters of a century. It knows no other way of doing things.

What of the future? From this sound heritage springs a vital research philosophy—the will to outstrip all past achievement. The real history of our Company is still in the making!

PARKE, DAVIS & COMPANY

PIONEERS IN RESEARCH ON MEDICINAL PRODUCTS

Now available:

Walker-Gordon Homogenized Soft Curd Milk

IN RESPONSE to widespread suggestion on the part of physicians and consumers alike, Walker-Gordon has now developed a homogenized soft curd milk of exceptional purity and digestibility.

This milk is made with Walker-Gordon Certified Vitamin D Milk, which is recognized as the world's finest.

In processing, the raw milk is heated to 150°F. before homogenization, and held at this temperature for thirty minutes immediately afterward. This unique high-temperature pasteurization results in two distinct benefits:

1. An exceptionally low curd tension, with small, soft curds.
2. An almost sterile milk, since Walker-Gordon Certified Milk is so extremely low in bacteria content even before pasteurization. (Therefore boiling of the processed milk is not necessary in preparing infant formulas.)

Despite the elaborate treatment necessary to produce Walker-Gordon Homogenized Soft Curd Milk, *the price of this milk is the same as the price of the untreated Walker-Gordon Certified Vitamin D.*

It is now available through all leading milk distributors in New Jersey area.

Walker-Gordon Certified Milk

THE WORLD'S FINEST MILK

"Look for the Name GOLDEN GUERNSEY and the Trade Mark."

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When youngsters start to "grow like weeds"

PHYSICIANS recommend and prescribe GOLDEN GUERNSEY Milk because of its extra food values.

Rich in cream, rich in valuable milk solids, every glassful of GOLDEN GUERNSEY helps growing youngsters maintain strength and vitality at a difficult time.

The extra nutrition in GOLDEN GUERNSEY can be seen in its deeper cream line — more butterfat. It can be tasted in GOLDEN GUERNSEY'S delicious full-bodied flavor — due to its higher content of health-promoting minerals and salts.

GOLDEN GUERNSEY is always *all* Guernsey. It is never mixed with other milk.

GOLDEN GUERNSEY, Inc. • Peterborough, N. H.

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—An Adaptable Local Anesthetic

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Ampoules 'Metycaine,' 1 or 2 percent, for infiltration anesthesia.

Ampoules 'Metycaine,' 10 percent, for spinal anesthesia, and 20 percent for nerve block. Must be diluted.

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THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION

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FRANK OVERTON, M.D., Dr. P.H.

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EXECUTIVE OFFICER—LEROY A. WILKES, M.D.
EXECUTIVE ASSISTANT—NORMAN M. SCOTT, M.D.
Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. XXXVII, No. 12 DECEMBER, 1940 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

May the new born year bring you an overflowing share of good living
1940 ⁘ ⁘ ⁘ Watson B. Morris, M.D., President ⁘ ⁘ ⁘ 1941

America's Prayer

O Father God, in heaven above,
We thank Thee for the things we love;
A land where freedom holds on high
Its gleaming banners to the sky;
Where we can rise, and work and play,
And worship God in our own way.

O Father God, please grant, we pray,
That we may always stay this way;
To hold the light of freedom high,
And blot out darkness from the sky;
A light whose brilliant piercing rays
Will show all nations better ways.

O Father God, in every hour
Give grace to those who hold the power,
That they may guide our nation right
Through every day and every night;
That it may be a symbol dear
To those who live both far and near.

—JOHN W. FULTON, in the Royal Arcanum Bulletin, Nov., 1940.

The Day of Remembrance

We have holidays, we have anniversaries, and both serve a useful purpose. However, most of them have a distinctly local flavor.

Christmas is universal, and whatever the associations of men, its spirit pervades them all.

There are experiences which a person can enjoy by himself, but you cannot keep Christmas alone.

One of Dickens' most famous characters found that out; and when he *opened his heart,* when he turned from all selfishness to the *happiness of others,* he experienced a *joy and a gladness* that he never had known before.

Isn't it a pleasant and wholesome thing to have one holiday a year devoted to a demonstration of affection and friendship?

Doesn't each one feel a bit better for being remembered, and for remembering—even if the remembrance takes the form of nothing more lasting than a Greeting Card?

Certainly in these days, we have need for anything that will help strengthen human bonds and personal ties. *No one lives entirely by and for himself.* No one stands so completely on his own feet alone that he owes no debt of gratitude to others for what they do for him.

Christmas affords us an opportunity to *broaden our vision,* to devise new avenues of approach, to get closer to those whom we are fond of calling our neighbors and our friends.

It is the day of days, just as we love to think of the ONE who made it possible, as the best beloved of all the Sons of Men,—He of whom one writer has said:

"Once, in the flight of ages past,
There lived a man."

Whirling time soon will bring us another Christmas with all it means, and all that it can mean to mankind.

In this spirit, I salute every member of the Society, and hope each one of you will accept as deeply sincere, my warmest *Holiday Greetings* to you.

May your Christmas Day be one of *happiness and good cheer.* May it be rich in remembrances from friends near and far, and may it bring to you and yours, many hours of *peace* and *contentment* that linger long in memory, and makes life rich and full.

Merry Christmas to all,
WATSON B. MORRIS, *President.*

Progress in 1940

Several lines of progress which have been tentatively considered during the last five years have blossomed and borne fruit during the year 1940, as are revealed in the annual index of The Journal.

During the past year the scientific programs of the County Medical Societies have been noted for their practical adaptation to the needs of the family physician. The addresses at the meetings are no longer treatises on laboratory experiments; but they are outlines of diagnoses and treatments that are within the comprehension of general practitioners of medicine. Ninety practical subjects that were discussed in County Societies are listed in the Annual Index.

Although the Medical Service Administration is scarcely two years of age, its reports and plans have been outstanding in their scope and practical provisions. The medical profession of New Jersey has risen to its responsibilities in planning to bring all forms of medical services within reach of all the people.

The emergencies of prospective war and local catastrophies have been anticipated by the Committee on Medical Preparedness; and its prescriptions have been heeded by government officials and local industrial groups.

The relations of the hospitals to out-patients and their family physicians are receiving special attention, with the object of developing a standard form of service and administration.

The special session of the House of Delegates,—unique in the history of the Society,—is evidence of the interest of the medical profession in the health of all the people.

THE HOUSE OF DELEGATES

SPECIAL MEETING, NOVEMBER 28, 1940

A special meeting of the House of Delegates of The Medical Society of New Jersey convened in the Academy of Medicine, Newark, New Jersey, on Thursday, November 28, 1940, at two o'clock, with Dr. Watson B. Morris, President of the Society, presiding.

President Morris: The business of this session will be limited to the four items specified in the agenda, as follows:

1. The Medical Service Administration.
2. Medical Preparedness.
3. Hospital Relationships.
4. Purchasing a permanent home for the Society.

1. THE MEDICAL SERVICE ADMINISTRATION

President Morris: Dr. Lance, President of the Board of Governors of the Medical Service Administration, will make a report.

Dr. Lance gave a condensed report of the Medical Service Administration, of which mimeographed copies had been distributed to the Delegates.

Report of Medical Service Administration

Since the approval of the Medical Service Plan of New Jersey, two changes have been made in the Rules and Regulations of the Plan: (1) The paragraph requiring that adequate malpractice insurance be carried by each physician has been eliminated. (2) The paragraph limiting the amount of money to be paid to physicians for services rendered to any one Subscriber during a contract year has been eliminated.

On June 3, 1940, the Board of Trustees approved the Farm Security Plan. This Plan is sponsored by the Federal Farm Security Administration of the U. S. Department of Agriculture, to make available to low-income farm families in New Jersey, who are rehabilitation clients of the Farm Security Administration, a medical service plan on a prepayment basis, whereby these families may receive necessary medical care and the physicians may be reimbursed for their services.

The general principles of the Plan are set forth in the supplement to the August, 1940, Journal.

The Medical and Surgical Plan for Hospitalized Patients, Plan No. II, was approved by the Board of Trustees at a meeting held on July 7, 1940, and is described in the supplement to the August, 1940, Journal.

When the Voluntary Health Committee undertook the study of voluntary health plans which might be applicable to New Jersey, it felt that the most important need was for a plan to cover the catastrophic illnesses of the low-wage group. This Plan is an example of such a catastrophic plan.

The Plan is based upon careful study initiated in other state medical societies and continued by the Board of Governors of Medical Service Administration. It is believed to be applicable to the needs of a considerable number of people in New Jersey, to be capable of sound administration, and promising the participating physician a satisfactory fee for his services.

Like hospital service plans and similar medical service plans, its economic safety is dependent upon the spread of costs among the entire group.

We are presenting to you in printed form a copy of By-Laws, Rules and Regulations of Medical Service Administration, and of the Plans the Administration proposes to operate. We are also presenting to you copies of the Subscriber's Contract of Plan I and Plan II, and a copy of the Agreement of Participating Physicians.

Medical Service Administration and all Plans operated by Medical Service Administration are purely experimental in character, will be supervised and controlled by the medical profession, and may be discontinued, at the will of the profession, after one year.

Any plan introduced into any county must have the approval of the County Medical Society. A participating physician abiding by the By-Laws, Rules and Regulations of the Administration and Plans must, for one year, accept the fees paid by the Administration, if he accepts patients who are subscribers to a Plan approved by the County Medical Society. Acceptance of patients is not obligatory. There will be free choice of physician and patient under all plans, and the Administration will in no way interfere with the physician and patient relationship.

Medical Service Administration, as a medical administrative agency, offers the physicians of New Jersey an opportunity to control the standards and distribution of their services, if such services are paid for by Federal or State monies, or by money subscribed on a voluntary insurance basis. It will be capable of expansion and adaptability to future contingencies, and will, we believe, be of service in solving certain future problems of the medical profession, should such problems arise.

Medical Service Administration will be supported by income from subscriptions, allowance for which support has been made in computing the subscription rates. During its period of organization, and while its overhead is disproportionate to its income, the medical profession will be called upon to aid in its support.

We commend to you Medical Service Administration, and its proposed Plans, as an organization to protect your interests and the welfare of the private practice of medicine. We believe it worthy of your support.

Respectfully submitted,

Board of Governors of Medical Service Administration
ELTON W. LANCE, M.D., President
EDWARD W. SPRAGUE, M.D.
WILLIAM J. CARRINGTON, M.D.
WILLIAM G. HERRMAN, M.D.
AUGUSTUS S. KNIGHT, M.D.
JOHN S. THOMPSON
JOSEPH BIGLEY
GEORGE MERCK

Dr. Towbin moved that the report be adopted. The motion was seconded; and, after discussion by Drs. Eagleton, Sprague, and Lance, was unanimously carried.

FINANCIAL SUPPORT

Dr. Costello, Chairman of the Board of Trustees, requested an opinion from the Delegates regarding a proposition that the Society grant to the Medical Service Administration a credit of six thousand dollars ($6,000) in addition to the sum already expended for organization services (salaries, legal fees, clerical help, etc.).

Dr. Lance stated that the Committee had originally expected to organize and administer a medical service plan of insurance under its own authority and control, and at a modest cost; but it was found that the laws of New Jersey require a comprehensive method of incorporation, with printed forms and a complete system of bookkeeping, and public reports of all its operations; and also that legal fees and the advice of expert accountants had to be met,—all of which cost money. It is anticipated that the Administration and its Plans will be developed so well that the money expended will be returned.

DR. COSGROVE: It is proposed that certain moneys of The Medical Society of New Jersey be allocated for the use of the Medical Service Administration during its formative period, with the understanding that, if it is financially successful, as it promises to be, the money will be repaid. I therefore move that the amount indicated in the report be so allocated from the funds of the Society; and that the corporation secure it as a business loan by some form of debenture and bond that will establish the legal liability of the corporation to repay the money.

This motion was seconded.

DR. LANCE: This motion would seem to make the members of the Board of Governors personally liable for the loan.

DR. SCHAAF: I move an amendment to the motion to read that The Medical Society of New Jersey advance to the Medical Service Administration an additional sum of $6,000 to defray imminent expenses.

This amendment was seconded by Dr. Costello; and was put to a vote and unanimously adopted.

DR. COSGROVE: The amendment just adopted is an excellent substitute for the original motion. I therefore withdraw my motion.

The seconder also withdrew his endorsement of the motion.

Editorial Note: Full reports of the activities of the Committee and its successor, the Board of Governors of the Medical Service Administration, have been published in The Journal as follows:

1. August, 1940—Editorial, page 398—Steps in the Evolution of the Committee on Voluntary Health Insurance into the Medical Service Administration.
2. Supplements to The Journals of May, July, August, and September, 1940, on the Medical Service Plan, the Farm Security Plan, and the Hospitalization Plan.
3. Blank forms of contract to be used by subscribers, September, page 478, and the supplement to the May Journal.
4. A description of the Medical Service Plan, April Journal, pages 161-165.

2. MEDICAL PREPAREDNESS COMMITTEE

PRESIDENT MORRIS: We will now take up the second item of the agenda,—a progress report of the Medical Preparedness Committee.

In the absence of Chairman Schlichter on account of sickness, Dr. T. K. Lewis read the following report:

The Medical Preparedness Committee was appointed by the President of this Society with the approval of the Board of Trustees, following the June, 1940, meeting of the Board of Trustees. (Jour., Aug., p. 426.)

The Committee parallels the National Committee on Medical Preparedness of the American Medical Association.

The functions of the Committee are:

1. To carry out in New Jersey the plans of medical organization of the profession adaptable to future emergencies, as presented by the Surgeon-General of the Army, as approved by the House of Delegates of the American Medical Association in June, 1940.

2. To assist the municipalities of the State in their programs of preparedness as outlined by Governor Moore. Its specific functions in these local preparedness programs is to arrange for the hospitalization and medical care of the population during any civil or military emergency.

To accomplish the above objectives, paralleling committees have been appointed by the Presidents of each Component County Society.

To date the Committee has submitted, to the American Medical Association, and to the Selective Service Plan of New Jersey, lists of physicians to serve voluntarily as examining physicians to the 202 local examining boards, twelve advisory boards, and ten appeal boards. It has coöperated with the Second Corps Area, U. S. Army, in the selection of physical examiners for Induction Boards.

A certain amount of confusion has arisen in the selection and appointment of physicians to serve on local boards. This we believe has now been overcome by coöperation between the Committee and the State authorities as arranged during a recent consultation with Governor Moore.

The success of the above program depends now upon the coöperative action of the physicians of New Jersey, to assure proper fulfillment of these obligations and responsibilities assumed by organized medicine.

There are still 1960 physicians in New Jersey who have not returned their A. M. A. personnel questionnaires. Return of a questionnaire by each physician in New Jersey is essential to the success of the national preparedness program. To expedite the return of these questionnaires, arrangements have been made to contact each delinquent physician through the Executive Offices of the Society.

Municipal programs under the direction of the County Committees on Medical Preparedness are making definite progress. Several excellent plans are in process of organization, each having several very desirable features adapted to local conditions, and each containing features applicable on a statewide basis. (Sup., Oct. Jour., pages 6-8.) The plans will be further developed by the County Medical Preparedness Committees.

The Committe has no official status. Its functions and services are voluntary and advisory in character. It is, however, taking on a more official aspect by its representation on the New Jersey Defense Council. This, it is believed, will make the work of the Committee more effective.

Details concerning the activities of the Committee and of its paralleling County Committees have appeared regularly, and will continue to appear, in the Journal.

Respectfully submitted,
CHARLES H. SCHLICHTER, M.D., Chairman.

DR. NORTH: I move that the report of the Medical Preparedness Committee be approved.

The motion was seconded and unanimously carried without discussion.

3. THE HOSPITAL RELATIONSHIPS COMMITTEE

PRESIDENT MORRIS: I will call on Dr. Henry B. Decker, Camden, Chairman of the Hospital Relationships Committee, to present the third item of the agenda.

DR. DECKER: The survey which you have received, entitled "Study of 750 Out-Patients", is an abstract of one which was made at the Cooper Hospital in Camden.

In 1939, when Dr. T. K. Lewis was Consultant to the Hospital Relationships Committee, it conducted a survey of about seventy general hospitals in New Jersey, which was published in 1939. (Jour., July, pages 414-423.) This survey disclosed the fact that the by-laws of the several hospital staffs were in a confused condition; and so a new set was drawn up. The survey also showed that Out-Patient Departments were disorganized; and therefore a survey was started in Cooper Hospital, Camden. The Committee met every week and went over the data collected by the Clinical Staff of the Hospital, and we found out many interesting things.

We found out that there was very little dispensary abuse on the part of patients on their first visit. About 20 per cent of the patients had incomes of over $30 a week, $30 or more, but those patients had been referred to the dispensary by their doctors, in many instances family physicians; and had been referred to the dispensaries because the physician was not equipped to carry out certain studies, and the patients, although they had this income, were not in position to afford a consultant's fee. They were sent to the hospital for a specific service. The hospital was not equipped to render that service and returned the patients to

the physician. We feel that that will apply to many out-patient departments.

Now, while on the first visit there was no dispensary abuse, the patient received a dispensary card which thereafter gave him entree to the hospital, and from then on he became a medical pauper. Some of the records were full of admissions and readmissions to this, that, and other clinics.

Now, as you read this, you find that some 62 per cent of the patients were referred to the dispensary by physicians, and that many of these patients had had recent contacts with the family physicians, many of them within a week. Very few of the patients were on relief; some 45 per cent of them were employed.

The committee is a joint committee of this Society and the New Jersey Hospital Association.

In discussing ways and means of carrying out this survey throughout the State, it was suggested that we employ clerical help; and one of the sources of clerical help would be a WPA project, so that the Trustees authorized the Committee to apply for such a project. It must be very definitely understood that the WPA is not carrying out a dispensary survey. This Committee, with the Committee of the Hospital Association, is carrying out the survey. The WPA is used merely and purely to collect data which will be analyzed by Dr. Frankel; and the final interpretation of that data will be done by this Committee.

Now, before I close I want to call your attention to two gentlemen on this Committee, Dr. Emil Frankel, who is responsible for the breaking down and analyzing of the data, and Dr. Scott, who has acted as Secretary of the Committee, and has done a tremendous amount of work for it.

On motion of Dr. Allman, Atlantic City, seconded by Dr. H. P. Shipps, Burlington, the report was approved.

4. PURCHASE OF A PERMANENT HOME FOR THE SOCIETY

President Morris: I will call upon Dr. North to report on the question of a permanent home for The Medical Society of New Jersey.

Dr. North: There have been proposals made by members to secure a permanent home for The Medical Society of New Jersey. Periodically the Executive Officer, at the request of the Trustees, has contacted agents and looked over their proposed offers; and obtained photos, plans, and data as to location, cost, design and construction and adaptability to our needs as a Society. These have been studied by the Officers and Trustees, and delegations have personally inspected selected properties. Some of the properties have been suitable or could be easily adapted to our needs, but the Officers and Trustees have felt that this decision should be made by the House of Delegates even though the Trustees might technically be so empowered.

Most of the properties visited entailed expenditure and upkeep beyond the present available assets of the Society.

Recently a property well suited to our needs, requiring relatively little adaptation and offering twice the present floor space and adequate grounds, has come on the market, and may be purchased at a price which represents an enormous sacrifice. The operation costs entail no increase over the present rental costs for the Executive and Editorial Offices we now use.

A home of our own suggests to the public and to other professional societies and agencies, permanency and stability and confidence. A home of our own is more dignified and impressive than rented quarters in an office building.

Funds now invested in securities which are less conservative than real estate could be used with increased advantage since we ourselves would occupy and use the property. The upkeep will remain approximately unchanged. Real estate values will likely rise and the investment should in time increase in value. It is unlikely that property can reach lower levels than at present without equal or greater decline in all forms of investment. American conditions should improve and we confidently expect they will do so.

The important question for the delegates to discuss is: *Do we want a permanent home of our own?*

The Trustees recommend the present opportunity to your serious consideration. The House of Delegates must act on this promptly if we are to consider the property in mind. We have taken no option upon it, as the cost of such an option is prohibitive.

So much for the State Society's side of the question.

In Mercer County for a long time we have been considering a home of our own, and we have saved up quite a considerable sum of money; in fact, we have had one man leave a thousand dollars for that particular purpose. Recently we had a special meeting of our Society, on November 20th, and at that time we adopted the following resolution:

It is resolved, That the following proposal be submitted to The Medical Society of New Jersey for action, and that the Treasurer of the Mercer County Component Medical Society be empowered to submit this proposal:

That up to $10,000 be offered to them (that is,

The Medical Society of New Jersey) toward the acquiring or erection of a building in the City of Trenton, with the following conditions:

1. That the Mercer County Component Medical Society be furnished an auditorium of a size to seat about three hundred persons (that might be even less) for its meetings.
2. That there be furnished a room for library purposes.
3. That there be authorized the construction of a room or rooms large enough for meetings of committees.
4. That the site of the building be at a mutually agreeable location.

Now we feel that in Mercer we want a home of our own, and we feel that this is an opportunity for the State Society to pick up something which is quite well worth while.

This particular property has a depth of some 300 or more feet, and the rear of the property will come upon a street which has just been put through, and there is no question in my mind but that in a very few years we could sell off a lot in the rear of this property that would be practically half of the present cost.

The building at the present time is offered for $16,000. There would be necessary possibly $1500 to $2000 to adapt it to the needs of the State Medical Society; and of course, the State Medical Society would have to add an auditorium.

Mercer County is willing to contribute up to $10,000, which I presume means $10,000.

The Trustees feel that they should not take any such action, and we want today at least an expression of the House of Delegates so that in the future the Trustees may act in accordance with their wishes.

After a discussion of the probable cost of upkeep of the building and the course of the real estate market, Dr. David Kraker, Essex County, moved that the question of the purchase of a permanent home be referred to the Board of Trustees; and that the Trustees refer it to the County Societies, so that action may be taken at the next meeting of the House of Delegates.

The motion was seconded and approved.

DR. MORRIS: Before we close our session, the Secretary has one or two announcements to make.

DR. STAHL: Next year, 1941, will mark the 175th anniversary of the founding of The Medical Society of New Jersey. Ours is the oldest medical society in the United States. To commemorate this anniversary, we contemplate distributing a memorial issue of our annual list of members. This will appear in the form of a book and will contain in addition to our annual list an outline of the history of The Medical Society of New Jersey and set forth fully the current objectives and accomplishments of the Society, such as the Medical Service Administration, hospital insurance, medical preparedness.

We believe that the members of the Society will find this an appropriate addition to their reception rooms for their patients to read. This will publicize the Society and its functions in a dignified way and will let your patients know that you are a part of organized medicine.

We trust that every member of the County Societies will see that his dues are paid before March 10, 1941, so that his name will appear in this book.

I also have the following announcement from the President of the Association of Military Surgeons:

The Association of Military Surgeons is fostering a Medico-Military program in all the States, in cooperation with the State Societies and the Medical Preparedness Committees. Programs will include the latest methods being used to protect and care for the civilian population during disasters, such as air raids and explosions. Speakers of note from the various Services will take part.

H. D. CORBUSIER, President,
Association of Military Surgeons.

PRESIDENT MORRIS: I attended all four hospitals in which the Fall Clinical Conference was held, and everybody spoke in praise of the programs. I will ask for a vote of thanks to Dr. Barkhorn and the members of his committee, who have done a splendid work.

The motion was made and seconded, and was carried unanimously by a rising vote.

Adjournment at 3:30 o'clock.

WATSON B. MORRIS, *President*
ALFRED STAHL, *Secretary.*

The full stenotypist's notes are on file in the Executive Office.

THE FALL CLINICAL CONFERENCE

Neither rain, nor snow, nor slush kept New Jersey doctors last week from converging on Essex County for the Third Annual Clinical Conference of The Medical Society of New Jersey. Prompted by a desire to sharpen their scientific wits, by a wish to see first-hand the actual use of up-to-date diagnostic and therapeutic equipment, and by organizational loyalty and esprit de corps, twelve hundred M.D.'s (1183 to be exact) plowed through a November snow storm to attend the lectures, moving pictures, clinics, and demonstrations.

The Newark City Hospital, Beth Israel, St. Barnabas, and the Orange Memorial Hospitals staged a series of practical demonstrations and lectures. No specialty in medicine was neglected in this battery of presentations geared to the interests and needs of the general practitioner. On the afternoon of November 27, a double bill at the Academy of Medicine magnetized 393 physicians who witnessed a round of moving pictures on allergy, pernicious anemia, uterotubal insufflation, sterility, hand infections and emergency fracture care. At the same time in the Academy auditorium, Dr. Martland discussed the "Pathologist and the General Practitioner". Dr. Kessler presented two striking moving picture films, one in color, showing the technic of evaluating disability, underscoring the importance of psychologic factors in calculating the effects of injury. He was followed by Dr. Chester Brown, who wrote a prescription for the care of the premature infant, pointing up his talk with practical hints. The afternoon session was closed by Dr. W. L. James, who told his audience of the effectiveness of the sulfonamides in the treatment of gonorrhea.

SOCIAL DINNER

In the evening, 150 of the doctors met at the Newark Athletic Club, and were welcomed with an address by President Morris, which is printed on page 575 of this Journal. Dr. William J. Carrington, Past-President of The Medical Society of New Jersey, was the witty toastmaster who introduced the speakers and piloted the many-sided evening program. Dr. Comando, President of the Essex County Medical Society, welcomed the members. Dr. Walter Mount, Obstetrician to the Mountainside Hospital, presented a plaque to Dr. Arthur W. Bingham, Chairman of this Society's Maternal Welfare Committee. The plaque, a recognition of Dr. Bingham's pioneer achievements in maternal welfare, was a token of the enthusiasm with which his colleagues endorsed this work. Dr. Bingham, accepting the plaque, hailed 1940 as a banner year in maternal health. He credited this to the general medical profession and to the coöperative efforts of his committee associates.

High spot of the evening was an address on the Future of America by Dr. Harold Major, Director of the Save-the-Children Fund of Boston. Dr. Major warned that "it can happen here". Indicating ignorance, indifference and indolence as the arch-enemies of individual liberty, he made a plea for vigilance in guarding the American way of life. Such a task, he agreed, took courage. But, he added, America cannot remain the land of the free unless it also remains the home of the brave.

Dr. Major's inspired address brought the meeting to a close with a thunder of approving applause.

ORANGE MEMORIAL HOSPITAL

At the Orange Memorial Hospital, demonstrations of automatic resuscitation apparatus, of the treatment of sinus disease in children and of the use of lipiodal in x-ray diagnosis, held the interest of 178 physicians. A frank discussion of errors in the diagnosis of chronic illness was held on the morning of November 28. Interested groups thronged the allergy, physiotherapy, and venereal disease clinics.

NEWARK CITY HOSPITAL

Newark City Hospital provided 171 Society members with a series of demonstration lectures in the Martland Amphitheatre, while well-attended rounds were in progress in the wards all morning. Lectures on diabetes, peptic ulcer, the care of fracture cases, the evaluation of reflexes, the diagnosis of urologic disorders, the interpretation of laboratory findings, and infant feeding all won the interest of large numbers of question-asking medical spectators.

HOSPITAL OF ST. BARNABAS

The Hospital of St. Barnabas and for Women and Children presented its material largely in the form of clinics or actual patient-demonstrations. One hundred and eleven doctors from all over the State attended the clinics, and saw, questioned and examined the patients presented. A demonstration of electrocardiography filled one of the lecture halls. Much interest was also shown in a demonstration of the falling-drop apparatus for the control of shock. "Medical Orthopedics" won the attention of many spectators, as did a demonstration of ocular fundoscopy. Three exhibits—one on arthritis, one on peritoneoscopy and one

on plastic surgery, proved a magnet for the guest-physicians.

BETH ISRAEL HOSPITAL

Exhibits at Beth Israel were also crowded. The hazards in the use of sulfanilamide derivatives were strikingly shown in one exhibit, while the applications of bacteriophage attracted many other members. A profusely illustrated plastic-surgery display, a series of bone-tumor x-rays, and an exhibit of endocrine deficiencies in children were also well attended. More than 300 physicians packed halls and wards to witness demonstrations of office proctology, hernia injection, biliary drainage, neuro-surgical cases, and the blood bank. A presentation of the work of the sterility clinic attracted much favorable comment. The orthopedic service held the interest of many general practitioners with a discussion of low back pain and common foot ailments.

HOUSE OF DELEGATES

On Thursday afternoon, the House of Delegates held an ad interim meeting, details of which are listed elsewhere in this Journal.

CO-OPERATION

The Third Clinical Conference was a blue-ribbon success. This it would not have been without the coöperative pull of the many people at the oars. Thanks are due to the Associate Chairmen and to the members of the General Committee. Thanks are due to the hospital officials who opened wards to the Society and who presented members with case material, service and luncheons. Thanks are due to the hundred doctors who took time out of their busy practices to collect cases and subject matter for the Conference, and who took the time and trouble to present this material to their colleagues. Thanks are certainly due to the Woman's Auxiliary, which provided the charming guides, hostesses and registrars who met us at the door of each hospital. Thanks are due to the office forces both in Trenton and in Newark for their swift, efficient, behind-the-scenes detail work.

The Conference indicated that New Jersey is well equipped with the material and men of modern medicine. Any observer of the Conference would agree that New Jersey medicine has won its spurs.

H. C. BARKHORN, M.D.,
Chairman of the General Committee of the Conference.

C. M. ROBBINS, M.D., Chairman,
Public Relations Committee.

THE STIMULUS OF MEDICAL ASSOCIATIONS

By WATSON B. MORRIS, M.D., President, The Medical Society of New Jersey

An address at the Banquet of the Fall Clinical Conference in Newark, N. J., on November 27, 1940.

It is good for us to be here and to share in this very congenial fellowship—a fellowship that draws all of us around one great common cause for a very worthy and important purpose.

I sincerely appreciate the impulses and splendid motives that actuate this occasion. "Behold how good and pleasant it is for physicians to dwell together in unity."

More and more as we struggle for higher aims, I see the truth of what John Stuart Mill so beautifully said:

"All the grand sources of human suffering are in a great degree, many of them almost entirely, conquerable by human care and effort, and though their removal is grievously slow, though a long succession of generations will perish in the breach before the conquest is completed, yet every mind sufficiently intelligent and generous to bear a part, however small and inconspicuous, will draw a noble enjoyment from the contest itself, which he would not for any bribe in the form of selfish indulgence, consent to be without."

Perhaps your great-great-grandfather was a doctor, but he never went to medical school. He was a blacksmith who bled people, and pulled teeth. Perhaps he was a doctor and graduated from a Class A school in 1821. He bled and he blistered and he purged—and this was about his armamentarium. He had neither ether nor chloroform for the relief of pain.

Perhaps he was a doctor and graduated from a Class A school in 1857. Bacteria were unknown. His appendicitis patients died of "cramp colic" and "locked bowels". He didn't know that tuberculosis was communicable. He did not have a clinical thermometer.

Perhaps he was a doctor and graduated from a Class A school in 1884. Diphtheria was ram-

pant and deadly, and so was typhoid fever. He did not have vaccines for them, nor thyroid extract, nor adrenalin, nor pituitrin. Blood transfusion was unknown. He didn't have an x-ray. Radium had not been discovered. He did not have local anaesthesia. He could not take a blood pressure. Pathological and clinical microscopy were just beginning. He didn't know that yellow fever was transmitted by mosquitoes, nor had he heard of hookworms.

Perhaps *you* as a doctor graduated from a Class A school in 1900. You did not have insulin for diabetes, nor liver extract for pernicious anaemia, nor scarlet fever serum, nor the malarial treatment for paresis, nor a host of other things. Insulin and liver extract, for instance, are both veritable epics in man's struggle against disease. The public, fed on mass production, wants an epic a week at least.

Progress in medicine was dramatized in Atlanta, Georgia, before members of the American College of Surgeons at a community health meeting of its Southern section recently when Dr. Bowman C. Crowell, of Chicago, cited modern medicine's "seven wonders". They are:

1. Immunity through vaccines.
2. Pain relief through anesthesia, drugs, gases.
3. Avoidance of infection in operations through antisepsis.
4. Knowledge of food values.
5. Discovery of the germ-killing power of sunlight.
6. Correction of organic deficiency through administration of healthy organs from animals.
7. Elongation of life span.

Medicine, like every other art, is in a constant flux of evolutionary change. Fresh vistas are ever opening; old truths presenting new, unexpected faces. We get sudden glimpses sometimes of vast possibilities brightening or receding. We are living in an age of immense, incalculable mental adventure, and it is rather wonderful to be allowed to share it.

Medical science is making notable progress. It is gratifying to the world, and particularly to suffering humanity, that its progress continues.

However, the modern doctor has become a modern Hamlet. He is facing the dilemma that confronted his Shakespearean prototype three centuries ago. "To be or not to be? That is the question."

His professional practice, even his economic existence, are at stake in a stricken and changing world. He is sailing a battered ship on a stormy sea. He is disturbed by quacks on one hand, and threatened by State Medicine on the other.

The modern doctor must meet and talk with his fellowmen in organizations such as this for two reasons:

1. To protect his practice from his ignorance of new methods and principles, and
2. To work with his fellow physicians against forces which are attempting to revolutionize the medical profession.

Far-seeing and intelligent members of the various professions have realized, to the ultimate advantage of all, that school knowledge is not enough. They have realized that the man who has begun the practice of his chosen profession needs to be up to date, needs to go on learning of improvements, of new ideas, and new methods that are developing daily.

With this truth in mind, societies have been formed through which new ideas and new knowledge may be transmitted to those who spend most of their time in offices, and have little time for study.

A professional man should realize that the discharge of his knowledge to those who depend upon him presents obligations of a moral nature, to guarantee faithfulness where one seeking his services, is unable to judge as to the service rendered. The highest professional ethics demand that new discoveries and new processes be given to the world for the use of all who may benefit thereby, and one who makes to attempt to acquire knowledge of the latest and best in his profession has no right to give to those who seek his services that which is not the best the profession has to offer.

To those who would keep pace with the progress being made in our profession, let's take every advantage offered through your own County Society and your State Society. Both are ready and willing to serve you.

I wish you all the happiness and prosperity in the world. May your joys increase and your sorrows diminish. I have only one admonition to give you—one parting word of advice. It is this—Continue to accept your responsibilities like the noble men that you are. Shoulder your burdens and face the rising sun. The dawn of brighter days comes on apace. Do not turn aside from the path of duty.

ORIGINAL ARTICLES

ROSEOLA INFANTUM

By Robert E. Jennings, M.D., F.A.A.P., East Orange, N. J.

Assistant in Pediatrics, College of Physicians and Surgeons, Columbia University, New York City; Attending Pediatrician, Vanderbilt Clinic, New York City; Assistant Attending Pediatrician, Orange Memorial Hospital, Orange, N. J.; St. Mary's Hospital, Orange, N. J.; St. Barnabas Hospital, Newark, N. J.; Babies' Hospital, Newark, N. J.

Read before the Pediatric Section of the New Jersey State Medical Society at Atlantic City, N. J., on June 5, 1940.

Roseola infantum, a comparatively new clinical entity, is often also called exanthem subitum, exanthem criticum, pseudorubella, Rose rash of infants or the sixth disease. It was first described by Zahorsky [1] in 1910, but received little attention until his findings were corroborated in 1921 by Veeder and Hempelmann.[2] The most complete account of the disease is that of Zahorsky,[1] which appears in Brenneman's System of Pediatrics. Although it was at first thought to be a rare disease, closer observation has shown it to be as common in incidence as is scarlet fever. Because of its apparent prevalence, it would seem worth while at this time to review the salient features of the disease, and to report a series of 55 cases which were seen in my practice during the past five years.

The term roseola infantum is used in preference to that of exanthem subitum because it more adequately describes the syndrome, which is a fine rose-rash of infants. If one is looking for the rash, there is nothing unexpected as is implied in the term subitum (unexpected).

Roseola infantum is an acute, rubelliform exanthem, occurring almost exclusively in infants, and characterized by a pre-eruptive critical fever.

This disease is relatively common, particularly in private practice, and the average pediatrician sees about ten to fifteen cases a year. Because of the mild nature of the disease, many cases are not recognized, or are called *teething rashes* by the parents.

There is no sharp seasonal incidence, although many observers report a peak in the late Winter and Fall. In my series, the highest incidence occurred from July through to October. (See Chart 1.)

There is no special predilection for either sex. In this series, there were 27 male, and 28 female children.

The disease, as the name implies, is found almost exclusively in infants. Three-fourths of all cases occur between the ages of six and eighteen months. Zahorsky reported a case in an infant of two months. He also reported cases in a nine-year-old, and a fourteen-year-old patient. In my group, there was one infant of four months, and one girl of eight years. The age incidence in this group is shown in Chart 2.

The causative agent has not been isolated, but because of the blood response and the apparent immunity to subsequent attacks, it is thought to be caused by a *filterable virus*. Abb [3] in Germany does not consider the disease to be a clinical entity, but only a peculiar manifestation of a grippal infection. However, Barenberg and Greenspan [4] showed that they are separate entities, inasmuch as one child in this series who developed roseola later contracted grippe with a different blood response. Generally, the disease was not considered contagious since secondary cases were not observed. Recently, however, Ryden,[5] Cushing,[6] and Barenberg and Greenspan [4] have reported three well-observed epidemics in institutions which indicate a 35 to 45 per cent infectivity rate, with an incubation period of eight to fourteen days, usually ten days. In my series, one child (Joan

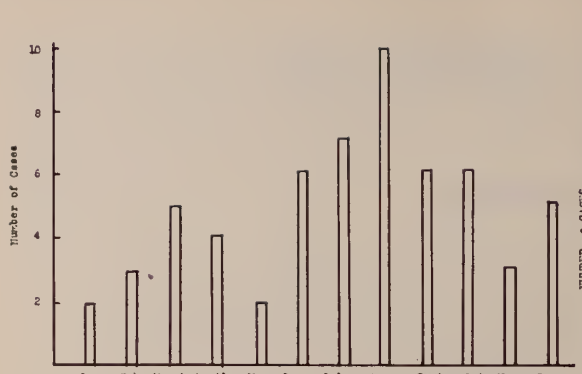

Chart 1 - Monthly Incidence of Roseola Infantum Cases.

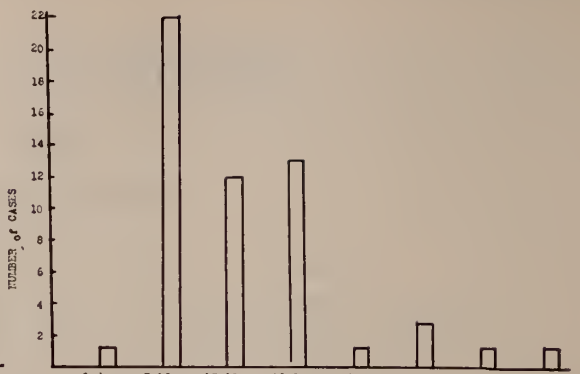

Chart 2 - Age Group Incidence of Roseola Infantum Cases.

D.) was exposed ten days before she developed the rash.

SYMPTOMS

The symptomatology of the disease is relatively constant. A hitherto well child is found to have a fever, generally because he is warm to the touch and a trifle drowsy and restless. The fever is high, out of proportion to the symptoms, ranging from 103 to 106 F. On several occasions, the thermometer was returned to the druggist because the parent could not believe it to be accurate when it registered 106 degrees. Occasionally (one was seen in my series) the syndrome is ushered in by a convulsion. In some, there is vomiting or diarrhea, each seen in two instances in this group. Generally there are no gastro-intestinal disturbances; and except for the mild irritability usually seen with such high fevers, there are no neurological disturbances. However, Wallfield [7] described a case in a twelve-year-old boy with an encephalitic type of onset.

Examination of the infant during the pre-eruptive stage is surprisingly negative. In fact, the apparent well-being of the infant, and the lack of constitutional symptoms, despite the high fever, should make one suspect this condition. The throat and nose are generally clear, except for a mild reddening of the pharynx not in keeping with the degree of fever. Most authors report a lack of lymph-adenopathy, but in my series, over 90 per cent of the cases showed a generalized shotty pea-sized enlargement of the posterior occipital, axillary, and inguinal lymph glands; and in some instances, the epitrochlear glands were palpable. In four of my cases the spleen was readily palpable only during the disease. The finding of pea-sized posterior occipital glands without apparent cause in the scalp in an infant with high fever who did not look commensurately ill, lead me to suspect this syndrome in 80 per cent of the cases prior to the eruption of the rash.

Another valuable aid in predicting the appearance of the rash in this condition is found in the examination of the peripheral blood. Beginning on the second or third day after the onset of fever, a leucopenia of 3,000 to 7,000, with a relative lymphocytosis of 60 to 80 per cent, is generally found. A leucocytosis of 10,000 usually appears on the second day of the rash. Fourteen out of seventeen cases in my series on whom pre-eruptive blood counts were done, showed this leucopenia, while four cases showed a leucocytosis of 9,000 to 13,000, —all with high relative lymphocyte counts. The most careful blood studies on this subject were done in the series of Veeder and Hempelmann [2] and Barenberg and Greenspan.[4]

COURSE OF DISEASE

The usual course of the disease is for the infant to run a fever from three to five days, highest in the evening with a drop of two degrees in the morning, the fever reaching its highest level by the second or third days, then dropping by crisis or lysis on the fourth or fifth day. After a normal temperature of from six to twelve hours, the typical fine macular rubelliform rash appears on the neck and trunk, rapidly spreading to involve the face and extremities. The temperature generally remains normal during the duration of the rash,

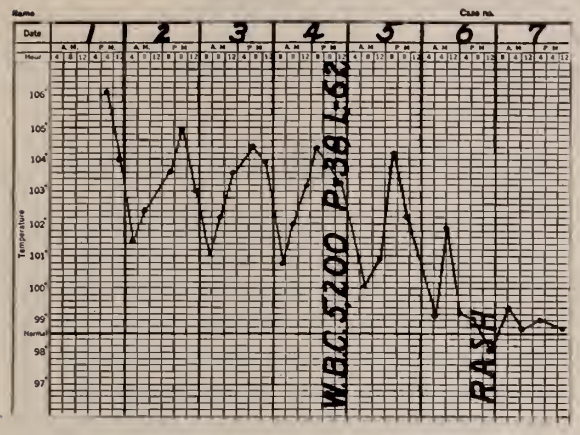

Chart 3. Temperature curve of a twelve month old infant with Roseola Infantum.

which lasts about two days. It fades in the order in which it appears, leaving no scarring or discoloration. A typical temperature course is shown in Chart 3.

To date, no harmful complications have been reported. Two of my cases presented a definite catarrhal otitis media in the pre-eruptive stage. This has been reported by other observers.

DIFFERENTIAL DIAGNOSIS

In the pre-eruptive stage, the differential diagnosis lies between so-called grippe, pyelitis, undulant fever; and in some sections of the country, malaria and dengue. All of these may be distinguished by suitable laboratory measures except for grippe, which likewise shows a leucopenia.

After the rash appears, rubella and drug rashes, particularly phenobarbital and the new sulphanilamide drugs, must be considered. However, rubella generally shows large post auricular gland enlargements, is usually not seen in such young patients and is not preceded by such a febrile period. Rubeola is easily differentiated by the absence of coryza and Koplik spots, by the absence of fever with the rash, and by the fine character of the eruption.

TREATMENT

From the description of this condition, it is obvious that there is no specific treatment. Therapy is directed towards making the infant comfortable, and towards supplying adequately fluids and carbohydrates during the febrile stage.

Since there is a ten per cent rise in the body metabolism for each degree rise in temperature, it is apparent that the child needs additional fuel to avoid the development of ketosis. Inasmuch as children do not tolerate fatty foods during febrile episodes, this food need must be supplied through fruit juices and skimmed milk.

Antipyretics may be used sparingly if the fever becomes too high, but it is important to be sure that an adequate fluid intake is maintained. Aspirin itself increases body metabolism, and causes a reduction in fever only by causing evaporation of moisture from the skin.[8] Usually, sponging with tepid water or weak solutions of alcohol is sufficient to control excessively high fevers. When the rash appears, dusting with talcum powder is generally sufficient to allay the mild itching that occurs.

SUMMARY

A series of 55 cases of roseola infantum is reported as a basis for a review of this syndrome, which is characterized by a high intermittent fever, with a fine generalized lymphadenopathy, leucopenia, and the appearance of a fine generalized rubelliform rash, after the subsidence of the fever. Treatment is symptomatic. The disease is seen almost exclusively in infants under the age of three years.

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NEWER TREATMENT OF PARKINSON'S SYNDROME

By SAMUEL ALEXANDER, M.D., and STEWART F. ALEXANDER, M.D.,
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The treatment of Parkinson's syndrome and of paralysis agitans has been notoriously unsatisfactory. Despite treatment, the typical course of the disease has been one of steady progression, eventuating in the complete incapacity of the patient. Exceptional cases have received partial relief by the use of atropine, stramonium, or hyoscine, but in none of these has the result been striking or permanent.

Treatment with extracts of belladonna root was introduced in 1929 by Ivan Raeff, of Bulgaria. Following this introduction, clinical experiences in the use of English and Bulgarian belladonna root were accumulated in England and in continental Europe. The results were uniformly excellent. In England, Neuwahl [1, 2] reported improvement ranging from a slight degree, to symptomatic cure, in 92.4 per cent of his 118 cases; Alcock [3] noted improvement in five difficult cases; and Dennis Hill [4] reported improvement in eleven of fourteen cases. In Italy, Gaundellini [5] felt certain that 120 of his 150 cases were improved, and Panegrossi has reported cure of the disease.[7]

Encouraging reports are now appearing in American literature. Neal [8] published a preliminary report of improvement obtained in chronic encephalitic Parkinsonism; Fabing [9] noted improvement of from slight to marked degree in twenty-two of twenty-three cases; and Vollmer [10] reported improvement in fourteen of sixteen cases of postencephalitic Parkinsonism and seven of ten cases due to arteriosclerosis.

AUTHORS' EXPERIENCE

We have had the opportunity of carefully observing the responses of ten cases of Parkinson's syndrome to the Bulgarian root treatment. We have used "rabellon",* a compressed tablet of the alkaloids of the belladonna root. Each tablet contains 0.50 mg. of alkaloid distributed as follows: Hyoscyamine hydrobromide, 0.4507 mg.; atropine sulphate, 0.0372 mg.; and scopolamine hydrobromide, 0.0117 mg.

The regime of treatment instituted began with one-quarter of one tablet (.125 mg. total alkaloid) three times daily. This was increased every second day to one-half tablet; to one tablet; and then to two tablets if needed. If no changes were noted in two weeks, three or four tablets were given three times a day, but a daily dosage of more than 6.0 mg. of total alkaloid was not exceeded.

Three of the cases were postencephalitic Parkinson's syndrome. Seven of the cases were on the basis of cerebral arteriosclerosis. All of the cases had been tried on the conventional medications for various periods of time, with no relief. All of the cases were totally incapacitated by their illness, and must be classed as markedly severe cases.

Six of the ten patients were definitely improved, but a study of the individual protocols is more valuable than charted statements as to the results of therapy.

CASE 1.—ARTERIOSCLEROTIC TYPE

M. C., white male, aged 62 years. Gradual onset four years ago with involuntary tremor of right hand. Tremor increased progressively in intensity and distribution, gradually involving both hands and legs. Voluntary motions were initiated with difficulty, and tended to progress beyond his control. Symptoms progressed to degree of total disability, rendering him unable to walk unassisted, dress himself, or care adequately for his bodily needs. He was unable, while sitting down, to cross one leg over the other, and had constant aching pains in his legs and neck. There was nothing in his past history indicative of acute encephalitis.

On physical examination there was a generalized involuntary tremor of all extremities, more marked on the right side. The tremor of the hands was characteristically of the pill-rolling type, and emotional stimulation augmented the tremor. Voluntary movements were markedly retarded and inhibited. There was a marked increase in the muscular tone, with practical fixation at the various joints until the delayed voluntary muscular activity could be initiated. Coördination was normal. There was a general hyper-reflexia, but no abnormal reflexes. Sensation was intact. There were moderate vascular changes in the ocular fundi. Laboratory findings were not significant.

* Sharpe and Dohme, Inc., Philadelphia, Pa.

Patient was started on 0.125 mg. of rabellon three times a day, and increased to a daily level of 1.0 mg., three times daily.

There was a prompt, favorable response, first noted subjectively by the patient, who stated he felt better.

He has recovered the use of both legs and hands, is able to feed and dress himself, and to care for his bodily needs, walks with little difficulty, and is able to write a letter for the first time in four years. The tremor has almost completely disappeared. He has been under treatment over one year. Interruptions of the regime on two occasions were followed by return of all symptoms. No change of dosage has been necessary in the past six months.

CASE 2.—POSTENCEPHALITIC TYPE

B. C., white male, aged 37 years. Onset ten years ago was insidious, with gradual spread of involuntary movements to all extremities and head. Progression has been steady, except for slight remission during first two years, and accompanied by lassitude, weakness, spasticity, occasional oculogyric crises, tremors, and salivation, resulting in total invalidism. While there was no definite knowledge of an acute infectious etiology, it was felt that the onset of the disease at the age of 27 classified this as of encephalitic origin.

On physical examination the patient was seen to be totally incapacitated. His face was devoid of expression, his lower jaw drooped, and his mouth continually ran with saliva. His head was turned as well as tilted to the right and fixed in this position.

There was practically no voluntary movement possible. Yet there was the incessant tremor of all four extremities and a slight rhythmical nod to the head. The tremors were accentuated by emotional stimulation, and could be partially inhibited by attempted voluntary action. Truly the patient looked like a shaking statue. There was very little movement of the eyes, and blinking was accomplished only at rare intervals. Save for the neurological findings of generalized hyperactive reflexes and muscular hypertonia, there were no significant findings in the physical examination, or in the laboratory studies.

Rabellon regime has been followed for one year. Patient feels more relaxed and "drawing sensations" are alleviated. He is able to walk to the bathroom, and attend to his needs. Salivation has been controlled. Tremors are less intense, but muscle tone remains about the same. There definitely has not been any progression of the disease for the first time in ten years.

CASE 3.—ARTERIOSCLEROTIC TYPE

M. S., white female, aged 67 years. Onset seven years ago with characteristic pill-rolling tremor of left hand, associated with generalized spasticity and difficulty in initiating voluntary movements. Progression has been steady, with general involvement including trunk and all extremities.

The patient presented mask-like facies. She could be placed in a chair to sit up, but had difficulty in initiating any voluntary movement. There were pill-rolling tremors in both hands, and a slow rhythmical nod to the head. Heart, lungs, and abdomen were negative, as were the laboratory findings also.

Neurological examination revealed marked hypertonicity of all muscle groups. There was hyperreflexia, but no pathological reflexes. Blinking of the eyes was infrequent, and there was drooling of the mouth. There was marked sclerosis of the arteries in the ocular fundi.

After treatment for one week with rabellon (1.5 mg. daily dose) the patient's tremor was noticeably decreased, and the drooling of the mouth disappeared. However, the patient complained of severe dizziness, and the medication was stopped. On several subsequent occasions rabellon in small doses was tried again, with the same course of events. Patient's subsequent course has been slowly progressive.

CASE 4.—ARTERIOSCLEROTIC TYPE

H. S., white female, aged 59 years. Onset five years ago with "stiffness" of right shoulder and elbow, gradually spreading to involve all muscles and joints. Involuntary tremor of hands and head started two years ago. She is subject to emotional episodes of depression and crying. Symptoms all progressive, leading to total incapacity for past year.

On physical examination patient presented fine tremors of both hands, and of the head. These were accentuated by emotional stimulation, and could be abolished by voluntary motion. There was a very marked propulsive and retropulsive type of gait. There were mask-like facies, devoid of any trace of emotion despite the fact that the patient was subject to episodes of depression and crying.

The patient was placed on rabellon regime and the tremor disappeared within one week. The patient was able to perform voluntary movements, could feed herself, and comb her own hair for the first time in three years. Patient was maintained on this level for three months when she developed lobar pneumonia and died.

CASE 5.—POSTENCEPHALITIC TYPE

A. M., white female, aged 50 years. Onset ten years ago was rapidly progressive, leading to total incapacity four years ago. Muscle tone increased to the point where the entire body was rigid, and controlled voluntary motion was impossible. Onset followed a severe febrile episode interpreted as encephalitis.

On physical examination she was chronically ill, wasted, and completely immobilized in a grotesque position. There was marked fixation in flexion at all joints, except the interphalangeal joints, which were fixed in extension. The head was tilted and rotated to the right, and fixed in this position. Blinking was very infrequent, and speech was almost inarticulate.

Patient was started on one-quarter of one tablet of rabellon (.125 mg.). One-half hour after the first dose the patient became nauseated and vomited. After the second dose this was accentuated, and patient had cold diaphoresis. Medication was dis-

continued and these symptoms disappeared after thirty hours. After waiting two months patient was again given one-quarter of one tablet, and the same symptom complex followed. Four months later this experience was repeated for the third time.

CASE 6.—POSTENCEPHALITIC TYPE

J. H., white male, aged 46. Onset of illness was ten years ago with presence of a tremor in the right hand and wrist, and a sense of tightness in the right upper extremity. These had been ushered in by an acute febrile episode, and had rapidly progressed to involve all of the extremities, the head, neck, and trunk. For the past six years the patient had been completely incapacitated and bedridden.

On physical examination there was marked emaciation. He was completely paralyzed and immobilized by his muscle rigidity. There was extreme flexion at the elbow, shoulder, and wrist; but extension at the interphalangeal joints. There was flexion at the thighs and knees, and plantar flexion at the ankle. No voluntary movements of any type were possible save those of the eyes and mouth. Patient was living a completely negative existence, unable to speak. and having very minimum means of maintaining any contact with his environment.

Patient was placed on rabellon regime and the dosage gradually increased to four tablets three times a day. Under this regime no change could be detected in the patient's condition.

CASE 7.—ARTERIOSCLEROTIC TYPE

J. D., white female, aged 82. Patient's activity had been limited for the past ten years because of generalized arteriosclerosis. For two years she had noted a progressive tremor involving her extremities. It was associated with a severe sensation of tightness throughout her body. She had lost all facial expressions, and there was little or no voluntary movement.

On physical examination there was severe peripheral vascular sclerosis, and the vessels in the fundi also showed marked sclerosis. The usual medications had been used with no change in the condition. Rabellon regime was begun and the dosage increased to 6.0 mg. a day with no objective or subjective changes. This medication was discontinued after a period of six weeks.

CASE 8.—ARTERIOSCLEROTIC TYPE

R. D., white female, aged 68. The duration of this patient's illness had been four years, and there were the characteristic findings of Parkinsonism. There were severe vascular changes in the ocular fundi. Under treatment there was disappearance of the tremor and marked subjective improvment. However, after five weeks of therapy the patient had an exacerbation of a previously existing pyelonephritis and ran an irregular febrile course until her death three weeks later. During these three weeks, all of the improvement of the first five weeks rapidly disappeared despite continuation and increased dosage of rabellon.

CASE 9.—ARTERIOSCLEROTIC TYPE

E. M., white female, aged 68. Onset of illness was four years previously, with the sense of stiffness in both legs, associated with sudden involuntary movements. After several months, the patient noticed that her arms, particularly her left, were involved in the process. Condition steadily progressed despite treatment, and patient became completely invalided.

There was a pill-rolling tremor of the left hand, and a fine tremor of the right. These tremors were abolished by forced voluntary movement, and were accentuated by emotional stimulation. There was a generalized increase in muscle tone. This was so marked in the legs that any voluntary movement of consequence was impossible, and patient could not walk. Patient's face was immobile, but she could speak fluently. Winking was very infrequent.

Patient was placed on the rabellon regime, and her tremor became much less marked. She was able to walk and perform simple tasks that were impossible before. Despite these objective improvements, the patient stated that she was still disturbed by subjective sensations of muscle tightness.

CASE 10.—ARTERIOSCLEROTIC TYPE

W. C. B., white female, aged 88. The onset occurred one year ago with a slight tremor of the hands and head. This progressed in degree, and was accompanied by position fixation and a poverty of voluntary movement.

Physical examination revealed a markedly obese woman functionally incapacitated and confined to bed. There was no spontaneous mimetic expression, and very few voluntary motions. There was a fine pill-rolling tremor of both hands, associated with generalized muscular hypertonicity and hyperreflexia.

Rabellon regime was started and improvement was noted within the first week. The tremor almost completely disappeared, except on strong emotional stimulation. The hypertonicity diminished, and the patient stated that she felt much "loosened up" and relaxed. She was out of bed and able to resume her former routine of life.

DISCUSSION

It is interesting to note that those cases due to arteriosclerosis may be helped just as much as those due to chronic encephalitis. The neuropathological changes in both types of case are centered in the basal ganglia of the central nervous system. We have not seen, and from the nature of the disease, we can not expect, cures as are reported by European investigators. The medication must be given continuously if the improvement is to be maintained. Most of our cases have been followed for at least one year, and the improvement has lasted. We believe that not only are there subjective and objective improvements, but that in some cases the prog-

ress of the disease itself is greatly retarded if not completely stopped.

In two cases there was intolerance for the drug. In case five, three separate exposures to small doses precipitated nausea, vomiting, and abdominal pain. Case three complained of dizziness with a dosage of only 0.125 mg. twice a day. We attempted to administer the medication disguised in food, but were unsuccessful in avoiding their reactions.

The explanation as to why the extracts of the belladonna root produced clinical improvement, while the belladonna leaf alkaloids are not efficacious, is not clear at this time. It is possible that there is a natural distribution of an alkaloid in the root that is therapeutically effective. It is more likely that the alkaloids in the root acts in synergy to produce the clinical effectiveness.

SUMMARY AND CONCLUSIONS

1. The results of treatment of ten cases of Parkinson's syndrome with the extract of the belladonna root are described.

2. Six of the ten patients improved under this therapy.

3. Two cases were intolerant to the drug, necessitating discontinuance.

4. The use of the extracts of the belladonna root is a definite addition to the physician's armamentarium in the treatment of Parkinson's syndrome.

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LEPROSY, A CASE REPORT

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Leprosy is probably the oldest disease of human beings, and exists in every part of the world. In 1909 the cases reported in the United States were as follows:

Louisiana	50
Florida	20
Minnesota	16
Texas	12
Other States	41
Total	139

In New York City one or two cases are discovered each year. In New Jersey five cases have been reported in the last eleven years. Yet every physician should have a fundamental knowledge of the disease if for no other reason than its historical interest.

Leprosy is caused by a specific organism, the lepra bacillus, which has many points of resemblance to that of tuberculosis. Long-continued contact amid filthy surroundings seems to be necessary to produce infection; and attendants in lepra sanatoria are seldom attacked.

Leprosy is exceedingly chronic, and manifests itself in the skin and the peripheral nerves. It produces nodules in the skin which vary in size from a quarter of an inch to two inches in diameter. Frequently they and the surrounding skin lose their pigment and become white. Skin eruptions similar to psoriasis are also frequent.

The affected areas at first suffer from increased sensitiveness, itching and paresthesia; but later they become atrophic and insensitive, and the tissues waste away. The muscles also

become atrophic and contractures occur in an opposing group. Commonly, the ulnar, tibial and peroneal nerve trunks present fusiform swellings and are easily palpated.

DIFFERENTIAL DIAGNOSIS

The Wassermann reaction is frequently positive, and thus syphilis must be ruled out. In non-syphilitic lepers affected with nodular leprosy the findings of the specific bacillus establishes the diagnosis. Therapeutic tests in syphilis are of great value.

Certain forms of lupus vulgaris, of vitiligo, and of other eruptions characterized by gyrate and polycyclic figures, may cause confusion in differential diagnosis.

Morvan's disease, a form of syringomyelia in which loss of pain and temperature may be absent, can be differentiated from the maculo-anesthetic type of leprosy readily because the sense of touch is *not* absent in the disease, while it is completely lost in leprosy.

Fig. 1.—Nodules of Leprosy

Fig. 2.—Ulcers of Leprosy

The patient is Mrs. A. M., aged fifty-two, a native of Sicily, and a resident of the United States for the past twenty-eight years, married for thirty years, and mother of four living children, the oldest twenty-six years, and the youngest twelve. No history of abortions.

Many attempts have been made to elicit accurately the onset of the disease, without any success. The patient remembers herself as a healthy peasant girl, free from any disease, and certainly without any skin blemishes or marks. No one in her village, and certainly no one in her family or circle of relatives, had ever had such an affliction. Outside of her native village she traveled very little, and the years in the United States had been spent in New York State, and during the last thirteen years, in Paterson, New Jersey. She had never heard of any one having leprosy, and the significance of her condition is not fully clear to her.

The patient believes that it is about twenty years that her sense for heat and cold, as well as sense of touch in both hands, were not as keen as it had been. There is a record of the fact that eleven years ago, her hands were sufficiently clawed and anesthetic that as an operator on a winding machine, she unconsciously caught her right hand in the machine. As a result of this misfortune, the distal phalanx of the right middle finger was surgically amputated.

In May, 1938, for three weeks, she was a ward patient at a local hospital. The history, clinical findings, blood and spinal fluid Was-

sermann were all negative, but a diagnosis of syringomyelia, and possible late syphilis, was made.

EXAMINATION

She was seen for the first time by us at the skin clinic of the Barnert Memorial Hospital, Paterson, New Jersey, on October 16, 1939, when the following conditions were noted:

Bluish-purplish discolorations of both cheeks.

The region of the wrist, extending up the forearm dorsally, has several semi-circular, scaly, psoriatic lesions with clear centers. The same type of lesion is found above each knee anteriorly, and on the breasts and buttocks.

In the region of each elbow there is a nodule the size of a walnut. A somewhat larger nodule is present at each knee below the patella.

Fig. 3.—Anesthesia of Leprosy

An open deep ulcer, with thickened edges, is present on the sole of each foot; and both hands are markedly clawed.

There is complete loss of thermal, pain and tactile sensation from the elbows and knees distally along the extremities. Both ulnar nerves are considerably thickened and easily palpable in the epicondylar notches.

These findings establish the diagnosis of advanced "Mixed-type" of leprosy.

LABORATORY FINDINGS

Smears from open sores were positive for Hansen bacilli as found by the State Health Department laboratory. The blood Wassermann was negative.

A nodule removed for biopsy at our hospital reveals findings consistent with leprosy, except that no bacilli were found in the tissues.

X-rays of both hands are negative except for clawing.

Attempts to cultivate bacilli in special media so far have been unsuccessful.

COURSE AND TREATMENT

The patient was isolated at the Paterson City Hospital, where she has been receiving a weekly injection of five c.c. of an ester of chaulmoogra oil, and is showing remarkable improvement as regards the skin condition. The lesions have either completely disappeared or have faded. Some areas have become depigmented and white. All of the open sores have healed. The nodules and the anesthetic manifestations have so far remained unaffected by therapy. Mentally the patient is much encouraged.

CONCLUSION

Here is a patient who for some thirty years has maintained the most intimate contact with her husband and family, and given birth to four living children attended by midwives. She has prepared food for the family and washed the dishes, using her clawed hands as best she could and frequently having open lesions on her hands resulting from burning and other trauma. Yet, with all this intimacy and utter disregard for the disease and its contagiousness, she has failed to transmit the disease to any member of her family.

THE LOW-TEMPERATURE TREATMENT OF MALIGNANCY

By NICHOLAS M. ALTER, M.D., Jersey City, N. J.

Abstract of a paper read before the Hudson County Medical Society, March 5, 1940.

Wide newspaper publicity and curiosity of the laity have made it necessary for the medical profession to take account of the *low temperature treatment,* particularly in malignancy. Dr. Temple Fay, of Philadelphia, tried it on a case of advanced carcinoma of the cervix which was referred to him for section of the anetro-later columns of the spinal column, in order to alleviate extreme pain that did not respond to drugs. Local treatment with cold in that case gave surprising results. Therefore, the method was given further trial, and it has been studied now for two years, but without enough results for an accurate evaluation of the method.

The Lenox Hill Hospital of New York City undertook further studies in October, 1939, with a carefully planned program which involved a great deal of expense and effort. The air-conditioned therapy room was kept at a constant temperature of 55 degrees. Patients were first given a rectal anesthesia of avertin; and then were placed on a table naked, and were packed in ice. The rectal temperature was reduced to 90 degrees. The patient's semiconscious condition was maintained by the hourly administration of luminal, or sodium amytal. During this hibernation, the patient received no solid food, but lavage was given through the Levine tube with glucose solution. There were no stools, and the patient was catherized.

Twenty-seven patients were studied, among whom thirteen died during treatment. The most common cause of death was pneumonia. Therefore, some patients with too advanced lung metastasis are rejected as these are more likely to get pneumonia.

Histological studies show no obvious tissue changes in the tumor. The pain was materially but temporarily reduced in eleven cases; in five cases it was unaltered; and in the remaining eleven improvement was mild in regard to pain.

Local treatment with a water-cooling system (in uterine and breast cancers) does produce more conspicuous results, with increased necrosis. Therefore, it can be stated that the cold treatment for malignancy has no promise as a cure. As it requires complicated equipment and a great deal of nursing care, it is generally impractical. Theoretically it is an interesting physiological experiment in which human hibernation is produced like that which is observed in animals. The basal metabolic rate is reduced to about 15 per cent. Blood counts show a marked rise of white blood cells. The sedimentation rate is decreased. The volume of red blood cells is increased.

The patients are quite restless, and shiver most of the time. Reflexes are lost; and after the treatment, patients have a complete amnesia except for the statement of "unpleasant" experience. Patients were given two to six inductions. The duration of the treatment varied from 100 to 350 hours.

Besides malignancy, leukemia cases were treated by the method, but without obvious results. The most striking effect was produced in a case of a morphine addict who has not had any morphine now for two months after hibernation. Dr. Lawrence Smith, of Philadelphia, reported a cause of leukemia (a two-year-old child) in which each hibernation would reduce the blood cells from 200,000 or 300,000, down to 6,000 or 7,000, but no permanent result was reported.

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THE ACUTE APPENDICITIS PROBLEM FROM THE SURGICAL STANDPOINT

By George P. Muller, M.D., Philadelphia, Pa.

Read before the Section on Surgery at the Annual Meeting of The Medical Society of New Jersey, June 7, 1939.

For the purpose of this discussion I have collected the cases of acute appendicitis operated upon by myself and my assistants in the Lankenau, Jefferson and Misericordia Hospitals during the years 1937-1938.

Four hundred sixty-three patients were operated upon with 14 deaths, a mortality of 3 per cent. It is interesting that in two of the hospitals the mortality was just over 1 per cent, whereas in the third it was 6 per cent, due to a number of unfortunate circumstances.

Early operation, avoidance of purgatives, and careful surgery, are the keystones to successful treatment. I should think that by this time every doctor in practice knows that the giving of purgatives, and I might add, even an enema, to the patient who has acute abdominal pain and who has not been poisoned by food, is an error of judgment which may cost the life of the patient. I think that every physician ought to know that the icebag has a soothing influence upon pain, but cannot possibly have any influence upon the infection in the abdomen.

CATHARTICS

In the tabulation of this series we found that 107 patients definitely stated that they had been given or had taken cathartics. The mortality in this group was 4.7 per cent, whereas the total mortality of the whole group was 3 per cent. It is interesting to note that the mortality in those patients who only took enemas is greater than the cathartic group. It is well known that an enema stirs up peristalsis about 30 per cent of that stirred up by brisk cathartics.

If we examine the tabulated cases we find that in simple acute appendicitis without perforation or gangrene, there was no mortality whatever in 259 cases. In a previous study I found that in this group there was history of laxative-taking in 21 per cent. In the same series there was a history of laxative-taking in 36 per cent in the gangrenous, but not perforated type, yet there was no laxative mortality. On the other hand, in those cases with spreading peritonitis where 45 per cent of the patients took a laxative, the mortality was 44 per cent in the laxative-taking group, and 30 per cent for the total mortality.

Furthermore, the study of the duration before admission to the hospital shows that in those cases admitted up to twenty-four hours ten per cent gave a history of having taken a laxative, and there was no mortality in this group; whereas those patients who were admitted after twenty-four hours gave a history of laxative-taking in 66 per cent, and in them the "laxative mortality" was 13 per cent. This tells the whole story, and definitely shows that the time factor and the pathologic state of the appendix and peritoneum determines the fate of the patient; whereas *with* spreading peritonitis from a virulent infection or a perforation, the taking of laxatives definitely increases the mortality.

THE TIME FACTOR

It did not seem necessary to tabulate the duration of the appendicitis before admission to the hospital because this story is so well known. In the latest study by Bower of the cases of appendicitis admitted to twenty-eight hospitals in 1937, it was shown that only 55 per cent were admitted in the first twenty-four hours. In my series no patient died who was operated upon within twenty-four hours of onset; three patients died operated upon within twenty-four to forty-eight hours of

onset; and eleven died operated upon after forty-eight hours of onset.

In the previous series I noted that 60 per cent of the simple acute type were admitted less than twenty-four hours from onset, whereas only 32 per cent of the cases of general peritonitis came in that early.

THE PATHOLOGY

If we divide this series into the usual groups we find that in the simple acute appendicitis there were 259 cases with no deaths; when the appendix was gangrenous but not perforated there were 78 cases with one death (1.3 per cent); in the perforated group with local abscess there were 42 cases with three deaths (7.1 per cent); and in the perforated type with spreading or diffuse peritonitis there were 44 cases with ten deaths (22.7 per cent).

We have made no attempt to carry on extensive bacteriological investigations, because we have felt that we would duplicate the work of Meleney published several years ago. Meleney stated that there seemed to be no association between the type of organism and the severity of the lesion; but rather it was the dosage of these organisms in the presence of irritating intestinal juices that determine the fatal outcome.

THE DRAINAGE FACTOR

Another way of determining the mortality rate from the pathologic state is the necessity for drainage. In this series 363 cases were not drained and there was no mortality; 100 cases required drainage with 14 per cent mortality.

THE AGE FACTOR

In every series of cases which I have studied the mortality in patients operated upon after middle age is very much greater than in the younger group. In those patients under fifteen years of age there were 109 cases with two deaths (1.8 per cent); from fifteen to forty years of age, there were 282 cases with two deaths (1.7 per cent); whereas in those over forty years of age there were 72 cases with ten deaths, a mortality of 14 per cent.

Our big mortality was in those patients over forty years of age,—seventy-two patients with ten deaths, a mortality of 14 per cent. It may be that the lesson that can be drawn from this is that we are not as careful in evaluating the risk of the past-middle-age group; and in our desire to increase the resistance to the infection in the abdomen we are not careful enough of the cardiovascular system.

In 1934, Gile and Bowler (J. A. M. A., 1934, 103, 1750) reported a series of 110 patients admitted to the Dartmouth Student Infirmary of the Hitchcock Hospital and operated upon for acute appendicitis. There were no deaths. There was only one abscess, and one spreading peritonitis. In addition, in this same hospital there were admitted 791 patients from the rural areas, and of these seventeen died,—a mortality of 2.15 per cent. There were fifty cases of abscess or peritonitis, with nine deaths.

In 1938, Schmidt and Joachim (Jour. Lancet, 1938, 58, 329) reported a study of appendicitis as observed in the Student Health Department at the University of Wisconsin during eleven years. There were 615 admissions, and no deaths. They also treated about an equal number of patients at the Wisconsin General Hospital with a mortality of 5.68 per cent.

If one studies the details of these two reports, each with a controlled group, it is apparent that the age of the patient, the duration of the illness, and the taking of cathartics are the most potent factors influencing the mortality of operation.

These "controlled groups" were college students in the early twenties, seen within a few hours after the initial onset, and only rarely resorting to purgatives. There was no mortality from the disease or the operation. I have operated upon a great many student nurses for appendicitis, and never have had a fatality.

What may one conclude, therefore, about appendicitis? Simply that if we have a young adult in the twenties, if he is operated upon well under twenty-four hours from the onset of the attack, and if he has not had a cathartic, he will almost invariably recover. Each variation from the above increases the risk. Time, sometimes soon and sometimes late, determines the perforation and the peritonitis.

Increasing years of life decrease the resistance to infection, and increase the chance of complications and the purgative spreads the infection.

If by chance or bad treatment the patient is seen late,—after forty-eight hours,—the surgeon needs to exert his utmost experience and skill to rescue this patient from his pitfall. Early operation, or deferred operation, depends upon judgment and experience, and usually the patient needs both.

THE DEFERRED OPERATION

Ever since Ochsner made his epoch-making suggestion in 1904, the question of immediate versus the delayed operation in cases with spreading peritonitis has been in the minds of the surgical group. At the present time there has been a marked reaction in favor of the deferred operation. I think that the needs for emphasizing the immediate operation to patients and doctors has overshadowed the need for the deferred operation in those cases where for various reasons the peration has been delayed for two or three days.

The reason for the time limit is simply a matter of the pathology. If the signs and symptoms indicate a spreading peritonitis within twelve hours of the onset, it is probable that the appendix has ruptured and is discharging into the peritoneal cavity without limiting adhesions. Removal of the free appendix checks further infection.

As time goes on the ruptured appendix becomes surrounded by exudate and either "digs in" under the bowel, the mesentery, and the omentum, or forms a local abscess. At the same time the spreading peritonitis may be checked by the usual defense of the peritoneal exudate.

Theoretically one may reason that it is well to wait for this defense to become well established so that, when operation is performed, the surgeon works entirely in the area of the infected appendix, and does not break down the protecting wall and allow recontamination of the cavity. Practically, however, the surgeon finds it difficult to decide whether or not this protection is developing; and if not, how can he tell that the feeding of infection from the appendix is not continuing especially if the perforation is at the base? If a mass can be felt, there is no doubt that the "walling off" has developed, and operation can well be delayed.

There are some cases in which the spreading peritonitis is evident, and the patient is desperately ill. The patient is dehydrated from vomiting, has fever, a rapid pulse, rapid respiration, restlessness, and a diffusely swollen and tender belly, with absence of peristaltic signs. We believe that certainly these patients should have operation deferred for days, the Jutte tube and salt water offering a better chance than the operation with its anesthetic. The time for operation in this group depends entirely upon the reaction of the patient, and may arrive in twenty-four hours, or not for three or four days. If the patient does not develop a mass or other evidence of a suppurating focus, and recovers, he may be carried along and told to return in six weeks for the removal of the appendix.

In the walled-off abscess group, great discrimination must be exercised in deciding for or against removal of the appendix if there is any possibility of reopening the general cavity.

It will thus be seen, and no doubt is known to all of you, that, while removal of the appendix in an early stage of the disease is a simple matter, the correct handling of the advanced case is difficult, and requires expert judgment and experience.

ANESTHESIA

In the early mild cases of acute appendicitis we frequently use gas-oxygen-ether for anesthesia. Sometimes spinal anesthesia is selected in strong, muscular individuals. In cases of local abscess, and when the disease is advanced, we invariably give spinal anesthesia unless there are contraindications to it. This type of anesthesia offers the superb advantage of giving complete relaxation of the abdominal wall, obviating any strong retraction or the use of gauze packs. The operation can be done more skillfully, and with less injury done to the tissues.

In this series spinal anesthesia and inhalation anesthesia was used in equal numbers,

and there was no essential difference in the mortality rate.

I have other evidence from a previous analysis that spinal anesthesia has but little effect in reducing mortality provided that the surgeon has available a skilled anesthetist, if the patient can be kept under gas-ether anesthesia without anoxyemia and with reasonable relaxation.

There can be no objection to inhalation anesthesia. If the giving of inhalation anesthesia is likely to be unsatisfactory, then spinal anesthesia is infinitely to be preferred,—and this holds true especially in strong, muscular individuals, in alcoholics, and in the patient with the suspected pulmonary complication.

We use spinocain in one hospital, and neocain in the other two, and notice no difference. Cyclopropane was used in a small number of cases instead of nitrous oxide, but it has only the advantage of lessening the anoxyemia.

INCISION

Mostly we use the McBurney incision. I note that in this series of cases it was used 85 per cent of times. The mortality in cases where the right rectus incision was used is 11 per cent. The mortality in the cases in which the McBurney incision was used is 1.5 per cent. I note that in a recent paper by McClure (Ann. Surg., 1937, 105, 800), of the Henry Ford Clinic, that the McBurney incision was used in 70 per cent of the total number of cases, and the mortality rate was 6.2 per cent, whereas when the right rectus incision was used it was 19.4 per cent. There is other evidence in the literature confirming this point, although some believe that that Battle incision gives the lowest mortality.

The advantage of the McBurney incision is that one gets an ideal exposure in nearly every case; and if it is properly managed, one never exposes the coils of the intestines except the last few inches of the terminal ileum. Rarely is it necessary to introduce any gauze, because the cecum can be grasped with Babcock or similar forceps and brought up into the wound where it is grasped with moist gauze. I suppose that the incision which I myself use is really the Davis incision, except that I use an oblique skin incision. By this I mean that the incision in the internal oblique is made well away from the anterior-superior spine; and sometimes I incise the anterior rectus sheath so as to pull that muscle a bit medianwards in order to get more exposure. If the incision is carried too close to the bone, there is danger of injuring the descending branch of the low intercostal nerve, and thus later getting a weak conjoined tendon.

We have rarely found the retrocecal situation of the appendix offering any unusual difficulty, except in the matter of good exposure; but sometimes it is necessary to cut the internal oblique across in an upward, and even downward, direction in order to get the exposure. After all, one divides muscles in the transverse incision for gall-bladder disease; and the internal oblique can be readily sutured together.

After the peritoneum has been incised, it is well to have the aspirating tip immediately available, preferably in the hand of the operator or his assistant, in the event that a small, unsuspected localized collection is present. If from the feel of the cecum and the agglutination of serous surfaces below it one suspects that a localized perforation has occurred, a few pieces of gauze tape are introduced, and over them the Deaver retractor is used to make exposure of the point where the surgeon intends to find a cleavage line to the appendix.

While I believe it is good practice at times to simply aspirate the abscess and put in a drainage tube, yet with increasing experience one can nearly always find and remove the appendix without breaking into the cavity generally.

In the case of diffuse peritonitis, one is greeted by a gush of turbid fluid; and with the aspirator in place constantly sucking the pus, the appendix is sought for and removed, because, since it is nearly always perforated or gangrenous, it would act as a culture tube for further bacterial invasion.

A perforation near the base is the dangerous one because one obtains, practically, a fecal fistula into the abdomen. A perforation further along in the appendix is not as dangerous as one is likely to think, because, with the perfora-

tion, there is drainage of the contents of the infected appendix; and consequently this appendix is not much of a menace thereafter of the patient having to survive the spreading peritonitis.

In those cases in which the appendix or abscess is median to the cecum and beneath the ileum, great care should be taken not to injure the blood vessel of the ileum. In difficult cases it is better to ligate the appendix deep in the wound without burying the stump. In some cases I am able to use the Gould infolding suture when the pursestring suture is impracticable, and especially when the cecum is markedly edematous.

PRE-OPERATIVE TREATMENT

No patient with acute appendicitis is given a laxative, or an enema, on admission. If operation is delayed for a few hours, a hypodermoclysis of normal salt solution is given, and morphine is administered. If it is decided to defer operation owing to the poor condition of the patient, an indwelling Jutte tube, or Levin tube, is introduced through the nose into the stomach, and five per cent glucose solution in normal salt solution given by intravenous dripping, and morphine is given in spaced intervals, usually every four hours. About 5000 c.c. of fluid is given in the first twenty-four hours; and at least 1200 c.c. of urine should be excreted in that time.

The blood chemistry is studied daily, particularly as regards function of the kidney, blood chlorides, and the serum protein. Small blood transfusions may be given daily.

Usually we apply heat to the abdomen. Absolutely nothing is given by mouth. The stomach tube should be attached to a Wangensteen apparatus, because simple siphonage often does not work, owing to the column of air in the tube. This treatment is continued up to and without interruption, not only before operation but after operation until the patient seems out of danger from the spreading peritonitis, until peristaltic sounds are heard, and there is no pus drainage from the indwelling stomach tube.

POST-OPERATIVE TREATMENT

This should be based on the principle of gently getting the patient back to the normal state, and watching for the early manifestations of complications known to occur, particularly a secondary collection, or an intestinal obstruction.

A developing febrile reaction with an apparently clean wound should lead to the suspicion of a collection, usually in the pelvis, sometimes subphrenic, rarely over on the left side. Sufficient time should be given for these to localize and become accessible.

Distention may be due to an adynamic ileus, to peritonitis, or to intestinal obstruction. It requires nice judgment to diagnose the first, and then prostigmin is very helpful; but if a silent abdomen, febrile reaction, increased pulse rate and toxemia are evident, then peritonitis exists and prostigmin is as bad as a cathartic. Active peristalsis and tinkling sounds indicate obstruction, and the Jutte tube and Wangensteen suction or the Miller-Abbott tube may give relief, or be followed by an enterostomy. Enterostomy is perfectly useless for the distention of peritonitis which can only be treated by water and a prayer, until peristaltic sounds reappear and resistance overcomes infection. It may be that in sulfanilamide we have something worth while in the treatment of peritonitis.

1930 Spruce Street

SYPHILIS IN CHILDREN

By I. ZWEIGEL, M.D., Newark, N. J.

Read before the Staff Meeting of the Babies' Hospital (Coit Memorial), Newark, N. J.

"Congenital syphilis" is really a misnomer in our modern conception of this condition. This term should really be subdivided into (a) foetal lues; and (b) infantile or acquired lues, as I shall point out later. Foetal lues is transmitted to the unborn child through the placenta, and the second form is acquired by the infant in passing through the birth canal. But for simplicity, we shall discuss, clinically, congenital lues. I shall first present a few clinical examples of my subject matter.

CASE ONE

W. H., born August 4, 1931; admitted to clinic April 15, 1937.

Family History: Mother and five children are under anti-luetic treatment now. There are two male and three female children living.

Weight of W. H. at birth, 14 pounds five ounces (?). Circumcision performed; healed nicely. W. H. had both legs fractured in 1934. Vaccinated against smallpox successfully; received toxin-antitoxin for immunization against diphtheria; blood Wassermann, four plus.

Development: First tooth appeared at six months; walked at one year; spoke at one and a half years. Apparently normal until about two years of age.

W. H.'s mother started anti-luetic treatment eight years ago. She received treatment during her pregnancy. When W. H. had both legs fractured a blood Wassermann revealed a strongly positive reaction. W. H. has been receiving treatment for four years.

Fecding History: W. H. was breast fed for one year, then usual diet was given.

Present Complaint: This child seemed normal until about two years of age (spoke, fed himself, played with other children). Gradually he lost power of speech until at age of three and one-half years he lost all power of speech. At the age of three years he fractured the right knee when he fell while walking across the floor. Mother states child had not been ill previously. Left hip fractured about one year ago, and was a resident in Newark Babies' Hospital from October 6, 1933, to December 12, 1933. Diagnosis at that time was (1) oblique fracture of right femur, and (2) congenital lues.

Laboratory Examination: April 20, 1937, blood calcium 8.02 mgs. in 100 cc. (Blood normal, 10 mgs.) Blood phosphorus 4.50 mgs. in 100 cc. (Blood normal, 6-12 mgs.) Mantoux tuberculin skin test April 19, 1937, was negative. Temperature 100 degrees, weight 44 pounds six ounces on April 15, 1937.

On admission April 15, 1937, physical examination reveals: 1, Saddle nose; 2, prominent bosses; 3, speech incoherent; 4, "slushing" gait; 5, mental retardation; 6, athetoid movements of arms; 7, anterior "bowing" of femurs and tibias; 8, lymphatics generalized and "shotty"; 9, secondaries on legs; 10, teeth "notched"; 11, tonsils large; 12, rachitic chest; and 13, penis, large and phimotic; 14, spine shows lordosis; 15, deep reflexes, hyperactive; 16, mentality of about six months; 17 conduct, poor.

Diagnosis: 1, Juvenile paresis; and 2, "healed" luetic fractures.

April 15, 1937—Neurological consultation with Dr. Loeser: This is a typical case of congenital cerebrospinal lues; dilated, fixed pupils; "notched" teeth, and "sabre" shins. There is an extreme degree of mental retardation, which would justify a diagnosis of juvenile paresis.

Newark City Dispensary Record of Anti-syphilis Treatment: Treatment given from April 27, 1933, to November 12, 1936; Kahn negative on April 7, 1937, and on April 16, 1936. Bismuth salicylate 0.5 cc. intravenously used in treatment.

I do not think this case justifies treatment at a clinic. It is a case for institutional care, in view of the poor prognosis.

CASE TWO

R. H., born on February 6, 1927, now ten years three months of age, was admitted to the clinic on November 3, 1933.

Family History: Five male and one female living children; one miscarriage in family.

Personal History: Was a full-term baby. Weight at birth was eleven pounds. It had had varicella, scarlet fever, measles, mumps, rickets, and frequent "colds". Has been circumcized. Has been vaccinated against smallpox and immunized against diphtheria with toxin-antitoxin. Had first tooth at one year nine months; walked and talked at one year.

Chief Complaint at Time of Admission: Makes a "noise" while sleeping; has mouth breathing; and periodic sore throats.

Physical Examination on Admission, November 3, 1933: Weight 46 pounds eight ounces. Temperature, 99.6. Anterior cervical glands two plus; acute rhinitis; pharnyx "injected"; teeth reveal small, carious areas; tonsils definitely infected.

Provisional Diagnosis: Acute pharyngitis and bronchitis.

Laboratory Examinations: Kahn, negative, September 22, 1936. Kahn, negative, December 24, 1936. Kahn, negative, April 14, 1937.

Consultations in Chest Clinic, September 19, 1934: Referred to Soho Isolation Hospital for tuberculous sanatorium care and treatment; May 15, 1935, returned home from Soho; September 10, 1935, "nota-

tion" by Chief of Chest Clinic: Paucity of lung signs.

After eight months of sanatorium care there is a retrogression of the large left hilar lesion by comparison of x-rays (1934-1935). On October 8, 1935, a notation by Dr. Applebaum of the lung clinic reads: "Patient is improving. No lung findings or symptoms at present."

On September 1, 1936, a macular rash developed over the entire body, present for two months. A blood Wassermann was ordered. October 10, 1936, patient was transferred to the syphilitic clinic for treatment. Patient has been under anti-luetic treatment since September 15, 1936. Temperature variations have been 101.6 to 99.2. Weight variations have been 60 pounds 12 ounces to 67 pounds eight ounces.

CASE THREE

R. B., female, born November 7, 1925; admitted to clinic October 19, 1934.

Personal History: Full-term child; condition at birth, good; had varicella, measles, tuberculosis at nine years of age. Vaccination against smallpox at four years. Schick test negative, 1936. Developed first tooth at six months. Walked at one year, and talked at two years. Bottle-fed baby.

Chief Complaint on Admission: Skin rash.

Laboratory Examinations: April 16, 1934, Mantoux, 1:1000, negative; May 4, 1934, Mantoux, 1:100, negative; September 4, 1936, blood Wassermann, three plus; Kahn, three plus. April 14, 1937, Kahn, four plus.

October 23, 1934, transferred to Essex County Tuberculosis Sanatorium at Soho.

April, 1935, mother signed release from Soho.

June 18, 1935, reëxamined in lung clinic; is losing weight.

September 1, 1936, macular rash over entire body, with a few vesicles. Lues suspected, and Wassermann test ordered.

September 10, 1936, transferred to luetic clinic for treatment.

Has been under anti-luetic treatment from September 15, 1936. Temperature variations 98 to 100. Weight variations while under treatment, 59 pounds to 66.5 pounds.

I present the foregoing case because this patient has had severe reactions with syncope, nausea and vomiting following treatment with the usual remedies (bismuth, sulpharsphenamine and mercury) in spite of her four plus Kahn. She may avoid these constitutional reactions with the oral use of stovarsol. The coincident pulmonary tuberculosis may be a factor, also, in sensitizing this patient to the ordinary and usual remedies for lues.

CASE FOUR

H. S., male, born December 3, 1929. Admitted to clinic October 7, 1930. Full-term child. Weight at birth, seven pounds six ounces. Breast fed for one month. Father and mother under anti-luetic treatment.

This child has a four plus Wassermann. At eight months of age child weighed 12 pounds 12 ounces.

Diagnosis: Congenital lues. On admission physical findings were (a) generalized adenopathy; (b) "saddle" nose; (c) enlarged liver.

Laboratory Findings: June 20, 1933, (a) hemoglobin, 75 per cent; (b) leukocytes, 5000; (c) polys, 60 per cent; (d) lymphocytes, 38 per cent; (e) monocytes, two per cent. March 12, 1931, blood Wassermann was two plus; July 16, 1931, negative; and March 15, 1932, negative. April 7, 1932, spinal Wassermann negative; and on April 17, 1934, negative.

The patient was under anti-luetic treatment from September 9, 1930 till April 12, 1932. While under treatment its weight varied from 12 pounds 12 ounces to thirty pounds; and its temperature, 98.6 to 101 degrees.

July 19, 1933, patient had an attack of broncho-pneumonia.

January, 1934, patient was sent to the lung clinic for a complete lung "work-up" because of possibility of associated lung pathology in congenital lues. In February, 1934, lung consultant found a slowly resolving broncho-pneumonia, associated with congenital lues.

I am presenting this case because of the morbidity found here:

1. At three and a half years, first attack of pneumonia.
2. At seven years, second attack of pneumonia.
3. At two and a half years, pertussis.
4. At four years, tonsillectomy performed.
5. Chronic otitis media in 1933 for one year.
6. Attack of intestinal worms, January 21, 1936.
7. In October, 1932, fracture of left femur, and was confined for ten and a half weeks at the hospital.
8. In Summer, 1934, fracture of right clavicle,—untreated except with sling.
9. On March 24, 1937, fracture of left clavicle, and under treatment from March 30, 1937, to April 22, 1937. I feel that the preceding multiple fractures are probably pathological fractures associated with the infantile lues found here.

CASE FIVE

E. H., aged seven and a half weeks. Born March 28, 1937; admitted to clinic April 4, 1937, with diagnosis of (1) prematurity; (2) hemorrhagic disease

of the new born; (3) congenital lues; (4) icterus neonatorum.

Seven months' pregnancy. Normal labor except precipitated before doctor's arrival; "cord" broke before City Doctor's arrival.

Five days after birth "cord" began to bleed profusely, and continued for seven days; treated by six doctors. Infant was taken to hospital where "cord" was sutured to surrounding tissues, and bleeding was thus finally checked.

Physical Examination on Admission revealed (1) marked jaundice; (2) marked pallor of mucous membranes; (3) fontanelles depressed; (4) liver palpable; (5) spleen palpable.

Laboratory Examination: May 10, 1937: Urine cloudy, amber, acid, I. Q. S.; albumin, one plus; glucose, negative; acetone, negative. Microscopic examination: 40-50 leucocytes per H. P. F.; 6-8 pus cells; 5-6 red blood cells; 50-75 epithelial cells; moderate amount of mucus.

April 27, 1937, father has four plus Kahn. On April 21, 1937, Kahn, four plus, mother; and Kahn, four plus, child.

April 5, 1937, type one blood group transfusion given to mother. April 5, 1937, complete blood count—hemoglobin, 30 per cent; red blood cells, 1,250,000; achromia slight; anisocytosis marked; macrocytes predominating; poikilocytosis slight; polychromatophilia marked; normoblasts, four found; color index, 1.2; leukocytes, 34,700; polys, 32 per cent; lymphocytes, 68 per cent.

April 4, 1937, maternal whole blood, 15 cc., given intramuscularly into both buttocks.

April 5, 1937, transfusion, direct method, 50 cc. whole blood from mother into external jugular vein of infant; no immediate reaction.

Treatment: (1) Sulpharsphenamine 0.05 gm. once weekly; (2) soluble bismuth three per cent, 0.5 cc., once weekly; (3) blue ointment, grains five, once each week per inunction (begun April 26, 1937) on first seven days, daily inunction was given.

April 4, 1937—Ten per cent tannic acid dressing applied to bleeding umbilicus.

April 4, 1937, breast milk, eight feedings, one and a half ounces, every three hours.

Ten per cent silver nitrate applied to mucous patches, in mouth and about anus.

April 27, 1937, x-ray of wrist and ankles taken, and no indication of bone changes were found sufficient to warrant a diagnosis of congenital lues.

May 21, 1937, present formula of feeding:

Evap. Milk 6 oz.
Boiled Water 6 oz.
Karo ½ oz.
Eight feedings daily, 1.5 ounces each, every three hours.

May 20, 1937. Stools are two to four daily; yellow and soft.

Regurgitates one feeding in twenty-four hours.

May 20, 1937. Temperature variation, 98 to 100. (First injection of As given.) Weight increased from three pounds 11 ounces to five pounds one ounce.

May 21, 1937. Anti-luetic treatments given thus far: (a) 17 mercury inunctions; (b) four sulpharsphenamine injections; (c) three bismuth injections.

There are four types of infants born of syphilitic parents:

1. Malignant type: A macerated infant is born, or where the infant dies very soon after birth from an overwhelming luetic infection.

2. Moderate severe type. There is definite clinical evidence of lues and the infant responds to anti-luetic treatment.

3. Apparently normal type. Clinical evidence of syphilis is lacking, but the blood examination or spinal fluid examination is four plus, or three plus.

4. Normal infant. The infant appears normal, and the blood and spinal Wassermann are negative.

Matzenauer's statement, "Without a syphilitic mother there can be no syphilitic child", may today be considered entirely valid. Matzenauer's theory that transmission first occurs by way of the placenta and umbilical cord during the second half of pregnancy, most frequently in the sixth or seventh month, can be amplified on the basis of new research, confirmed by Klaften in conjunction with Thompson, Schneider, and others.

All degrees of severity of infection are evident, ranging from a macerated fetus and severe visceral and bone syphilis of affected children, to the apparently healthy infant.

These types are explained by the manner and severity of the disease; and above all, by the time of invasion and numbers of spirochetes invading through the maternal placenta whose protective function eventually fails to a greater or lesser degree.

Erich Hoffman, who with Schaudin, discovered the spirocheta pallidum as the etiological agency in lues, clinically classifies congenital lues into: 1, Apparently normal; 2, mild lues; 3, moderately severe lues; and 4, malignant lues. He also states: "All infections occurring by hematogenous or lymphogenous routes, and *not* exogenous with or without a primary lesion, are considered as 'syphilis congenita'." Indicative of an acquired or binary infection are: 1, Alopecia microareolavis; 2, leucoderma; 3, vegetating condylomas; and 4, primary lesion on the tonsil.

Diagnosis of Infantile Lues: 1, Detailed family history; 2, all methods of clinical investigation (inclusive of x-rays); 3, investigation for the presence of spirochetes; 4, serological examination; 5, spinal fluid examination; 6, an increased blood sedimentation rate is often suggestive of lues.

CLINICAL AND LABORATORY FINDINGS IN CONGENITAL SYPHILIS

1. A macerated fetus in sixth or seventh month of pregnancy.
2. Senile, atrophic appearance, if born alive.
3. Peculiar, brownish-yellow color of skin with gray undertones.
4. Striking pallor and emaciation.
5. Simultaneous involvement of palms and soles by a pemphigoid syphilide (pea-sized vesicles).
6. Rhagades or ulcerations about mouth and anus.
7. Symmetrical paronchia on several or all fingers from which spirochetes can be isolated.
8. Coryza syphilitica or "snuffles".
9. Enlargement of cubital and thoracic or para-mammilary lymph glands.
10. Alopecia, diffues, or in small patches (eyebrows, eyelashes and scalp).
11. High, arched palate may be suggestive (though also found in rickets).
12. Megalosplenia, and occasional enlargement of liver.
13. No gain in weight or even a loss in spite of rich food.
14. Hydrocephalus.
15. Frequent vomiting.
16. Crying at night.
17. Nervous disturbances and convulsions (with striking venous dilatation, especially on the head).
18. X-ray findings: (a) Osteochronditis; (b) periostitis; (c) osteomyelitis, fibrosa raveficans of Pick; (d) epiphyseal separation (pseudo paralysis).
19. Blood examination: (a) Four plus Wassermann; or (b) four plus Wassermann after a provocative dose of arsenic.
20. Hutchinson's triad: (a) Keratitis profunda; (b) nerve deafness; (c) typical alterations of upper and middle incisors and first molars.
21. In addition to Hutchinson's triad, Hochsinger considers a somewhat equivalent early triad of congenital lues consisting of (a) skull deformities; (b) radiating scars around the mouth; (c) palpable cubital adenopathy.
22. Physical signs noted by French School of Research Workers: (a) Widened knee joints; (b) saber tibia (anterior bowing); (c) chorio retinitis; (d) "saddle" nose; (e) testicular atrophy; (f) dwarfism or gigantism.
23. Manifestations of so-called period of recurrences (second to fourth year of life) consisting of, (a) exuberant condylomas on the genitals and anus; (b) alopecia microareolavis; (c) erosions of the mucous membranes (should be considered as syphilis acquisita infantum).
24. Endocrine dysfunctions and nervous system disturbances: (a) Dystrophia adiposogenitalis; (b) infantilism; (c) dwarfism; (d) gigantism; (e) myxedema; (f) eunuchoidism; (g) contraction of visual fields; (h) diabetes; (i) syphilitic meningitis with hydrocephalus; (j) convulsions; (k) paresis; (l) lameness; (m) hemiplegia; (n) idiocy; (o) juvenile tabes and paresis in fourth year of life.
25. Gummas have been observed in all organs.
26. Severe, deep, tertiary ulcerations often simulate lupus, and can occur on the face, mouth, palate, nose, and other sites, causing deep ulceration, and leaving as stigmas severe mutilating scars, often with bony involvement.
27. When rachitis, tuberculosis, etc., develop along with congenital lues in infants, clinical pictures are observed which have given rise to the French theories of syphilis larvée. Here, however, is the question of a combination of factors, whereby in children, weakened through diaplacenta infection, other diseases can occur more severely and in peculiar clinical forms. In these cases, specific therapy is often of striking benefit.

PREVENTION AND TREATMENT OF CONGENITAL LUES

In order to reduce the incidence of congenital lues, there are two means at our disposal:

A, Prophylaxis of syphilis in general; B, specific therapy in congenital lues.

A. Preventive measures of familial syphilis:

1. The pregnant woman is the sole carrier of the causal agent of congenital syphilis, and then only after the fifth month of pregnancy.

2. Prevention of infection of the mother by the syphilitic father.

3. Treatment of syphilitic mother during pregnancy.

4. Use of accepted methods of venereal prophylaxis by husbands who indulge in extramarital relations.

5. Anti-conceptional prophylaxis for syphilitic women until they have been sufficiently treated.

PRENATAL AND PREVENTIVE TREATMENT

B(a). Two combined "courses" with a four-week rest period suffice for the prenatal treatment of the fetus, even in the presence of obvious syphilis.

After an initial dose of 0.3 gram neoarsphenamine, give 0.45 gram neoarsphenamine twice weekly for twelve injections, combined with bismuth. This constitutes a "course" for the pregnant woman.

POST NATAL THERAPY

a. Combined neosalvarsan-bismuth (or hydrygyri) treatment with medium dosage [0.01 gram neosalvarsan per kg.]) has given good results; or

b. Stovarsol (spirozid in Germany; stovarsol in France; acetarsone by the American Medical Association's "New and Non-official Remedies"). The tablet of stovarsol is 0.25 gm. by weight. This treatment is preferred by most pediatricians, gynecologists, and dermatologists. (An intensive ninety-four-day course has been advocated by E. Muller.)

c. Erich Hoffman uses stoversol with bismuth injections (0.002 to 0.003 gm. metallic bismuth per kg.) or with mercury inunctions.

d. Stovarsol treatment as outlined by E. Muller:

1. Large dose for ten days with

2. four-day rest periods between.

3. First dose—one-half tablet of 0.25 gm. tablet.

4. With rigorous infants. Give one tablet and then a rapid increase to two, three, or four tablets daily.

5. With a course of 7 x 10=70 treatment days and 6 x 4=24 rest days between, he tries to give 40-60 gms. stovarsol, and thus to conclude the treatment in 94 days.

6. With this treatment, the children become and remain healthy and serologically negative.

e. Other noted pediatricians advise beginning with small doses of stovarsol, increasing slowly from one-quarter, to one-half, three-quarters, and one tablet of 0.25 gm. in order to employ larger doses, according to tolerance, after the second or third week. Many combine this with mercury inunctions (0.1 gm. of 33 per cent ungt. hydrargyri per kg.), or bismuth injections.

f. The total of the stovarsol, with or without short rest periods, amounts to 24-30 gms.; by repetition of this course during the first one-half year of life, twice, and in later months, even three times. This total of 24-30 gms. stovarsol can be reached.

TREATMENT OF INFANTILE LUES AT THE NEWARK BABIES HOSPITAL (COIT MEMORIAL)

1. Sulpharsphenamine and bismuth are chiefly used. Only in cases of idiosyncrasy or severe reaction do we use mercury or other medication (for e. g. stovarsol, orally).

2. For children less than six months of age we begin with 0.05 gm. sulpharasphenamine intramuscularly, at weekly intervals, for twelve doses.

3. Then, we give fifteen doses of one cc. aqueous solution of bismuth sodium tartrate three per cent (G. D. Searle & Co.) at weekly intervals.

4. For children one year of age we give 0.1 gm. sulpharsphenamine; for one and a half years we give 0/15 gm., and for two-year-old children, 0.2 gm. intramuscularly.

5. For children four years of age or over, we give two cc. of the soluble bismuth sodium tartrate three per cent.

6. One course consists of twelve weekly intramuscular injections of sulpharsphenamine,

and fifteen intramuscular injections of soluble bismuth.

7. After one and a half years of continuous treatment, we take a blood Wassermann.

8. If blood Wassermann is negative, we repeat the blood Wassermann at the end of one and a half years and again at the end of two years.

9. If negative, we do a spinal Wassermann.

10. If the spinal Wassermann is negative, the child returns for a blood Wassermann at the end of two and a half years.

11. If negative, a spinal Wassermann is done at the end of three years. If the spinal Wassermann is negative at the end of three years, the child is considered clinically cured.

22 Monticello Avenue

SOME NEWER CONCEPTS IN THE FIGHT AGAINST TUBERCULOSIS

By H. R. Edwards, M.D., F.A.C.P., Director, Bureau of Tuberculosis, Borough of Manhattan, New York City

Presented at the Annual Meeting of the New Jersey Tuberculosis League, Trenton, N. J., October 27, 1939.

There is general agreement that tuberculosis is a chronic communicable disease which is spread from person to person, through intimate contact. It is furthermore considered to be a problem affecting the public health of any community, and therefore, the State or local health authorities are responsible for its control.

THE PHYSICIAN AND THE PUBLIC HEALTH AGENCY

The first step necessary in the control of tuberculosis is the *discovery of the cases,* if possible, in their early stages when cure is most effective, and before serious dissemination to others has occurred. This is a responsibility of the *organized Medical profession,* as well as the *public health agencies.* The ultimate control of the disease can be accomplished only if these two major agencies combine their forces, and work hand in hand. Each has its respective sphere of activity, which may overlap the other at times, but need never seriously interfere with the ultimate goal. It is a generally accepted fact that the public health agency has no desire to provide diagnostic or treatment facilities for that part of the population that can afford private medical care. There are many instances, however, where the patient may be able to secure ordinary medical service through the family physician, but yet unable to pay the standard costs of special consultation for chest conditions, including x-rays. It is not always a question of a single examination and x-ray but rather of a series of x-rays for the individual, as well as other members of the family. At existing charges for such services the single or combined costs are beyond the ability of many.

A very large percentage of the population fall in an economic group that cannot pay ordinary medical fees, much less the cost of the special services accepted as routine in the control of tuberculosis. They are the responsibility of the *public health agency,* and for the most part constitute the clientele of the public clinic, and fill the majority of the hospital beds for the tuberculous provided by public funds.

DISCOVERING EARLY CASES

For many decades tuberculosis workers have endeavored to find tuberculosis in its earliest stages, but they have waited for the most part for the appearance of symptoms to send the case to his physician or the clinic. We know now that this policy has been wrong because, when symptoms are manifest, the disease has almost invariably progressed to an advanced stage. In more recent years it has been found that early tuberculosis can be found consistently only if we go to the individual who is apparently healthy.

THE SCHOOL CHILD, OR THE ADULT

The first work in this field was among school children, because it was originally thought that tuberculosis in the adult developed from childhood infection and, therefore, detection in childhood would offer an opportunity for control in adult life; also the school child was regimented with greater ease than those older. The numbers of school children who have been examined for this purpose run into the hundreds of thousands, and therefore, today we have a much clearer concept of their relative importance in the community program to ultimately eradicate tuberculosis. As a group, their productivity of significant tuberculosis has been very low, and the sums involved in supervising those infected until they reach the adult period of life, have been costly and the results notably unsatisfactory. The real purpose in surveys of the apparently healthy should be to detect those with significant pulmonary tuberculosis. All available statistical data on both morbidity and mortality clearly indicate the greater importance of the adult as compared to the child. Thus, within the past few years, there has been a notable shift of emphasis to the adult population as the most productive and economic for large-scale operation.

This change in emphasis in case finding to the apparently healthy *adult* has raised a number of problems dealing with the economics involved. Some believe that all such work should be done by the public agency without cost to the individual; others believe that it should be done by the private radiologist or clinician for a fee that is paid either by the patient directly or from a subsidy of public funds to the physician. Both methods have been used with variations in different communities, and the correct answer for a given community can only be arrived at after considering all factors involved.

In the school surveys that have been so widely developed, it has been found that in the first place not all parents will request a tuberculin test or x-ray for their child, regardless of the cost involved. Also, it has been found that when such examinations are available for a fee, even though low, as a rule only those able to pay are examined. Thus, those of low economic level are not examined, and available experience clearly indicates that it is among that group that the greatest amount of tuberculosis will be found. Undoubtedly there are poor families who sacrifice necessities to have such examinations, and there are those who can afford to pay but will not, but these are more likely the exception rather than the rule.

THE DETROIT PLAN

The Detroit Plan, in which the Department of Health pays a fee to the physician for the tuberculin test and the x-ray, is reported to be satisfactory by its sponsors. In evaluating available reports and costs of this work, it is found that the unit cost per case discovered is considerably greater than the experience in New York City, where we have used W. P. A. funds, a rather costly plan compared to what could be done with Civil Service personnel.

If the purpose of the survey is to diagnose significant tuberculosis, its facilities must be made available to all, rich and poor alike, and at the lowest unit cost. The development of the Rapid Paper X-Ray method of examination within recent years offers an efficient and essentially low cost means of survey. It has been used and endorsed generally in New Jersey. As this type of apparatus is available only by contract for a specified job, it offers no threat of competition with the physician, and stretches the public dollar much further than would be possible by the utilization of individual x-ray units. In some counties in New Jersey the County Sanatorium is providing such services. If the group surveyed must be transported to and from the institution, the unit cost is raised. In estimating costs in such work, it is necessary to consider the items of overhead, as well as the cost per sheet of film. Regardless from which particular budget these services are drawn, the gross cost will be greater than the cost of a piece of celluloid or paper film.

FUNDS

The financial condition of most governmental agencies today gives serious cause for thought. The amount of funds available for

all public services is limited, and the taxpayer has a right to demand that they be spent judiciously to obtain the greatest benefit at the least cost. The experience in New York City clearly indicates that the organized survey staff, operating under the Department of Health, is less costly and more efficient than a plan similar to that used in Detroit.

Tuberculosis is primarly a disease most commonly found among those in the lower economic level of society,—the unemployed, those on relief and the colored. These general groups comprise a sizable proportion of any community's population. They live in tenements, many depending upon public assistance, and they are unable to afford private medical care. There can be no question that it is the responsibility of the public agency to provide medical care or mass surveys as a method of prevention for this part of the population, in the same way that it provides shelter and food. This concept is readily accepted in New York City by organized medicine, and the major part of the Department service has been devoted to such classes of our population.

The recent legislation in New Jersey providing for the examination of all pupils and employees in the public schools is a notable forward step in the control of the disease.

As yet the regulations under which this act will function have not been formulated, and it is wise that each local board of education will be permitted to determine its own policy. It is to be hoped that any plan adopted will give serious consideration to the costs involved so that the school surveys will not represent the complete community program. In conjunction with such a program, there should be developed the routine survey of that part of the adult population in which tuberculosis is known to be high, and will, therefore, give the highest yield for the dollar invested.

THE LABOR UNION

In New York City, within the past year, programs in case finding have been developed among certain union organizations. The purpose of these studies has been to indicate the prevalence of significant tuberculosis so that a permanent program might be established by the Union with its own funds. Such a development would undoubtedly result in contractual relationship with the private practitioner and radiologist in the future. Thus, even though we have given this original service without cost, we believe it represents a good public investment in the control of tuberculosis, and an ultimate aid to the practitioner. Many union organizations are now providing medical services and sick benefits for their members and most organizations are keenly interested in developing preventive services to remove from their membership the blight of such diseases as tuberculosis. The problems of disease prevention are not well understood by many. It is one thing to say that a certain amount of disease exists in a given population, but it is far more effective to indicate that this person and that one actually has serious tuberculosis. The problem is then brought home with a vengeance. In some of our union surveys a leader was occasionally found with a previously undiscovered lesion, and it is thus easy to understand why the union leaders as a whole have urged their members to coöperate. This start would likely never have been made by the union if we had not made the first study available without cost. This same principle operates in any group, as no person wants to believe that he has a lurking tuberculosis until it is proven, and an appeal en masse is more effective than individually.

THE PUBLIC AGENCY

Thus, it must be clear that the *public agency* has a community right and responsibility in developing a tuberculosis case-finding program. Frequently cases detected in surveys do have family physicians, and as a rule they return to them for further supervision; but without the survey they likely would never have gone to the physician for an x-ray in the first instance. This fact has been attested to frequently by both physicians and radiologists in our experience. For example, in our surveys of applicants for employment in City Departments, a deferral of acceptance by us always results in that individual seeking outside opinion. In this small group over 200 persons have returned to the family physician and radiolo-

gist, and, of course, such action is heartily endorsed by the Department.

The local official agency can render a valuable service to the physician by providing a consultation service for his problem chest cases. Such services should be without cost and based on competent clinical and x-ray facilities. This plan has been developed in a most satisfactory manner by the New York State Department of Health in Upstate New York, and in New York City by the Department of Health. It presents an opportunity for the physician to secure without cost a competent chest service. This opportunity is of no slight importance to many patients with limited means, as well as to the physician who can keep the patient under his care. However, it frequently happens that the physician will request the public agency to continue supervision or secure hospitalization, etc.

The limitation of funds and facilities by the public agency has caused many to review their programs with the idea of eliminating unproductive and non-essential activities. With the development of the survey idea, some are altering their routine clinic services so that they may reach farther and farther into the community, rather than devote an unwarranted amount of service to the few.

CHILD EXAMINATIONS

It is now known that, if a child survives his third birthday in contact with open tuberculosis, in all probability he will be safe until he reaches adolescence. In other words, the period between four and twelve years may be considered as latent, and routine reëxaminations during that time are of little value. The elimination of children without active lesions, therefore, reduces the clinic load and makes way for the acceptance of many others with no increase in clinic staff.

In New York City we are going a step farther and x-raying all new admissions without the usual history and physical examination, and devoting detail attention only to those that show by x-ray a suspicious or definite lesion. This plan obviously will free considerable time of the staff to give better attention to the important case, and to expand our services to reach many that could not be cared for otherwise. It is planned to make each clinic a small survey station that will permit a consistent and thorough combing of every district. We would like to x-ray all persons in the low-income areas, the unemployed and others, among whom tuberculosis is known to be prevalent. There is need of streamlining tuberculosis work today, the same as in other industrial or social developments.

RESULTS IN NEW YORK CITY

Our conclusions on tuberculosis control are based on years of routine clinic administration in a large and complex city, and on mass surveys that have reached over 200,000 within the past five years. An accumulative analysis of this later material indicates that we are finding about four per cent with lesions of chronic pulmonary tuberculosis, and 2.5 per cent with lesions that are clinically significant. Furthermore, we are finding almost three-fourths of these significant lesions in the early or minimal stages.

The satisfactory results obtained in our survey work are in large part due to the selection of the material for examination. In the first instance, we have available fairly complete data on tuberculosis morbidity and mortality in every district of the city. These data show such subdivisions as age, sex, race and broad economic groupings. In general terms, the problem of tuberculosis in New York City is greatest among the colored population and its distribution is most prevalent among those living in tenement areas, the unemployed and those on a low-income level. These data also show the characteristic rise in the incidence of the disease and mortality, beginning at fifteen years for both sexes, and reaching a peak for females at about thirty years and in males at about fifty years.

THE COLORED POPULATION

Despite the fact that the greatest problem is among the colored, the surveys have consistently indicated that above twenty-five years of age the percentage of disease is greatest among the white, whereas below that age, the percentage is greater among the colored. We

have re-x-rayed a large group of colored persons negative on x-ray a year previous, and have found a number of new cases, varying from minimal lesions to advanced disease or death within the period of a year. It was significant that in each instance the new disease occurred in those thirty or more years of age.

HIGH SCHOOL STUDENTS

The lowest average age x-rayed has been high school pupils. Of 14,177 examined, we found 0.3 per cent with significant lesions. In this total are represented four schools. The lowest yield, or 0.1 per cent, was among boys of fairly good economic background; and the highest was among girls in Harlem with a large percentage of colored, where the rate was 0.8 per cent. The coöperation in these schools ranged from 89 to 98 per cent of the enrollment, which is a tribute to the interest and organization manifested by the school faculty. The tuberculin test was used in a large number, and both positive and negative reactors x-rayed. In no instance was significant tuberculosis discovered by x-ray where the reaction to tuberculin was negative. Thus, we advocate the preselection of such material by the tuberculin test for the x-ray examination.

In a well-rounded tuberculosis control program the high school pupil has a place, but in comparison to the yield in older age groups, it must be considered as relatively small.

A survey of 8,708 N. Y. A. enrollees with an average age of 20.8 years revealed 79, or 0.9 per cent, with significant tuberculosis. In the colored the prevalence was twice that in the white, and there was no significant difference between sexes in either racial group. This latter observation may be of importance in comparison to similar surveys among college students where the prevalence of disease has been reported to be greater among females than males.

RECIPIENTS OF HOME RELIEF

The greater majority of our survey work has been among persons on home relief. Thus, 65,459 were x-rayed in Harlem, revealing 1,919 clinically significant cases. In the lower part of Manhattan; 25,170 others revealed 523, or 2.1 per cent, with significant tuberculosis. In 3,214 Puerto Ricans on relief, 6.1 per cent were diagnosed as chronic pulmonary tuberculosis. There were 4,716 homeless transient males in the Bowery, who showed 250, or 5.3 per cent, to be suffering with significant tuberculosis. The average age of all the foregoing was thirty-five or more years.

PRE-EMPLOYMENT EXAMINATIONS

The Department has established a certain amount of routine survey work for preëmployment applicants. Thus, all applicants for employment in the Health Department, Fire Department, Board of Education, applicants for license as guides, and more recently, in collaboration with the medical services of the Department of Sanitation, the applicants of that Department are now x-rayed prior to their acceptance.

TREATMENT OF POSITIVE CASES

Thus far, no mention has been made of the treatment of the case, primarily because it is believed that treatment of the case per se is of secondary importance in the control program, as a whole. Drolet has pointed out that from his analysis of data over many years and in many communities that: "Sanatorium or surgical treatment of pulmonary tuberculosis would seem so far to have had little effect upon the case fatality rates of the entire tuberculous population in the communities studied", and further: "It may, therefore, be concluded from the obvious decline of tuberculosis and the comparatively slight change in the case fatality rate that the preventive aspects of isolation in tuberculosis hospitals have been far more effective than those issuing from sanatorium or medical treatment."

Whether we wish to accept his findings or not, they do give us food for thought, and should stimulate much deeper thinking about the value of the things we are doing. Granting that the feature of isolation of the case is the most important contribution of the sanatorium, there is every reason to believe that our extensive building program over the past forty years has been justified, because *isolation* is the second requisite in the control of any communi-

cable disease, the first being the *detection* of the case.

PNEUMOTHORAX

The experience of Hruby in Chicago, Cutler in Philadelphia, and others elsewhere, with initial and refill service for pneumothorax in the ambulatory clinic is opening a new field in tuberculosis control. In Chicago, the necessity of adopting this plan was due to the shortage of beds and the importance to the community of controlling the open infectious case. In their hands it has developed into a safe procedure and undoubtedly will be adopted in other communities faced with similar problems. This is a further indication of the present-day trend to streamline services so that the greatest number will be served within limited budgets.

CONCLUSIONS

In conclusion, then, it may be stated that the newer concepts of tuberculosis control deal with those factors that assure the maximum service at the lowest unit cost. No longer are workers in this field content to continue in the time-worn paths of the past. Established procedures of years standing are being more carefully evaluated, with the result that many are being eliminated entirely without seriously interfering with sound control measures. The elimination of nonessentials permits a given staff to expand into other more productive fields of activity.

Case finding is more and more becoming a matter of first importance in the tuberculosis program, and it is believed that it should be expanded to include the apparently healthy in the community. There is no need for waste and lost motion in such programs, for the facts are available to properly guide our course. It is primarily the adult population of low income,—the unemployed, and other socially substandard groups,—that offer the greatest opportunity.

The success of any program will depend upon team work by the organized medical profession and the public health authority. Each has its place and they need not conflict with each other. The private physician, however, will be handicapped if he attempts to handle large-scale surveys through his office; either the individual cannot pay, or the subsidy required from public funds will be unreasonably high compared to acceptable services that can be provided by the health agency. In the end the private physician benefits through the referrals to him of significant cases found in the survey.

125 Worth Street

PREGNANCY AND TUBERCULOSIS

MATERNAL WELFARE ARTICLE NUMBER FIFTY-FOUR

By William J. Carrington, M.D., Atlantic City, N. J.

Read before the Staff Meeting of the Royal Pines Hospital, Pinewald, N. J., October 10, 1940.

Pulmonary tuberculosis is a serious complication of pregnancy; and pregnancy is a serious complication of tuberculosis. Some 32,000 tuberculous women in this country become pregnant each year, and a third of them die within less than a year after delivery. Whether to prevent or interrupt pregnancy, and if so, when and how, are complicated problems for which there are no categorical answers. There are dogmatic opinions as widely divergent as the poles. For example, Cullen, expressing the old Hippocratic view, wrote, "The progress of the disease is retarded by pregnancy, but only until delivery. The symptoms then return with violence, and soon prove fatal." On the other hand, Frick states, "Pregnancy makes for recovery from tuberculosis. The evil which comes after delivery is due to slight septicemia which can be obviated by modern obstetrics."

Between these extremes what are we to believe? The voluminous literature is full of confusion. The problem has been studied bio-

logically, physiologically, chemically, and statistically; but the average study has proceeded on fallacious premises and gratuitous assumptions. On these wobbly legs it has limped through a morass of slip-shod data, and has arrived nowhere. Phthisiologists have no great interest in obstetrics, and they eliminate any condition which even by remote chance interferes with the patient's recovery. Obstetricians are not familiar with the natural history of pulmonary tuberculosis. Moreover, the data presented are usually unsorted. For example, under the effects of pregnancy on tuberculosis are grouped the effects of gestation, parturition, and puerperium, all of which differ one from another.

Is it not presumptuous to add another paper to the long list already written, more especially in view of the fact that it is based neither on wide experience, nor on original laboratory experimentation? The purpose of this paper is not to answer all the problems involved. But you and I are in active practice, and we must have working answers to clinical questions. Let us, therefore, try to find some solid ground on which to stand in this quagmire of obfuscation.

EFFECTS OF TUBERCULOSIS ON PREGNANCY

Before formulating our opinion, let us consider the effects of tuberculosis on pregnancy; and the effects of pregnancy on tuberculosis.

1. It is generally agreed that tuberculosis does not impair fertility except in marked cachexia and in genital tuberculosis. Indeed, there are those who believe that sexual activity is increased by the disease.

2. Miscarriages are rare among tuberculous women. This is in sharp contrast to syphilis. On the other hand, premature labor is quite common. Many clinics report that premature labor is as frequent as labor at term.

3. Hereditary tuberculosis is exceedingly rare. While acid fast bacilli have been found in the placenta, that is not the rule, and congenital tuberculosis plays little part in the problem.

CHANGES IN TUBERCULOUS WOMEN DURING PREGNANCY

Marked changes occur in all pregnant women, but some changes are peculiar to tuberculous women.

1. During pregnancy, the *tuberculin reaction* becomes negative or weakly positive. The same phenomenon occurs in acute febrile diseases. Some observers believe this is due to lessened resistance, which results from the demands of the fetus for oxygen and calcium. Others point out that the tuberculin response is an allergic reaction. Whatever the reason, the fact remains that the Mantoux and the patch test become negative or faintly positive.

2. According to Kehrer, pregnancy hormones *relax all connective tissue,* not only that of the genital tract, but of the entire body; hence, the greater tendency to hemoptysis and to the spread of the tuberculous process during child bearing. Other workers have pointed out that there is greater capillary permeability.

3. In pregnancy, healthy women show increased blood cholesterol, whereas, in pregnant tuberculous women, there is hypocholesterolemia. Solomon and Potter go so far as to estimate the degree of activity of the process by the amount of cholesterol in the blood.

4. The upward pressure of the diaphragm is thought by some to splint the lungs after the fashion of bilateral phrenic exeresis. But a half dozen investigators report that the vital capacity of the lungs is not altered in pregnancy, even twin pregnancy.

5. The blood from the umbilical vein of children of tuberculous mothers has caused experimental tuberculosis when injected into guinea pigs. Interesting enough, the placentae escaped infection. Calmette believes that there is an ultra-microscopic stage of the tubercle bacillus, —"ultra virius tuberculeux".

6. The euphoria of pregnancy masks the symptoms of tuberculosis as Funk pointed out. The apparent improvement is due to increased blood volume, and increased metabolic rate.

7. Tuberculous women actually do well during pregnancy, but are more likely than the non-tuberculous to succumb to low-grade infection, post-partum hemorrhage, phlebitis, and even mastitis during the puerperium.

8. Medlar has shown that, in pregnancy in tuberculous women, leukopenia with corresponding fall of polymorphonuclears indicates a rise in local resistance; whereas a rise in neutrophiles and mononuclears portends an increasing infection. It would seem that Medlar's unfavorable leukocyte formula, alone and unverified by other phenomena, is insufficient to demand interruption.

9. The rate of erythrocyte sedimentation is accelerated in pregnancy in tuberculosis, and pregnancy in the non-tuberculous. A rapidly accelerating rate is another indication of advancing tuberculosis.

CONDITIONS OF SAFETY

With these preliminary considerations, let us attempt to answer the question, "Which tuberculous women shall be permitted to become pregnant?" In order to assure reasonable safety there must be:

1. No fever.
2. No pulmonary cavities.
3. No laryngitis.
4. No bacilli in the sputum after several examinations.
5. No recent infection. The tuberculosis must be at least of two years' duration.
6. The economic conditions must be favorable for mother and child.
7. The mental attitude of the patient toward treatment must be coöperative.
8. The disease must be under control. Unfortunately, there is no accurate and infallible test to determine when a case is under control. It is a matter of judgment. Collapse therapy does not necessarily contraindicate pregnancy. On the other hand, no matter how small the focus, no matter what the type, the tuberculous woman already has a heavy mortgage on her health.
9. However, if the woman is anxious to have a child, and if all the above enumerated safety requirements have been fully met, we may with reasonable assurance advise one or even two pregnancies,—*but never more.*

Maternal responsibilities add to the debilitating effects of labor, so that even under the most favorable circumstances, multiparity is dangerous.

CONTRACEPTIVES

If the safety requirements have not been fully met, the woman is entitled to contraceptive advice. Contraception dates back to the coitus interruptus of Old Testament times, and this method is probably the most prevalent method used today. However, it is not safe. Some spermatozoa may escape prematurely. Moreover, it may predispose to nervous phenomena and divorce. The condom is a popular contraceptive device, and it is reliable if there is no tear or leak. However, many men object to its use, and Voltaire wrote that "It is a stonewall against pleasure, and a cobweb for defense."

The truth is that the perfect contraceptive has not been found. It must be simple, reliable, inexpensive, readily available, esthetically unobjectionable, and it must not interfere with satisfying coitus.

X-ray exposure over the Graafian follicles will sterilize a woman. But as there is no way to measure her susceptibility to Roentgen rays, the sterility which was meant to be temporary, may become permanent. Moreover, the effects on the fetus of a subsequent pregnancy cannot be foretold.

Bilateral vasectomy is 100 per cent effective if the woman is monagamous. Excision of the cornua of each Fallopian tube is reliable, and fertility can be restored; but this requires two laparotomies by the vaginal or abdominal route.

Experiments are now being carried on in hormonal control and in immunization by the injection of spermotoxins. But the ideal contraceptive has yet to be discovered.

THE VAGINAL DIAPHRAGM

The best advice we can give a woman with active tuberculosis depends upon the condition of her pelvic organs. If an intelligent woman can be fitted with a vaginal diaphragm, that, combined with one per cent lactic acid jelly, is the most reliable contraceptive yet devised. But the vaginal diaphragm cannot be used if there is a badly lacerated cervix, if there is cystocele or rectocele, or if the usual depression between the symphysis and the cervix is absent. Under

these conditions, we must rely upon a condom and one per cent lactic acid jelly.

If the husband refuses to coöperate, the woman can be instructed to insert a wad of cotton or lamb's wool soaked in vinegar and water, one to four, and to douche with dilute vinegar after its removal.

Intrauterine and intracervical contraceptive pessaries are to be highly condemned. Cervical caps are not recommended because they are hard for the woman to adjust and remove. Sometimes the suction is so great that their removal has been followed by prolapse.

The best device is a Vaginal Spring Ring Diaphragm. A number of firms manufacture them. They come in eight sizes from 55 to 90 mm. in diameter. The doctor should have a set of fitting rings to determine the proper size. The largest that is comfortable is ordered. The ring is too small if it can be rotated, or if the finger can be swept around between it and the vaginal walls. It must remain in place when the patient bears down. The patient must be instructed how to place and remove the diaphragm. After the hands are washed, she assumes the squatting position or a posture of a cigar-store Indian, with one foot elevated. Then she folds the diaphragm on a gynameter, annoints it with one per cent lactic acid jelly, inserts it and removes the gynameter. She then sweeps her finger about to see that the diaphragm is in place. Before coitus, she inserts one-half ounce of jelly into the vault of the vagina. The diaphragm remains in place for from six to twelve hours after intercourse. Its removal is followed by a one per cent lactic acid douche,—a quart before removal and a quart afterward.

RHYTHM

If the patient is a devout Catholic, the only contraceptive advice she will accept is rhythm. There is positive evidence that certain rhythmic periods of regular menstrual cycles are relatively sterile. These periods are known as O. K. periods. Ordinarily O. K. means all right, and is derived from the Choctow Indian word "okeh", meaning it is so. But the contraceptive O. K. does not have the unqualified approval of gynecologists. It is derived from the initials of two gynecologists, Ogino of Japan, and Knauss of Germany. These men working independently studied physiological phenomena and applied them to the control of reproduction. Their so-called "safe period" depends upon the following phenomena, all of which lack complete confirmation:

1. Ovulation occurs between the ninth and eighteenth day, and usually on the thirteenth or fourteenth day of a regular menstrual cycle of from twenty-eight to thirty-one days.
2. The life of the ovum is short, probably less than forty-eight hours.
3. Spermatozoa lose their fertilizing ability in from twenty-four to forty-eight hours.

If all three postulates are always true, it becomes apparent that there are two O. K. periods, the first period comprising the eight to ten days preceding the onset of menstruation; the second, the three or four days following menstruation. However, extracyclic ovulation may occur immediately after, or even during, menstruation. While the O. K. system follows the laws of nature, and therefore has religious sanction, it must be remembered that rhythm is upset by illness, childbirth, and change of climate; nor should it be prescribed until the woman has kept an accurate record of her menstruations for at least six months. The observance of rhythm undoubtedly reduces the number of conceptions; but it is not reliable enough for women with active tuberculosis. The vaginal diaphragm and jelly, or even the condom and jelly are much surer.

PRECEPT AND PRACTICE

After all is said and done, the tuberculous woman is the exception who asks the doctor whether she should become pregnant. She usually becomes pregnant, and then asks what is to be done about it. Indeed, what is?

There is a wide diversity of opinion both in precept and practice. There are those who always interrupt, and there are those who never do. A third group holds what appears to be a more rational view. Osler once wrote, "A tuberculous maiden should not marry, a tuberculous wife should not conceive, and a tuberculous pregnant woman should not carry through." That was the original German view,

—immediate therapeutic abortion. But French writers began to question these views; and now in America, the pendulum has swung to conservatism. The newer methods of treatment have outmoded Osler's maxim. Collapse therapy, artificial pneumothorax, phrenic block, phrenectomy, scalemotomy, intercostal neurectomy, and even thorcoplasty, have permitted eager tuberculous women to pass safely through child-bearing.

It is true that a large group of writers believe that the termination of pregnancy is practically never indicated. This group includes Wilkes, Pinald, Meyer, Walsh, Barnes, and Barnes. They have compared groups of tuberculous and non-tuberculous women, and have found that one group does as well as the other. Perhaps, the most comprehensive study of recent years was made by Robinson, who sent a questionnaire to the leading phthisiologists of the civilized world. From 200 replies, the overwhelming majority believe:

1. That child-bearing, especially if repeated frequently or at short intervals, has a definite effect in developing a latent lesion.
2. That late pregnancy and the puerperium are favored times for activation; and
3. That abortions should be performed in selected cases.

Only a small minority think that pregnancy is ever beneficial. Sterilization is not favored by a majority; but in the negative responses, contraception is advised by a goodly proportion.

Perhaps the greatest uncertainty of all is encountered when one begins to enumerate the indications for therapeutic abortions. This confusion is due in part to the obvious fact that indications for interruptions are not identical in the three trimesters of pregnancy. If intervention is to be practiced, the first trimester is the time to do it, with a simple dilatation and curettement. After the third month, this simple process is no longer safe. Intervention in the third trimester is almost never done. If pregnancy has advanced that far, the risk of surgical interruption is as great or greater than labor at term. Again confusion has arisen because positive and relative indications have not been separated. Out of this chaos, it is possible to formulate a working rule acceptable to clinicians, a rule that indicates clearly why and when to interfere.

A WORKING RULE

I. *From 2 to 16 weeks*—Therapeutic abortion is indicated for any positive indication q. v. and for relative indications according to the best combined judgment of phthisiologists and obstetricians. (The Friedman test may be positive as early as the second week.)

II. *From 16 to 28 weeks*—Artificial interruption should rarely be undertaken, and only when there is rapid spread of the tuberculosis.

III. *From 28 to 40 weeks*—Nothing can be gained by surgical intervention. Watchful waiting may seem cowardly, but surgery only multiplies the risks.

INDICATIONS FOR THERAPEUTIC ABORTION

A. Positive indications for therapeutic abortion in pulmonary tuberculosis:
   1. Fever.
   2. Marked loss of weight.
   3. Cavitation.
   4. Hemoptysis.
   5. Positive sputum.
   6. Recent tuberculosis; i. e., of less than two years' duration.
   7. Multiparity.
   8. Laryngeal tuberculosis.
   9. Hyperemesis gravidarum.
   10. Tuberculosis and diabetes.
   11. Rapid spread of the disease.

B. Relative Indications:
   1. Falling blood cholesterol levels.
   2. Unfavorable leukocyte formula.
   3. Marked increased sedimentation rate.
   4. Recent childbirth.
   5. Unfavorable economic conditions.
   6. Uncoöperative tuberculous patient.
   7. Associated diseases of the heart, kidneys, liver and blood; and pelvic deformities which in normal women are not indications for intervention if associated with tuberculosis, even mild and latent, may demand interference.
   8. Ultra-sensitive to physical exertion.
   9. Intolerance to menstruation.

10. Slightly positive or negative tuberculin test.

METHODS OF INTERRUPTING PREGNANCY

Different methods of interrupting pregnancy are practiced. The religious, social, financial status of the patient, the number of children, the technical skill and preferences of the obstetrician, and the duration of the pregnancy, —all these should be considered. Before selecting the method, the physician and obstetrician should present the pros and cons to the patient and her husband. By presenting all the facts to the patient, and giving her time to consider them, psychic and nervous sequellae are sometimes avoided.

Regardless of the duration of the pregnancy, Baldwin and Misgeld recommended *hysterectomy* to relieve the patient of the fear of subsequent pregnancies, and the debilitating effects of menstruation. However, some women, apparently hopelessly riddled with tuberculosis, improve. The process becomes arrested, and they are able and anxious to bear one or two children.

Roentgen rays have been used to produce therapeutic abortions and temporary sterility. However, there is no method of determining individual susceptibility; and the desired temporary sterility may turn out to be complete and permanent ovarian disfunction with aggravated menopausal symptoms and no hope of pregnancy.

The methods of choice are as follows:

I. Up to the 12th week—One-stage dilation and curettage.

II. 12th to 16th week—Two-stage dilation and curettage. The first stage consists of moderate dilatation of the cervix, puncture of the amnion and rupture of the ovum with a small curet, followed by the insertion of gauze through a tubular packer into the cavity of the uterus, tight packing of the cervix and vagina. The second stage consists of removing the gauze and gently removing the products of conception with ovum forceps and blunt curette.

III. 16th to 28th week—One of two methods are recommended:

a. Rupture of the membrane, with the insertion of gauze packing or Voorhees bag.

b. Vaginal or abdominal hysterotomy, if excision of the cornual ends of the Fallopian tubes is indicated; for example, if the patient has had one or two children, or if for any reason future pregnancies are contraindicated.

IV. 28th week to term—While the interruption of pregnancy may be indicated at this period, it is exceedingly rare. After viability, the welfare of the infant is the matter of concern. Labor may be induced by bags, or hysterotomy may be safer for mother and child.

The choice of the *anesthetic* is important. Nitrous-oxide-oxygen, avertin, and cyclopropane are well tolerated, but spinal is the anesthesia of choice.

THE NEWBORN

In conclusion, a few words about the care of the newborn. Bacon showed that 75 per cent of 10,000 children who died of tuberculosis had tuberculous parents. However, Forssner reported that only two of thirty-four babies taken immediately from tuberculous mothers developed the disease, and only one of the two died; whereas forty of eighty babies allowed to remain with tuberculous mothers developed tuberculosis, and twenty-two of the forty died.

Finally, for the sake of mother and child, breast-feeding should be prohibited.

A LESSON FROM A DEATH CERTIFICATE

NUMBER TWENTY-SIX

Patient delivered at home. Immediately after delivery of the baby the physician left the home, leaving delivery of placenta to a woman who was helping.

Patient complained of increasing dyspnoea and died two hours later.

Lesson obvious.

A. W. BINGHAM, M.D.

STATE SOCIETY ACTIVITIES

TRUSTEES' MEETING

A regular meeting of the Trustees of The Medical Society of New Jersey was held on October 27, 1940, at 2:00 p. m., in the Executive Offices in Trenton. Fifteen members were present,—Dr. Costello, Chairman; Drs. Morris, Lewis, Marsh, Hollinshed, Stahl, Young, Green, North, Lee, Norton, McBride, Alexander, Fithian, and Hornberger.

Dr. Crowe, Secretary, was on a vacation and Dr. Hawkes was ill.

There were also present Dr. Wilkes, who took the minutes in the absence of Dr. Crowe; Dr. Lance, Chairman of the Board of Governors of the Medical Service Administration; Dr. Scott, Executive Assistant; and Dr. Overton, Editor.

MEDICAL SERVICE ADMINISTRATION

Dr. Lance reported on the steps of the progress in the development of the Medical Service Administration, and the financial capital which the State will require in order that the Administration may begin operations.

The Medical Service Administration is the first item of the agenda of the special meeting of the House of Delegates to be held on November 28, 1940.

AWARD OF MERIT

On recommendation of the Committee on Awards of Merit, the Board voted to present a bronze plaque to Dr. A. W. Bingham, for outstanding services as Chairman of the Advisory Committee on Maternal Welfare.

CANCER CONTROL

The Trustees discussed the relations of the several organizations engaged in cancer control, particularly the Woman's Field Army, the Curie Institute, and the State Society Committee on Cancer.

THE ANNUAL MEETING

Dr. Lewis, Chairman of the Special Committee of the Board of Trustees on the Annual Meeting of the House of Delegates, made recommendations for carrying on the events and activities without confliction of hours and purposes. The dates selected for the Annual Meeting—May 20, 21 and 22, 1941—were approved.

Dr. Costello was elected a member of the Finance and Budget Committee in place of Dr. Eagleton, whose term as Trustee expired last June.

Dr. F. J. Quigley was reappointed Executive Secretary of the Legislative Committee for the year beginning November 1, 1940, with the same salary ($2,500), and the same expense account ($.05 per mile) as last year.

LeRoy A. Wilkes, M.D.
Acting Secretary.

CANCER COMMITTEE

A meeting of the Cancer Committee of The Medical Society of New Jersey was held on Friday evening, October 25th, 1940, in the home of the Chairman, Dr. Edgar A. Ill, at 9:00 p. m. The following members were present:

Dr. Edgar A. Ill, Chairman

Dr. Otto R. Holters	Dr. L. S. Snegireff
Dr. William G. Herrman	Dr. William Spickers
Dr. Thomas J. Summey	Dr. W. B. Morris
Dr. William O. Wuester	Viola A. Phillips
Dr. Philip Avery	

Dr. Ill reported that the Prudential and the Mutual Benefit Life Insurance Companies had found a definite increase in cancer among their insured, but they had not determined the cause of the increase.

Dr. Ill emphasized the importance of having a simple method for ascertaining the facts about every cancer case, especially regarding the use of the x-ray, and radium, and the operation which had been performed; and suggested that the women's cancer organizations, —the Field Army and the Curie,—could assist in the work. There was a discussion regarding the wisdom of seeking legislative authority for requiring cancer cases to be reported.

The methods of compiling the records of cancer cases in other states was described.

Massachusetts has a staff of stenographers who compile the available records of every cancer case from the State Health Department and from tumor clinics, to be used as a basis of an educational program. Massachusetts also has a cancer club in nearly every community.

Connecticut has a photostat copy of the rec-

ords of cases coming under observations in the cancer clinics.

The committee adopted resolutions favoring the following projects:

1. Setting up a system of *confidential* reports of cancer cases to be obtained from hospitals and individual physicians, and appointing a sub-committee to draw up a form of report card.

2. Favoring a system of compulsory reports of cancer cases to the State Department of Health, for the purpose of statistical research.

3. Favoring a system of popular education regarding cancer, under the auspices of each County Medical Society; with the coöperation of the Woman's Auxiliary.

4. Requesting each lay organization for the control of cancer to furnish the Cancer Committee of The Medical Society of New Jersey with the following confidential information:

a. The specific program.

b. The method of carrying on the program.

c. A financial statement regarding the use of their funds.

ARE YOU AIDING THE PUBLIC IN SELF-MEDICATION?

FROM THE COMMITTEE ON PHARMACEUTICAL PROBLEMS

Everyone knows that self-medication is greatly on the increase. There are three principal causes,—the press, the radio, and the physician himself. Someone has said that the doctor's worst enemy is himself, and this is certainly true as regards the evil of self-medication.

Pharmacists all over the State report an increasing over-the-counter demand for a widely used proprietary cough remedy. So far as we are aware, the manufacturer of this product has never advertised it directly to the laity. It appears evident, therefore, that the growing self-medication demand for this product results from either the ability of the patient to read the doctor's prescription, or the unwise custom of many physicians to distribute labelled samples. When a patient receives a labelled sample, he not only uses it for himself but he also recommends it to his friends and neighbors. The evil resulting therefrom affects both the public health and the economics of the practice of medicine.

As a physician, you can help eradicate this evil by prescribing official, or New Jersey Formulary, medications. A cough expectorant similar to the one referred to above is included in the N. J. F. and is known as *Syrupi Ammonii Chloridi Comp. N. J. F.*

The formula is as follows:

Potassium Guaiacolsulfonate	gr. xL
Ammonium Chloride	ʒ ss
Antimony and Potassium Tartrate	gr. ¼
Syrup of Cherry	℥ i
Comp. Syrup White Pine q.s.	℥ iv

Sig: One or two teaspoonfuls as indicated.

It may be prescribed by its title or by writing out the complete formula as given above.

The above preparation has the same color, cherry taste, and therapeutic efficiency, and a similar composition as the proprietary preparation which it resembles, except that the proprietary article contains one grain of codeine phosphate to the ounce. Codeine can be added to the N. J. F. formula as indicated.

We are confident that you will find ℞ *Syrupi Ammonii Chloridi, N. J. F.,* a highly efficient preparation. Its use will be limited to your prescription,—no danger of neighborhood self-medication. Its cost to your patient as compared with its proprietary counterpart will result in a worth-while saving.

It should be remembered that the *proprietary* prescribed by the physician today is the *patent-medicine* advertised to the public tomorrow.

Committee on Pharmaceutical Problems.
Chester I. Ulmer, M.D., Chairman
Reeve L. Ballinger, M.D.
Jacob J. Mann, M.D.
Irving Okin, M.D.
Daniel W. Teller, M.D.

AMERICAN MEDICAL WOMEN'S ASSOCIATION

Dr. Zelda Marks, Newark, N. J., Chairman of the Publicity Committee of the New Jersey Branch of the American Women's Medical Association, sends the following notice:

The midyear Board meeting of the American Medical Women's Association is to be held at the Hertzler Clinic in Halstead, Kansas, December 7th. Dr. Irene Koeneke will be our hostess. There will be medical, neurological, and surgical rounds in the morning, followed by the Board meeting in the afternoon. For those who stay over Sunday, arrangements have been made for visits to the Wichita hospitals. All medical women are welcome.

AUXILIARY MEDICAL SERVICES COMMITTEE

A meeting of the Advisory Committee on *Auxiliary Medical Services* was held on Sunday, November 10, 1940, 10:45 a. m., at the office of Dr. Sigurd W. Johnsen, 149 Prospect Street, Passaic, N. J. Those present were: Dr. Johnsen, Chairman; Drs. Marquis, Casilli, and Samuel.

Dr. Johnsen reported on the favorable reception of the annual report of the Advisory Committee on the four standard subdivisions of the auxiliary activities in hospitals:

1. The Pathological Laboratory.
2. Anesthesia.
3. Physical Therapy.
4. Radiology.

(Jour., May, 1940, pages 218-225.)

The committee voted to send a copy of the report to the officials of the national and State Medical and allied societies throughout the United States, together with a request for comment, and an invitation to coöperate with the New Jersey Committee.

The committee discussed the complaints,—mostly of a minor nature,—that had been received regarding the application of the principles of the report to daily practice.

The committee unanimously approved the resolution adopted by the American College of Surgeons, that the patient be billed directly for any medical services rendered by a doctor, while that individual is a patient in a hospital, on the billhead of the doctor rendering the service; and that this motion be brought to the attention of the Medical Practice Committee.

JEROME H. SAMUEL, M.D., Secretary.

MEETING OF THE FIFTH COUNCILOR DISTRICT

A District Meeting of the five County Societies in the Fifth Councilor District (Atlantic, Cape May, Cumberland, Gloucester, and Salem Counties) will be held on Thursday night, December 19, 1940, at 9 o'clock, at the Woodbury Country Club, Woodbury.

PROGRAM

Welcoming Address
Henry B. Diverty, M.D., President, the Gloucester County Medical Society

Remarks
Thomas K. Lewis, M.D., President-Elect, The Medical Society of New Jersey

Introduction of Presidents of County Societies
V. Earl Johnson, M.D., Atlantic County
Aldrich C. Crowe, M.D., Cape May County
Charles Butcher, M.D., Cumberland County
Wilbur S. Davison, M.D., Salem County

Management of Diseases of Thyroid
Frank H. Lahey, M.D., President-Elect of the American Medical Association and Director of the Lahey Clinic, Boston.

The Gloucester County Medical Society is pleased to present this program, and hopes that there will be a splendid representation from each county organization.

CHESTER I. ULMER, M.D., Councilor, Fifth Councilor District.

NORTH JERSEY TRAINING SCHOOL INSTITUTE

AT THE NORTH JERSEY TRAINING SCHOOL, LITTLE FALLS, N. J.

First Meeting—December 16, 1940, 6:45 P. M.

"Medical Aspects of Mental Deficiency."
A panel discussion relating to the problems of mental deficiency as viewed by the physician.

The members of the panel have been selected in order to assure representation of all the interests of the physicians in mental deficiency.

Edward J. Humphreys, M.D., Director of Research, Letchworth Village, New York; Editor of the American Journal of Mental Deficiency.

Ellen C. Potter, M.D., Director, Division of Medicine, State Department of Institutions and Agencies.

George H. Lussier, M.D., Resident Physician, New Jersey State Hospital, Marlboro.

Elizabeth Nesbitt, M.D., Resident Physician, North Jersey Training School, Little Falls.

James Q. Atkinson, M.D., Resident Physician, New Lisbon State Colony, New Lisbon.

Any physician who would like to have a copy of the entire program may obtain it by addressing Albert H. Meese, Superintendent, North Jersey Training School, Little Falls.

THE STATE SOCIETY AWARD, 1940

The Medical Society of New Jersey has authorized an award of one hundred dollars for the best essay on an original medical subject, submitted according to the following rules:

1. Any medical or surgical subject may be selected.

2. The essay must be unpublished and of interest to the general practitioner.

3. Contributions must come from members of the Society who are in good standing.

4. The manuscript must not exceed 5000 words; and shall be typewritten in English, in manuscript form, with double spacing, wide margins and be written on one side of the page, and five copies shall be submitted.

5. Manuscripts must be in the office of the Secretary of the State Society, Dr. Alfred Stahl, 55 Lincoln Park, Newark, N. J., not later than April 15, 1941.

6. The winner shall be determined by a secret Awards Committee composed of five members of The Medical Society of New Jersey. The officers of the State Society are not eligible for the award.

7. The winner shall be awarded a cash prize of $100; and an invitation to present the contribution before the 1941 Annual Meeting of the State Society.

8. The Society reserves the right to make *no award,* if in the judgment of the committee no contribution is desirable.

SANITARY AND HEALTH ASSOCIATION

The 66th Annual Meeting of the New Jersey Sanitary and Health Association was held at the Berkeley-Carteret Hotel in Asbury Park, New Jersey, on November 15th and 16th. This association is a pioneer among the private associations in the State, and serves primarily in providing a public forum for discussions by the many members of official and non-official agencies having health or health implications as a prominent feature in their programs.

These discussions, this year, have been centered upon such important subjects as (1) the Medical Service Administration Plans, sponsored by The Medical Society of New Jersey, and explained by the President of that organization, Dr. Watson B. Morris, and (2) the organization and scope of service of the New Jersey Defense Council, which Commissioner William J. Ellis of the Department of Institutions and Agencies so clearly presented.

The follow-up committee of the Governor's Council on Health and Welfare is headed by Dr. Spencer T. Snedecor, of Hackensack, who explained to the members on Saturday morning the proposed program, and the procedure to be followed by the members of the Council in coördinating and integrating the work of all the agencies concerned in the program of the Council.

NUMBER OF CHILDREN REPORTED RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1940

DIPHTHERIA TOXOID

Counties	Total to Sept. 30	Month of Oct.	Total to Oct. 31	Average per Month
Atlantic	503	5516	6019	1504.7
Bergen	478	304	782	195.5
Burlington	65	19	84	21.
Camden	592	85	677	169.2
Cape May	11	6	17	4.2
Cumberland	47	6	53	13.2
Essex	2564	665	3229	807.2
Gloucester	45	7	52	13.
Hudson	272	259	531	132.7
Hunterdon	2	2	4	1.
Mercer	495	0	495	123.7
Middlesex	34	19	53	13.2
Monmouth	799	50	849	212.2
Morris	125	167	292	73.
Ocean	14	0	14	3.5
Passaic	1311	547	1858	464.5
Salem	98	59	157	39.2
Somerset	15	142	157	39.2
Sussex	0	0	0	0
Union	749	159	908	227.
Warren	39	4	43	10.7
Total	8258	8016	16274	4068.5

SMALLPOX VACCINE

Counties	Total to Sept. 30	Month of Oct.	Total to Oct. 31	Average per Month
Atlantic	215	270	485	121.2
Bergen	636	164	800	200.
Burlington	168	21	189	47.2
Camden	300	839	1139	284.7
Cape May	27	13	40	10.
Cumberland	112	6	118	29.5
Essex	2255	648	2903	725.7
Gloucester	155	26	181	45.2
Hudson	1488	344	1832	458.
Hunterdon	16	4	20	5.
Mercer	512	93	605	151.2
Middlesex	205	65	270	67.5
Monmouth	295	25	320	80.
Morris	280	61	341	85.2
Ocean	11	0	11	2.7
Passaic	1126	325	1451	362.7
Salem	193	17	210	52.5
Somerset	97	16	113	28.2
Sussex	3	0	3	.7
Union	455	489	944	236.
Warren	154	19	173	43.2
Total	8703	3445	12148	3037.

CHILDREN OF BRITISH DOCTORS

The following letter has been received from Dr. J. Landman, of London, England, representing the American Post-Graduate Medical Association, 62 Queen Anne Street, London, W. I.:

A scheme is being arranged for the evacuation of 500-1000 children of British doctors to the U. S. A., and it is desired to find homes for them with American colleagues.

The British doctors would wish to pay for the support of their children, but owing to the present Treasury regulations forbidding the export of capital, it is proposed that temporarily a sum of money (provisionally £100 per child is suggested) be paid into a trust fund which will be administered by an insurance company and ultimately disbursed to the doctors in the U. S. A., in accordance with an equitable scheme to be agreed upon by the Parents' Committee and corresponding American Reception Committee with the approval of the British Treasury.

A form is enclosed, and if you can undertake the care of one or more children, please sign and return this; and also get any colleague to sign similar forms and return them to me without delay.

The application may be sent to the local representative of the Association—Dr. L. L. Bernstein, Brooklyn Jewish Hospital, Brooklyn, N. Y.

MEDICAL PREPAREDNESS COMMITTEE

Sixty New Jersey physicians volunteered to conduct physical examinations of men referred to the Federal Induction Boards by the Selective Service Boards of the State. The general qualifications of each man referred had been reviewed by the local boards, and each had been passed by these boards as physically fit for military training.

Physicians attached to the Federal Induction Boards rejected, as not fit for military training, a considerable number of these men. In doing so they have not only protected the U. S. Army against the burden of caring for the physically unfit, but have also aided in protecting the citizens of this country against the burden of an excessive pension load.

The importance of their work and the contributions they made in the interests of the U. S. Army and the Federal Government, may well be illustrated by an analysis of their accomplishments.

Reports on a State-wide basis are not obtainable as of today, December 4, 1940. The following report is based upon the examination of men previously accepted by the local boards of five counties. From these counties 209 men were examined by a Federal induction board; and 143 were accepted and 66 rejected. This is a rejection rate of 31.6 per cent.

Causes for rejection included the following:

Dental defects	23
Imbecility	3
Heart lesions	7
Pulmonary lesions	4
Defective vision	6
Neuropsychiatric	3
Criminal records	11
Syphilis	4
Orthopedic defects	3
Nose and throat	2
Gastric ulcer	1
Chronic alcoholism	1
Laryngeal paralysis	1

It will be necessary to obtain specially qualified physicians to act as alternates to the medical members of induction boards for this work. Such physicians should be qualified specialists as follows:

Surgeons	Otolaryngologists
Orthopedists	Internists
Ophthalmologists	Clinical Pathologists
Neuropsychiatrists	

Physicians wishing to volunteer for this service are advised to communicate with the Secretary of the Medical Preparedness Committee of The Medical Society of New Jersey, 143 East State Street, Trenton, N. J.

NORTHERN NEW JERSEY DERMATOLOGICAL SOCIETY

C. C. Carpenter, M.D., Secretary

The regular meeting of the *Northern New Jersey Dermatological Society* was held at the Academy of Medicine in Newark on October 23rd, with Dr. N. B. Heller presiding, and thirty-five members present.

SIZING OF UNDERWEAR

Dr. N. B. Heller presented two men with a contact dermatiits caused by the wearing of cheap undergarments. They had intensely itchy papular rashes, extending on the upper thighs and buttocks and lower abdomen. There was a marked edema of the scrotum and penis in both of these cases. This had been undoubtedly caused by the use of a new sizing material called "Testex", which gives an added weight and gloss to materials. Dr. Mitchell, of Paterson, who has previously seen cases of this type, said it was his understanding that this is the same sizing that is also used in nylon stockings, and has been the cause of a similar dermatitis. Dr. Oleynick, of Elizabeth, has also seen this type of eruption from cheap shorts. According to the presenter, there are approximately 20,000 more of this type of shorts on the market which have not been recalled.

OBITUARIES

DR. THEODORE B. FULPER

Dr. Theodore B. Fulper, of Hampton, Hunterdon County, died on Friday, November 15, 1940, on the eve of his seventy-third birthday. Dr. Fulper was born in Hunterdon County and graduated from the Jefferson Medical College, Philadelphia, in 1889, and has practiced in Hunterdon County ever since. He was presented with a gold key and illuminated scroll by the Hunterdon County Medical Society on October 26, 1939, in honor of fifty years of practice. Dr. Fulper's portrait appears in the group picture of the members of the Society taken on July 27, 1937, and published in The Journal of August, 1937, page 537.

DR. ALLEN G. IRELAND

Dr. Allen Gilbert Ireland, Director for Health, Safety, and Physical Education, New Jersey State Department of Public Instruction, died on October 24th, 1940, aged fifty years.

Dr. Ireland was born in Cambridge, Massachusetts, on August 20th, 1890. He graduated from Springfield College in 1912; and received the following degrees from other institutions:

Bachelor of Physical Education, Bates College, 1914

Doctor of Medicine, Bowdoin Medical School, 1918

Master of Arts, Teachers' College, Columbia University, 1932, and Rutgers University, 1934

Dr. Ireland was widely known as a teacher of health and physical education, and had filled the following positions:

University Physician in the University of Kentucky, 1920-1922

Director of Physical Education and Health, Connecticut State Board of Education, 1922-1928

Director of Health, Safety, and Physical Education, Department of Public Instruction, New Jersey, 1928 up to the time of his death

Lieutenant Medical Corps, U. S. Navy, 1918-1920.

Dr. Ireland was active as a lecturer and writer on health topics, and on health projects in public schools. He was an active member of The Medical Society of New Jersey, and served on its Committee on Public Health.

DR. L. G. NEWMAN

Dr. Louis Gilbert Newman, of Westfield, died on September 9th, 1940. He was born in Plainfield in 1873. He was graduated from the New York Homeopathic Hospital in 1895, and practiced in Brewster, N. Y., before he came to Westfield in 1908.

Dr. Newman was a member of the Union County Medical Society, and served as school physician for several years.

DR. GEORGE W. STRICKLAND

Dr. George W. Strickland, Roselle, Union County, died on October 3rd, 1940, aged 75 years. He graduated from the Long Island Medical College in 1895, and opened an office in Roselle. In 1916 he became an active member of the visiting staff of the Elizabeth General Hospital, and was Chief of the Service of Rhino-laryngology. He was an active member of the Union County Medical Society, which adopted the following memorial in his honor:

> Dr. Strickland endeared himself to patients and associates alike. His diligence, faithfulness, and willingness to help those who lacked the material things of life made him a true family physician.
>
> His dealings with his colleagues were ever those of the kindly Christian gentleman. There was always a god word, and never anything derogatory to his fellow practitioners.

DECEASED PHYSICIANS — NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Arthur F. Barrett	46	Oct. 14, 1940	Jersey City	Same	Cardiac failure.
David H. Karp	56	Oct. 12, 1940	Rumson	Same	Cardiac insufficiency.
William H. Kunsman	81	Oct. 6, 1940	Trenton	Morrisville, Pa.	Cerebral hemorrhage.
Isadore Rothstein	40	Oct. 22, 1940	Newark	Same	Uremia.
Harry C. Sharp	69	Oct. 31, 1940	Lyons	Same	Auricular fibrillation.
Robert L. Smith	66	Oct. 16, 1940	Monmouth County	Same	Coronary thrombosis.
Henry Snyder	63	Oct. 26, 1940	Trenton	Same	Diabetes mellitus.
George W. Strickland	75	Oct. 2, 1940	Elizabeth	Roselle	Myocarditis.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

DECEMBER, 1940			
3	Camden	12	Essex
3	Hudson	12	Passaic
10	Bergen	12	Somerset
10	Cape May	13	Atlantic
10	Cumberland	18	Middlesex
11	Mercer	18	Monmouth
11	Ocean	19	Gloucester
12	Burlington	20	Salem

JANUARY, 1941			
7	Camden	14	Bergen
7	Hudson	14	Cape May
8	Mercer	15	Middlesex
8	Ocean	16	Gloucester
8	Union	16	Morris
9	Burlington	17	Salem
9	Essex	21	Warren
9	Passaic	22	Monmouth
9	Somerset	28	Hunterdon
10	Atlantic		

ATLANTIC COUNTY

Charles Hyman, M.D., Reporter

The regular monthly meeting of the *Atlantic County Medical Society* was held at the Ambassador Hotel, Atlantic City, Friday, November 8, 1940, at 9:00 p. m., with the President, Dr. V. Earl Johnson, presiding.

SCIENTIFIC

Dr. Edward Weiss, Professor of Clinical Medicine at Temple University Medical College, delivered a paper on the *renal aspects of hypertension.* Dr. Weiss reviewed some of the historical features of the condition including Bright's early conception of the relation of the granular kidney to the hypertrophied heart. Dr. Weiss mentioned the use of the sulphocyanates in hypertension, but warned that it was unwise to use them without being able to follow the blood levels.

The papers were discussed by Drs. Harold S. Davidson, Charles Hyman, Sloan Stewart, Robert Durham, and Matthew Molitch.

TELEPHONE LISTING OF OSTEOPATHS

Dr. R. A. Kilduffe reported on the activities of the Telephone Directory Committee, and the difficulty of reaching an understanding with the Bell System for an accurate listing in its directories. The point at issue is the difference existing between an *osteopath* who is licensed by the State to practice medicine and surgery, and a physician who is a graduate of a medical college with the degree of Doctor of Medicine, which the osteopaths can not have. It is the contention of our society that, not having this degree, an osteopath cannot be listed with us in the classified section under the heading "Doctors of Medicine".

CONSERVATION OF VISION

Dr. H. L. Harley briefly reported the work of the Committee on Conservation of Vision.

MEDICAL SERVICE PLAN

Drs. W. J. Carrington and Norman M. Scott explained the workings of the proposed Medical Service Plan of New Jersey. This was approved by a majority vote.

CAPE MAY COUNTY

Clarence W. Way, M.D., Reporter

A regular meeting of the *Cape May County Medical Society* was held at the Hotel Bellevue, Cape May Court House, on Friday evening, November 12, 1940. President Aldrich C. Crowe presided. The members present were Drs. Bernheisel, Brooks, Corson, Cooper, Cryder, Friedland, Gidding, Hornstine, Samuel B. Hughes, Frank R. Hughes, Monasson, Moon, Pettie, Robbins, Smith, Townsend, C. W. Way, Cohen; and also visitors—William Blanksteen, Jersey City; J. Alex Sprout, Sea Isle City; and Mr. John Frick, Pathologist, Ocean City, N. J.

SCIENTIFIC

Vice-President Samuel B. Hughes, Wildwood, presented the scientific program on the subject "The Diagnosis and Treatment of Syphilis". This was an excellent, self-explanatory sound picture by the New Jersey State Board of Health.

HEALTH AND ACCIDENT INSURANCE

An interesting paper was presented by Mr. William Blanksteen, Jersey City, on "The Advantages of the New Jersey Medical Society Health and Accident Insurance".

NAME

Dr. Way, editor, announced that the name of the bulletin of the society is *The Journal.*

ESSEX COUNTY

Paul H. Hosp, M.D., Reporter

The regular monthly meeting of the *Essex County Medical Society* was held at the Academy of Medicine in Newark on Thursday, November 14, 1940. The meeting was called to order by the President, Dr. Harry Comando, at 9 p. m.

SCIENTIFIC

Waltman Walters, M.D., Professor of Surgery, Minnesota University Graduate School, took for his topic "Lesions of the Biliary Tract". Lantern slides supplemented his talk.

Some of the points brought out by the doctor were the advisability of operation upon patients that were on in years and even where there was a

certain amount of cardiac involvement. Many stood operation very well and made an uneventful recovery. Many cases of obstructive jaundice had no chills or fever, while a large number of cases never were jaundiced although stones were found at operation. Sixteen per cent of stones did not show in the x-ray.

Pain was present in 77 per cent of duct stone cases; colic in 63 per cent; while 22 per cent had no pain. Jaundice was present in 60 per cent and absent in about 30 per cent. Many of the patients suffering from biliary tract lesions gave symptoms like those of ulcer. The doctor gave special directions regarding the correct use and care of the "T" tube used for drainage.

The session was well attended. Remarks were made by Drs. E. W. Sprague and Max Danzis, and a general discussion followed.

POST-GRADUATE COURSES

There are several interesting courses being worked out by the Essex County Post-Graduate Course Committee, of which Dr. Stuart Z. Hawkes is chairman. Among the courses whose enrollment is nearly filled are:

Electro-cardiology, Dr. Frederic Alling
Gastro-intestinal Conditions, Dr. Manfred Kraemer
Tuberculosis, Dr. M. J. Fine
Fractures, Herbert A. Schulte.

The courses in physical therapy and peripheral vascular diseases are also well subscribed.

Remember,—these refresher courses are open to all members of the medical profession who wish to enroll.

CHILD WELFARE

The Child Welfare Committee, with Dr. Chester Brown, Chairman, is making every effort to reduce the mortality rate in the premature group of children. Hospital superintendents have been asked to secure the help of the obstetric and pediatric services. In the near future the committee will have something concrete to report.

MEMBERSHIP

The following physicians were elected to membership:

To Active, by election:
Morris Farkas, West Orange
Theodore R. Inge, East Orange
To Active, by transfer:
B. B. Burrell, Jr., Bloomfield, from Passaic County
Byron M. Harmon, Essex Mountain Sanatorium, from Hunterdon County
Ephraim Horland, Newark, from Somerset County
J. J. Kralik, Newark, from Union County
To Associate Membership:
Nicholas Maggio, Newark
Franz J. Ort, Orange
Irving M. Riffin, Essex County Isolation Hospital
George F. Stoll, Belleville.

Physicians' Club of Essex County

The *Physicians' Club* of Essex County held its fifteenth anniversary celebration and banquet at the Mayfair Club in West Orange, on Wednesday evening, November 13th. Over 100 members and invited guests were present. The committee on arrangements, under the chairmanship of Dr. William Tansey, is to be commended. The President, Dr. Eugene P. Schaefer, gave the address of welcome. Other speakers were Drs. Edward J. Ill, Harry Comando, Earl Snavely, Augustus Mitchell, Francis C. Weber, and Alfred Stahl.

GLOUCESTER COUNTY

C. A. Bowersox, M.D., Reporter

The regular meeting of the *Gloucester County Medical Society* was held on November 20, 1940, at the Homestead Coffee Shop, Woodbury, N. J.

PUBLIC RELATIONS

Dr. L. K. Collins attended the State Public Relations Committee meeting at Trenton, where it was advised that speakers' bureaus be formed for the purpose of informing the public on medical affairs. He also suggested that at some time during the year the County Medical Society should have a public medical exhibit.

During the past month the following talks have been given: Dr. Wandall at Aura; Dr. Collins at Glassboro; Dr. Livengood at Bridgeport; and Dr. Sherman at Almonesson.

MEDICAL PREPAREDNESS

Dr. William Pedrick, Chairman of the Committee on Medical Preparedness, requested that physicians in the society complete their A. M. A. medical preparedness questionnaires. Dr. Ulmer was then requested by Dr. Hollinshed to obtain duplicate questionnaires from the A. M. A. to be sent to members who have been delinquent.

MEMBERSHIP

Dr. Frederick J. Faux, of Woodbury, was elected to membership.

MEMBERS DRAFTED

Dr. Hollinshed suggested that the dues of all members drafted for one year's service to be kept paid. It was suggested that each remaining member in the society be allotted an assessment to pay such dues.

SCIENTIFIC PROGRAM

Dr. Harrison F. Flippin was then introduced by Dr. I. V. Patterson, his subject being "The Chemotherapy Treatment of Pneumonia". In his series of 3,500 cases, the deaths from pneumococcic pneumonia were only 7.3 per cent with the use of chemotherapy. The advantages of sulfathiazole are its low cost, ready accessibility, and uniform potency. If a patient treated with sulfathiazole does not show improvement in 24 to 36 hours, pneumococcic serum is still given. Adequate fluids should always

be given during the treatment. Routine management: 1, Type must be known. 2, Sulfathiazole is given in all cases. 3, Sputum can be typed after drug is given. 4, Oral administration—three grams initial dose, repeated in four hours, then one gram every four hours. 5, Intravenously—.06 grams per kilo of the five per cent sodium salt. 6, Continue until temperature is normal for 48 hours. 7, Daily urine output—1200 c.c. 8, High carbohydrate diet, plus salt.

Principles of therapy: 1, Start drug as soon as possible. 2, Large initial dose. 3, Administration night and day. 4, Watch for toxic reaction. 5, Continue therapy until cure is obtained. 6, Previous sulfanilimide reaction.

HUDSON COUNTY

John N. Connell, M.D., Reporter

The regular meeting of the *Hudson County Medical Society* was held on November 6, 1940, at the Elks' Club, Hoboken, N. J., at 9:40 p. m., with the President, Dr. George Ginsberg, presiding.

MEDICAL PREPAREDNESS

Secretary Brennock reported that a large proportion of the physicians in Hudson County had not answered the A. M. A. questionnaire on Medical Preparedness. A very large proportion of those not reporting are internes in hospitals on temporary duty in New Jersey. Many others are older than the draft age. But the U. S. government officials wish to know what the status of every doctor is, and the kind of medical service he can render, either in the field, or a hospital, or in civilian practice.

NEW MEMBERS

Nine new members were admitted into the Society:

Ralph L. Dicker, North Bergen
Angelo M. Gnassi, Jersey City
Julius Klein, Union City
Desider Osterreicher, Jersey City
Samuel Prince, Union City
Cecil F. Sabini, Hoboken
George Sigman, Jersey City
Harry Lewis Stark, Bayonne
Reuben Yontef, Bayonne

Four physicians were proposed for membership.

SCIENTIFIC

Dr. LeRoy A. Wilkes, Executive Officer of The Medical Society of New Jersey, gave an address on "Medical Society Aims and Functions".

Dr. Charles H. Schlichter, Chairman of the State Medical Preparedness Committee, explained the objectives and methods of the committee. The report was discussed by Drs. Schuck, Shapiro, Arlitz, Jaffin, Quigley, Goldowsky, Spath, Barbarito, and Evans.

MORRIS COUNTY

F. Clyde Bowers, M.D., Reporter

A special meeting of the *Morris County Medical Society* was held at Greystone Park Hospital on Thursday evening, November 14th.

Our President, Dr. Gibb, called the meeting to discuss the Medical Service Plan of New Jersey. This was explained in great detail by Dr. Norman Scott, Assistant Executive Secretary of The Medical Society of New Jersey. Approximately fifty members attended, many questions were asked, and a long discussion followed. It seemed to be the opinion that we in Morris County should give our whole-hearted support to such a plan, and most of the physicians present expressed their desire to participate.

SOMERSET COUNTY

Sidney S. Edelberg, M.D., Reporter

The annual dinner meeting of the *Somerset County Medical Society* was held at the Raritan Valley Farms Inn on October 10, 1940, with the President, Dr. J. H. Cooper, presiding.

HISTORICAL

Dr. Ely, as historian and custodian of records, reported that the society's records had been examined by him, and that from them he had prepared a list of members in chronological order with relation to the time at which they had become members of the society.

MILITARY PREPAREDNESS

The Medical Preparedness Committee reported that the Somerset County Medical Society was prepared to cope with potential disasters within the county which may require such services. The necessary supplies are being collected and stored in accessible locations, and available emergency beds are being listed, as well as additional buildings outside of the hospital which might house the injured. In addition, coöperation with the American Red Cross and the various first aid squads for compilation of lists of available personnel and material, were also outlined. The committee is coöperating directly with the office of the Surgeon General and the Selective Service Board.

NEW MEMBERS

The following new members were admitted to the society: Dr. J. H. Cooley, Dr. S. C. Heaton, Dr. G. Rossi, all of Bound Brook.

THE LAHEY CLINIC DAY, OCTOBER 24

The scientific feature of the work of the society was an all-day clinic held on October 24 in Somerville. The program was supplied by Dr. F. H. Lahey, of Boston, Director of the Lahey Clinic, and three assistants.

While the County Society has only sixty members, those physicians who registered and recorded their attendance numbered two hundred, but there were many who did not register. About fifty who were present in the morning did not remain for the afternoon session; but an equal number arrived after dinner. The Assembly Hall was filled to overflowing; but a loud-speaker in another room enabled the late-comers to hear the speakers.

(Continued on page 618)

DR. G. E. HAGGART
Boston

DR. R. F. HEGEMAN
Committeeman

DR. F. H. LAHEY
The Lahey Clinic
Boston

DR. J. H. COOPER
President
Somerset County
Medical Society

DR. E. T. FLINT
Chairman Com.

DR. J. W. NORCROSS
Boston

DR. W. B. MORRIS
President
The Medical Society
of N. J.

DR. S. A. WILKINSON
Boston

SOMERSET COUNTY CLINICAL DAY, OCTOBER 24, 1940

SOMERSET COUNTY RINGS THE BELL

Any of us fortunate enough to have spent Thursday, October 24th, with the Somerset County Medical Society will agree that our mid-state colleagues have discovered something effective in the way of medical meetings. The success of this "clinical day" was so spectacular that other County Societies in New Jersey will be justified in wondering what factors accounted for the gratifying results; and in asking that, if possible, Somerset's idea be duplicated.

It is probable that these were the factors which made October 24th such a successful day:

First, selection of gifted speakers who had something genuine to say.

Second, selection of topics of intensely real and practical meaning. Subjects like backache, goitre, arthritis, vitamin therapy, etc., are certainly of every-day importance to the practitioner.

Third, selection of a charming, quiet, comfortable meeting place.

Fourth, assignment of a whole day to the program, giving the doctor a worth-while break in his routine.

Well, there's the recipe! It worked brilliantly in Somerville. And remember: Somerset County Medical Society has not copyrighted the formula.

CHARLES M. ROBBINS, M.D.,
Chairman, Public Relations Committee,
The Medical Society of New Jersey.

(Continued from page 616)

Provision was made to have telephone calls for doctors flashed on a blackboard.

The ladies of the Woman's Auxiliary were of essential service in carrying out the details of the arrangements.

While only 150 physicians had signified their intention to attend the luncheon, over two hundred were served through the coöperation of the staff of the Inn, and the good nature of the doctors.

Abundant parking space had been provided, and the doctors reached and left the meeting place without delay.

The scientific instruction was provided by Dr. Frank H. Lahey, Director of the Lahey Clinic, Boston, and three of his assistants. The program was as follows:

MORNING

Cancer of the Large Bowel—Dr. Lahey
Surgical Treatment of Chronic Arthritis—Dr. G. E. Haggart
Peptic Ulcer—Dr. S. A. Wilkinson
Hematology in General Practice—Dr. John W. Norcross
Luncheon 1:00 to 2:00 p. m.

AFTERNOON

Management of Goitre—Dr. Lahey
Low Back Pain and Sciatica—Dr. Haggart
Clinical Aspects of Jaundice—Dr. Wilkinson
Practical Use of Vitamins—Dr. Norcross

Committee—
Edgar Flint, Chairman
Runkle F. Tegeman Donald O. Hamblin

OCEAN COUNTY

Raymond A. Taylor, M.D., Reporter

The *Ocean County Medical Society* held its November meeting at the Royal Pines Hospital on Wednesday evening, November 13th, 1940, with fourteen members in attendance.

MEMBERSHIP

Dr. Edward Smith was elected to senior membership, and Dr. Philip Citta was elected to junior membership.

SCIENTIFIC

The business meeting was very brief, and was followed by a very interesting talk on peptic ulcer by Dr. Gilson C. Engle, of Philadelphia.

Following this a talking picture was shown regarding the pre-school examination of children and its importance.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

The November meeting of the *Passaic County Medical Society* was held at Valley View Sanatorium, Preakness, Thursday evening, November 14, 1940. The President, Dr. Frank W. Ash, presided.

MEMBERSHIP

The following new members were elected:

To active membership:
David N. Reiner, Passaic
(Transfer from Sullivan County, N. Y.)
David E. Zuckerman, Paterson

To associate membership:
Albert J. Blake, Paterson
William Charney, Paterson
Irving R. Hayman, Paterson
Arthur C. Lawrence, Mountain View

SCIENTIFIC

The scientific session was addressed by Dr. Richard H. Overholt, Thoracic Surgeon at the Lahey Clinic, Boston, who spoke on "Pulmonary Symptoms Viewed in the Light of Present-Day Thoracic Surgery". He spoke of the advances of surgery of the lungs and chest, and pointed out that today surgical measures are very practical; that tumors, growths, and portions of the lung may be removed, although heretofore time and rest in pulmonary conditions were considered most important. In certain cases, particularly in lung abscess, it is not wise to wait, but immediate surgery is necessary as soon as the diagnosis is made. Lung abscess always points at the periphery of the lung, and may be attacked surgically. In the chronic cases, combined medical and surgical treatment is necessary, particularly with the aid of the bronchoscope. If there is no improvement, surgery is indicated.

Considering past results in lung abscess, 93 per cent may be helped surgically if operated on early. There is less hospital stay for the patient and quicker recovery.

In cancer of the lung, Dr. Overholt pointed out that early diagnosis was important, and surgery was indicated early before metastasis occurred. Cancer of the lung is the third most frequent type of cancer, and early treatment offers the best chance of arrest and restoration of health for the patient.

Deformity after chest operation has been reduced by consideration of the position of the scapula. Two patients on whom Dr. Overholt had operated were exhibited and there was extensive discussion by Drs. De Yoe, Dingman, Spickers, Joseph, and Douglass.

A collation was served, and the meeting then adjourned.

WARREN COUNTY

H. B. Bossard, M.D., Reporter

The annual meeting of the *Warren County Medical Society* was held in Hotel Belvidere, N. J., October 15, 1940, at eleven o'clock, with the President, Dr. Ralph Buchanan, of Phillipsburg, presiding.

CANCER CONTROL

The Secretary was instructed to write to Dr. Edgar A. Ill, Chairman of the State Society Committee on Cancer Control, so that the Warren County Committee may work in harmony with the State Society Committee.

Dr. William Varney stated that the cancer and tumor clinic which was conducted at Warren Hospital last Spring would be resumed October 31 at the hospital. The clinic will be conducted by Dr. R. W. Teahan, of Philadelphia.

MEMBERSHIP

Dr. W. Boquist, of Warren Hospital, was received and elected to membership.

Dr. Laurence Bloom moved from Phillipsburg to Easton, Pa., and was granted his demit to the Northampton County Medical Society of Pennsylvania.

ADDRESS BY STATE OFFICERS

Dr. Watson Morris, President of the State Society, spoke of the various activities of the State Society.

Dr. N. M. Scott, Executive Assistant, presented the Medical Service Administration and discussed medical care plans to be operated by the Administration.

Dr. Scott also discussed the activities of the Medical Preparedness Committee, including the A. M. A. questionnaire, and the appointment of physicians to serve with the Selective Service Boards of the State.

After the meeting adjourned, the members were joined by the Ladies' Auxiliary in the dining room of the hotel, where a turkey dinner was served.

SUMMIT MEDICAL SOCIETY

E. H. Macpherson, Secretary

The *Summit Medical Society* held the first meeting of the season at the Nurses' Home of Overlook Hospital on Tuesday evening, October 29th. Dr. J. F. Johnston, the President, presided. There were thirty-four members and guests present.

A symposium was presented by the St. Luke's Hospital Group of New York City, comprised of Drs. William G. Heeks, William Gill, and Boardman Bosworth, on "Observation in Gastroscopy and Peritoneoscopy", which was illustrated by colored motion pictures.

The resignation of Dr. G. Ward Disbrow was received due to his acceptance of a position in Kentucky. Dr. Roger W. Moister was made an honorary member of the Society.

Dr. Edward E. Feleppa, of Springfield Avenue, and Dr. J. K. de Vries, of 129 Summit Avenue, were elected to membership.

Following the meeting a collation was served.

THE ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

Franklin J. Tobey, M.D., Secretary

PROGRAM FOR JANUARY, 1941

Council, Thursday, January 2

Eye, Ear, Nose and Throat Section, Monday, January 13

Medicine and Pediatrics, Tuesday, January 14

Stated Meeting, auspices Section on Surgery, Thursday, January 16

Eye, Ear, Nose and Throat Section, Monday, January 13, 1941, 8:45 p.m.

Paper: "Pathological Changes in the Crystalline Lens" (illustrated). Bernard Samuels, M.D., Professor of Clinical Surgery, Cornell University Medical College, New York.

Medicine and Pediatrics, Tuesday, January 14, 8:45 p.m.

Paper: "The Medical and Surgical Significance of Avitaminosis", Thomas T. Mackie, M.D., Assistant Professor of Clinical Medicine, P. & S., Columbia University.

Paper: "The Treatment of Ulcerative Colitis", Manfred Kraemer, M.D., F.A.C.P.

Stated Meeting, under the auspices of the Section on Surgery, Thursday, January 16, 8:45 p.m.

Paper: "Cancer of the Colon", Henry W. Cave, M.D., F.A.C.S., Assistant Clinical Professor of Surgery, P. & S., Columbia University.

WOMAN'S AUXILIARY

NATIONAL BOARD MEETING

MRS. DON A. EPLER

MRS. R. J. MCDONALD

Mrs. Don Agard Epler, of Newark, N. J., Second National Vice-President of the Woman's Auxiliary to the American Medical Association, and Chairman of Organization of the Eastern States Division, and Mrs. R. J. McDonald, of Paterson, N. J., President of the New Jersey Auxiliary, attended the Fall Board meeting of the National Auxiliary in the Palmer House in Chicago, Ill., on Friday, November 29.

The National Board consists of the President, Mrs. V. E. Holcombe, the President-Elect, the Vice-Presidents, the Directors and Chairmen of standing committees, and the Presidents of the State Auxiliaries.

WOMAN'S AUXILIARY TO THE MEDICAL SOCIETY OF NEW JERSEY

By MRS. BANKS S. BAKER, Recording Secretary

The regular meeting of the Executive Board of the Woman's Auxiliary to The Medical Society of New Jersey was held at the North Jersey Country Club, Paterson, on October 14, 1940, with the President, Mrs. R. J. McDonald, presiding, and eighty-eight members and guests present.

The Treasurer, Mrs. T. P. McConaghy, submitted a statement showing a balance of $555.90. The Treasurer's statement was filed.

COMMITTEE REPORTS

Art, Hobby and Medical History: Mrs. Ily R. Beir, Chairman, outlined the work to be done on Medical History, and urged each county committee to give its service with zeal.

Entertainment: Mrs. David B. Allman, Chairman, submitted a financial report of the convention in Atlantic City.

Historian: The Corresponding Secretary read a letter from Mrs. Hunter regarding disposition of pictures of past presidents, also a list of counties and what they have sent to her for the histories, and a plea for material with which to adorn the county histories.

Legislation: Mrs. A. W. Bickner, Chairman, advised that within the next week or so the County Presidents and County Chairmen will receive a letter with general instructions for the year.

Press and Publicity: Mrs. Asher Yaguda, Chairman, reported that notices of this meeting have been inserted in fourteen North Jersey papers.

Public Relations: Mrs. Don A. Epler, Chairman,

advised that she is in close contact with Dr. Charles Robbins and Dr. Henry Davidson. She stated that letters have gone out to the counties requesting that they send to her the name and address of an Auxiliary member who is also a member of a woman's club, one who is also a member of a P.-T. A. (to express the ideas of the Medical Society to these lay groups), and also the name and address of a woman who will be responsible for selecting a suitable place for medical exhibits.

REPORTS OF COUNTY PRESIDENTS

The County Presidents reported briefly regarding their plans for the year. In some instances the plans were not yet complete.

MEDICAL PREPAREDNESS

The Corresponding Secretary read a letter from Dr. Davidson requesting all Auxiliary members to urge their husbands to send in their questionnaires on medical preparedness.

The President advised that she had appointed Mrs. A. M. Schultz as Chairman of Medical Preparedness. The purpose of this committee is to have all surgical supplies, etc., ready if needed and to make a very systematic check on all doctors who have not filled out their questionnaires on medical preparedness.

Atlantic County

Reported by Mrs. Anne Molitch, Chairman, Press and Publicity Committee

The regular meeting of the *Woman's Auxiliary to the Atlantic County Medical Society* was held on Friday, November 8, 1940, with Mrs. Anthony G. Merendino presiding. There were twenty-six members present, and one Auxiliary guest from another county Auxiliary.

Reports were received from the Program Chairman, Mrs. Carl Surran (in absentia); the Membership Chairman, Mrs. V. Earl Johnson; and Entertainment Chairman, Mrs. Harry Subin (in absentia).

Dr. Hilton S. Read spoke on "One-third of a Nation". A film entitled "If It's Health You're Seeking" was shown.

Bergen County

Reported by Mrs. J. Willis Demarest, Chairman of Publicity

The regular meeting of the *Woman's Auxiliary to the Bergen County Medical Society* was held at Englewood Hospital, with Mrs. Raynold Berke presiding. Mrs. G. E. Timberman, of Ridgewood, was the speaker on the subject flower arrangements.

The Auxiliary voted to contribute twenty-five dollars to the American Red Cross.

On November 24 the Auxiliary will sponsor a buffet supper and dance at the Knickerbocker Club in Englewood. The proceeds will go into the philanthropic fund.

Essex County

Mrs. Frank S. Forte, Chairman of Publicity

The regular monthly meeting of the *Woman's Auxiliary to the Essex County Medical Society* was held on Monday, November 25, at 2:30 p. m. in the Academy of Medicine. A board meeting at 1:30 p. m. preceded the meeting. Mrs. J. Irving Fort, President, presided.

Mr. William D. Palmer, Executive Officer of the Milk Inspection Association of the Oranges and Maplewood, gave an interesting talk on the grading of milk.

Mrs. Roy Wright, Chairman of the Shelter Workroom, described the excellent work it is doing in rehabilitating crippled girls, and showed specimens of their work.

The Public Relations Chairman, Mrs. William Donahue, called attention to a radio program sponsored by the American Medical Association called "Doctors at Work". It may be heard at 10:30 p. m. every Wednesday until June 4th.

Mrs. Donahue also asked the members to keep in touch with the public schools about the Health Essay to be written by the children.

Mrs. George Scheller, Widows and Orphans Chairman, reported that the society is contributing about $1,000 at Christmas time among the doctors' widows.

The Auxiliary members sewed diapers for the Red Cross during the meeting. This was an experiment, but proved so successful that it will be continued at our January meeting.

Tea was served by Mrs. Sidney Keller and her committee.

A committee from the Woman's Auxiliary to Essex County aided in the registration of visiting physicians during the Clinical Conference held November 27 and 28 in Essex County. Members were stationed at four hospitals and at the Newark Academy of Medicine. Telephone contact and transportation were also provided by the Auxiliary.

Gloucester County

Reported by Mrs. Clarence A. Bowersox, Chairman Public Relations

The *Woman's Auxiliary to the Gloucester County Medical Society* held a benefit bridge at the home of Mrs. Baxter A. Livengood, Cooper Street, Woodbury, on Friday, November 8th. The proceeds from this delightful affair are donated to the Red Cross of Gloucester County.

Hudson County

Reported by Mrs. Sydney Chayes

The *Woman's Auxiliary to the Hudson County Medical Society* met November 4th, 1940, at the Y. W. C. A., Fairmont Avenue, Jersey City, N. J., Mrs. Arthur Largay, presiding.

Mrs. William Friele, Chairman of the Entertainment Committee, reported on plans for a bridge, tea, and fashion show to be held January 18th, 1941, at the Hotel Pierre, Fifth Avenue and 61st Street, New York City.

Dressed in Mexican costume, Miss Clarissa Collins, author of "Mexican Vignettes", gave a talk on "Fascinating Mexico". She described the beauty of the country, and the life of its people, and displayed tiles, pottery, woodcarvings, paintings, weavings, and dolls in native costumes.

BOOK REVIEWS

MANAGEMENT OF OBSTETRIC DIFFICULTIES. By Paul Titus. 2d ed. St. Louis, C. V. Mosby Company. 1940. $10.00.

This book may be described as a textbook of abnormal obstetrics, enriched by many observations from the experience of the author in an extensive obstetrical practice. It is well written in an attractive style and the reasons for the recommended procedures are always clearly set forth. The volume also includes two excellent chapters dealing with sterility in all its phases.

This work should be very helpful to the obstetrical specialist as well as to the general practitioner.

ROYAL A. SCHAAF.

ELMER AND ROSE: PHYSICAL DIAGNOSIS. Revised by Harry Walker. 8th ed. Pp. 792. St. Louis, C. V. Mosby Company. 1940. $8.75.

The eighth edition of this popular work on physical diagnosis has been carefully revised. It is a clear presentation of the fundamental facts of clinical examination with brief mention of certain accessory aids, such as fluoroscopy, bronchoscopy, electrocardiography, and gastroscopy. There is an interesting new chapter on the technic of the neuropsychiatric examination.

It will be of most value to the medical student as an introduction to the subject, and to the busy practitioner as a source of quick reference.

HANDBOOK OF ORTHOPEDIC SURGERY. By Alfred Rives Shands, Jr., in collaboration with Richard Beverly Raney. Pp. 567. St. Louis, C. V. Mosby Company. 1940. Price $4.25.

This concise, orderly arrangement of text of contemporary orthopedic surgery presented by Shands in collaboration with Raney has well merited its second edition. Subjected to able criticism wide in scope prior to its first publication, the book approaches a consensus of opinion on orthopedic teaching.

The 24 chapters, averaging 19 pages to the chapter, give chiefly the elementary essentials in each subject. An excellent bibliography, however, affords the reader a fine source of authoritative detailed information on the subject matter of each chapter.

The book serves well as a guide in the planning of lectures. The illustrations are mainly pen and ink drawings emphasizing the important features of the condition under discussion.

It is a pleasure to recommend to the student and the general practitioner this easily readable and clearly understandable presentation of contemporary orthopedics brought up to date.

D. E. KAVANAUGH.

PRINCIPLES OF SURGICAL CARE, SHOCK, AND OTHER PROBLEMS. By Alfred Blalock. Pp. 323 with illustrations. St. Louis, C. V. Mosby Co. 1940. Price $4.50.

This monograph deserves high praise. The main theme is shock, and a little less than a third of the book is devoted to a consideration of it. The author is especially well equipped to write on the subject of shock, and the result is a superb account. There are short but excellent chapters on anesthesia and anesthetic agents, fluid and electrolyte disorders, acid-base disorders, and abdominal complications. The author has drawn freely upon the work of outstanding contributors in these special fields. The bibliography is carefully chosen.

Throughout the work the physiological aspect of the subject is stressed in a most up-to-date fashion. No matter how experienced the surgeon, we believe he will enjoy reading this little book.

T. CAMPBELL HOOTON.

SYNOPSIS OF OBSTETRICS. By Jennings C. Litzenberg. Pp. 394. St. Louis, C. V. Mosby Company. 1940. $4.50.

This little volume contains an enormous amount of information condensed to the utmost without sacrificing completeness. The student will find it invaluable as a means of acquiring a broad view of the entire subject of obstetrics, while the practitioner will find it helpful as a quick, clear and concise guide in time of need.

By his conservatism, as expressed in this volume, Dr. Litzenberg has fired one of the big guns in the campaign to reduce the number of unnecessary obstetrical operations.

The book is highly recommended.

ROYAL A. SCHAAF, M.D.

BACTERIOLOGY OF PUBLIC HEALTH. By George M. Cameron, Ph.D. Pp. 451. St. Louis, C. V. Mosby Company. 1940. $3.50.

Professor Cameron has written a very useful and conveniently sized book upon a subject, the value of which is becoming more and more necessary to the physician.

While by no means a text on bacteriology, the subject matter covers very well the range of bacteria associated with human diseases. The newer classification of the flora of the alimentary canal is outlined and the relationship of each bacterial group to specific alimentary infection is well described. Of special interest to the public health official will be the chapter on plague, tularemia, and the hemorrhagic septicemias, with the relation of the various organisms to the animal host clearly stated. The historical sketches and references to other sources are brief and to the point, and will be appreciated by the student who has little time to devote, usually, to this part of his work.

The printing is clear and the illustrations well selected. Altogether a well written treatise, and although a little bit too condensed for average reading, will be useful for students of modern bacteriology and indeed should be in the library of every practicing physician.

CHARLES V. CRASTER, M.D., D.P.H.,
Health Officer.

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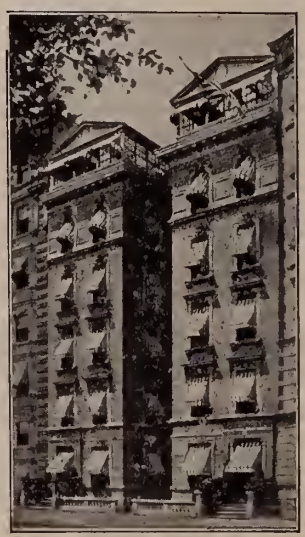

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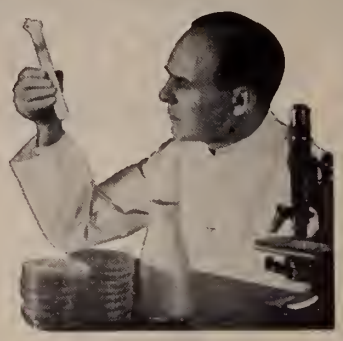

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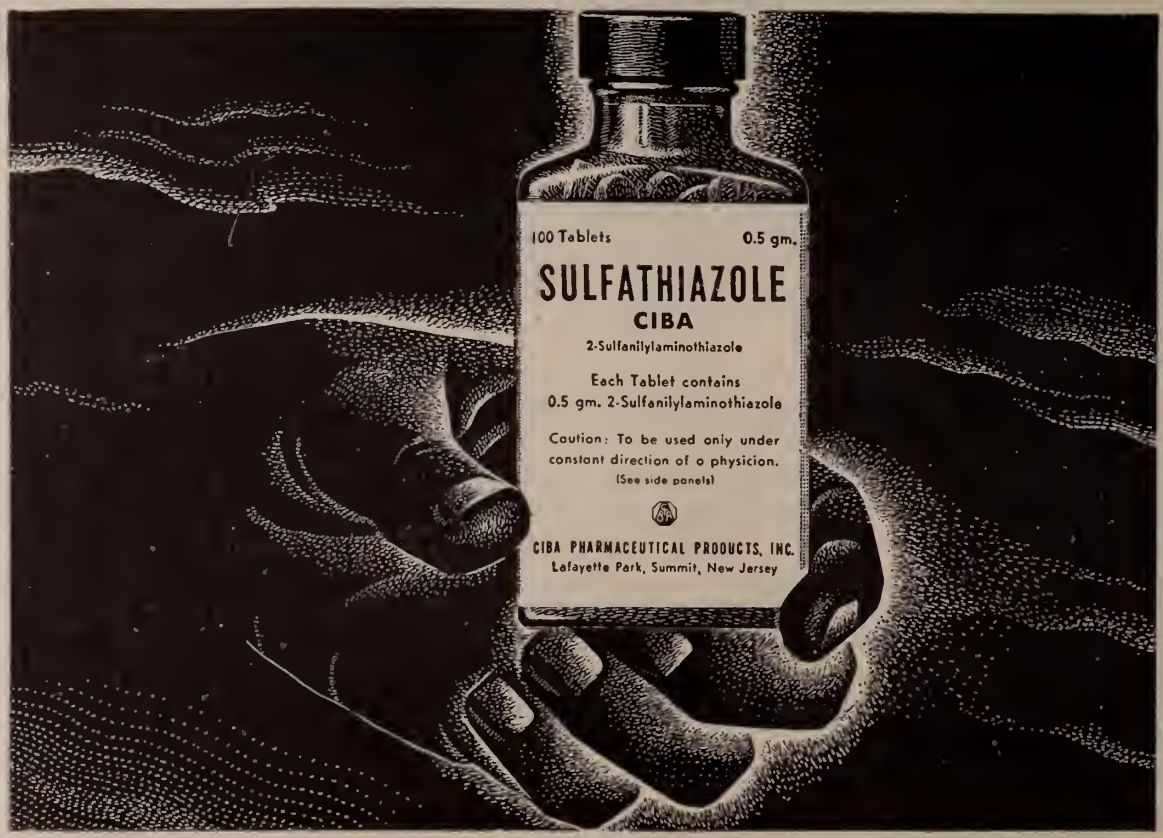

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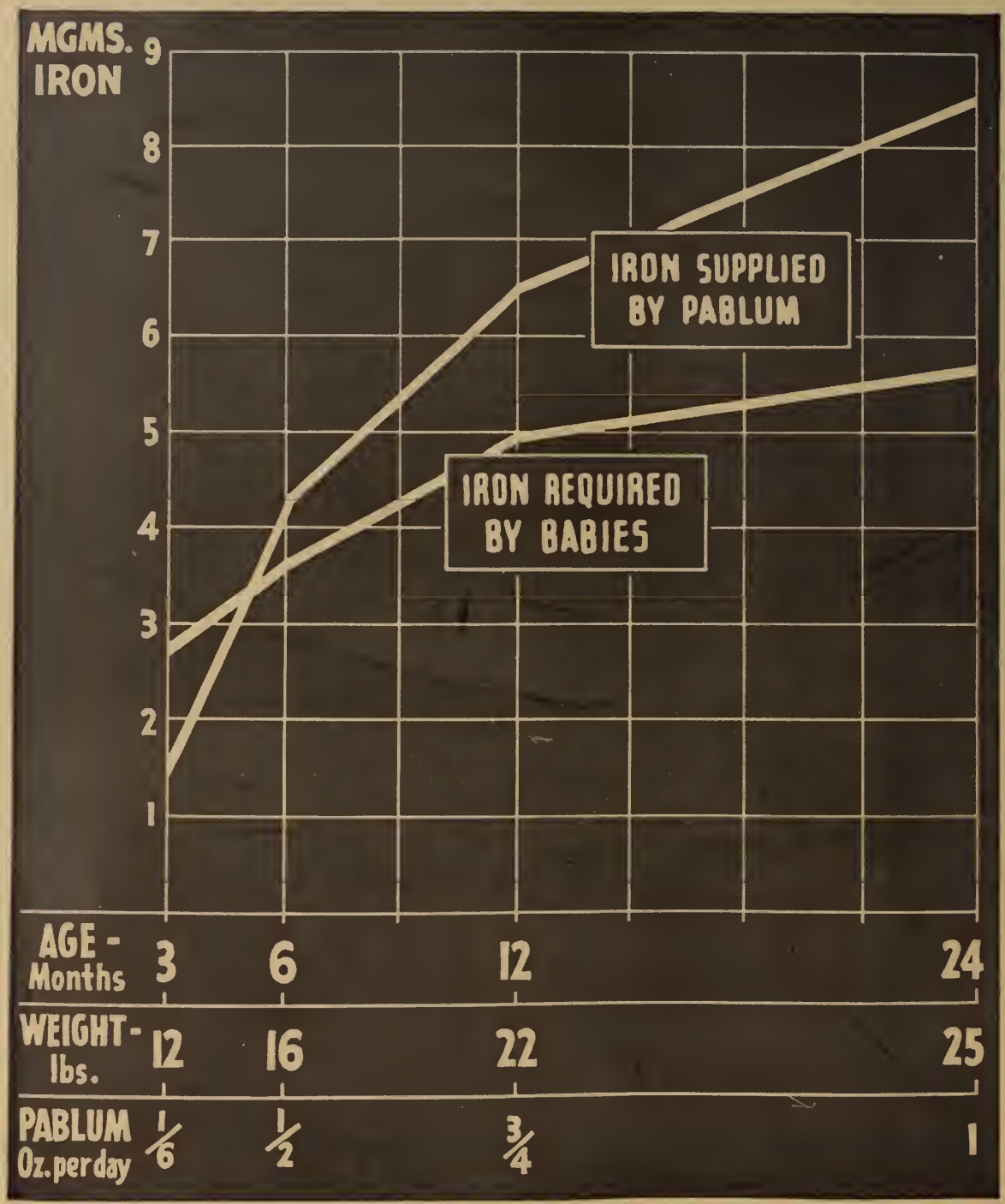

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FELLOWS OF THE MEDICAL SOCIETY OF NEW JERSEY

"THE FELLOWS ARE THE EX-PRESIDENTS OF THE SOCIETY." (Constitution, Art. IV., Sec. 2)

Date of Election

1. 1766—Robert McKean, Perth Amboy, July 13, 1732—Oct. 17, 1767. Pastor and Physician. Founder of State Society.
2. 1767—William Burnet, Newark, Dec. 2, 1730—Oct. 7, 1791. Army Surgeon and Member of Congress. Founder.
3. 1768—John Cochran, New Brunswick, Sept. 1, 1730—Apr. 6, 1807. Hospital Director in Revolution. Founder.
4. 1770—Nathaniel Scudder, Freehold, May 10, 1733—Oct. 16, 1781. Congressman. Killed in Revolution.
5. 1771—Isaac Smith, Trenton, 1740—Aug 29, 1807. Congressman, Judge, Financier.
6. 1772—James Newell, Freehold, 1725—Feb. 21, 1791. M.D. received in Edinburgh.
7. 1773—Absalom Bainbridge, Lawrenceville, 1742—Jan. 23, 1807. A loyalist. Large practice in New York City. Father of Commodore Bainbridge.
8. 1774—Thomas Wiggins, Princeton, 1731—Nov. 14, 1801. Treasurer of College. Founder.
9. 1775—Hezekiah Stites, Cranbury, 1726—Nov. 17, 1790.

No meetings 1776-1780 on account of the War of the Revolution.

10. 1781—James Newell, No. 6, reëlected. Son Elisha President, 1795.
11. 1782—John Beatty, Trenton, Dec. 19, 1749—May 30, 1826. Commissary of prisoners in Revolution.
12. 1783—Thomas Barber, Matawan, died 1807, aged about 80. Surgeon in Revolution.
13. 1784—Lawrence Vander Veer, Roycefield, 1740—1815. Last surviving *founder* of State Society.
14. 1785—Moses Bloomfield, Woodbridge, Dec. 4, 1729—Aug. 14, 1791. Surgeon in Revolution. Founder.
15. 1786—William Burnet, Newark. President No. 2 in 1767.
16. 1787—Jonathan Elmer, Bridgeton, Nov. 29, 1745—Sept. 30, 1817. U. S. Senator and Judge. In first class to receive M.D. degree from U. Pa.
17. 1788—James Stratton, Swedesboro, Aug. 20, 1755—Mar. 29, 1812. Judge.
18. 1789—Moses Scott, New Brunswick, 1738—Dec. 28, 1781. Director of hospitals in Revolution.
19. 1790—John Griffith, Rahway, Nov. 19, 1736—Aug. 23, 1805. Founder. (Data requested.)
20. 1791—Lewis Dunham, New Brunswick, 1754—Aug. 26, 1821. Revolutionary soldier.
21. 1792—Isaac Harris, Middlesex County, and then Salem, 1741-1808. Taught medical students. Founder.
22. 1795—Elisha Newell, Allentown, 1755—1799. Son of James, 6th President.

No meetings for twelve years, owing to an attempt to establish a rival society.

23. 1807—Jonathan F. Morris, Somerville, Mar. 21, 1760—Apr. 10, 1810. Partner of 24th President.
24. 1808—Peter I. Stryker, Somerville, June 22, 1766—Oct. 19, 1859. President three times.
25. 1809—Lewis Morgan, Rahway, 1757—Jan. 12, 1821.
26. 1810—Lewis Condict, Morristown, Mar. 3, 1773—May 26, 1862. Congressman. Trustee Princeton Coll.
27. 1811—Charles Smith, New Brunswick, 1768—May 7, 1848. Poor boy, but died rich.
28. 1812—Matthias H. Williamson, Elizabeth. Meager biography. Served two years.
29. 1814—Samuel Forman, Freehold, Aug. 3, 1764—Dec. 11, 1845. Active in practice.
30. 1815—John Van Cleve, Princeton, 1778—Dec. 24, 1826. Lectured in medicine in Princeton College.
31. 1816—Lewis Dunham, President No. 20 in 1791.
32. 1817—Peter I. Stryker. See No. 24.
33. 1818—John Van Cleve. See No. 30.
34. 1819—Lewis Condict. See No. 26.
35. 1820—James Lee, Newark. No details. Large practice. Went to Baltimore.
36. 1821—William G. Reynolds, Manalapan. A sailor. Had great mechanical skill.
37. 1822—Augustus R. Taylor, Somerville, May, 1782—1840. Very active.
38. 1823—William B. Ewing, Greenwich, Dec. 12, 1776—April 23, 1866. Member of Legislature. Judge.
39. 1824—Peter I. Stryker. See Nos. 24 and 32.
40. 1825—Gilbert S. Woodhull, Manalapan, Jan. 11, 1794—Oct. 13, 1830.

41. 1826—William D. McKissack, Millstone, 1754—Feb. 11, 1831. Son and father of leading doctors.
42. 1827—Isaac Pierson, Orange, Aug. 15, 1770—Sept. 22, 1833. Congressman and Sheriff. His son, No. 84, and his grandson, No. 115, were also Presidents.
43. 1828—Jephtha B. Munn, Chatham, Dec. 24, 1780—June 22, 1863. Worked on Pharmacopoea.
44. 1829—John W. Craig, Somerset Co. Meager record. (Data requested.)
45. 1830—Augustus R. Taylor. See No. 37.
46. 1831—Thomas Yarrow, Salem. Meager record. (Data requested.)
47. 1832—E. Fitz Randolph Smith, New Brunswick, 1786—May 25, 1865. Banker and Mayor.
48. 1833—William Forman, Monmouth County, Aug. 7, 1796—Feb. 22, 1848. (Data requested.)
49. 1834—Samuel Hayes, Newark, 1776—July 30, 1839. Charged 25 cents a visit.
50. 1835—Abraham P. Hagerman, Somerset County. Meager record. (Data requested.)
51. 1836—Henry VanderVeer, son of the 13th President, Somerville, 1792—Feb. 13, 1874. Very active.
52 1837—Lyndon A. Smith, Newark, May 11, 1795—Dec. 15, 1865. Promoted State Insane Asylum.
53. 1838—Benjamin H. Stratton, Mt. Holly, Feb. 6, 1804—Dec. 31, 1875. Grandson of Dr. James Stratton, 17th President.
54. 1839—Jabez G. Goble, Newark, Nov. 13, 1799—Feb. 7, 1857. "Handshaker", active. (Data requested.)
55. 1840—Thomas P. Stewart, Hackettstown, 1800—Oct., 1846. (Data requested.)
56. 1841—Ferdinand S. Schenck, Six Mile Run, 1790—May 16, 1860. Congressman. Trustee Rutgers College.
57. 1842—Zachariah Read, Mt. Holly, Sept. 19, 1802—July 28, 1879. A quiet, useful life.
58. 1843—Abraham Skillman, Bound Brook, Mar., 1796—Dec. 10, 1862. (More data requested.)
59. 1844—George R. Chetwood, Elizabeth, May 21, 1802—died aged over 80 years.
60. 1845—Robert S. Smith, Bound Brook, Feb. 9, 1800—Aug 25, 1874. A devoted physician.
61. 1846—Charles Hannah, Salem. No obituary found. (Data requested.)
62. 1847—Jacob T. B. Skillman, Woodbridge and New Brunswick, 1793—June 26, 1864. Student of Dr. A. R. Taylor, No. 37. Learned and judicious.
63. 1848—Samuel Hayes Pennington, Newark, Oct. 16, 1806—Mar. 4, 1900. L.L.D. from Princeton.
64. 1849—Joseph Fithian, Woodbury, June 25, 1795—Jan. 8, 1881. "Courteous, of the old school."
65. 1850—Elias J. Marsh, Paterson, Jan. 7, 1803—October 29, 1850. Delegate to the first organization meeting of the A. M. A.
66. 1851—John H. Phillips, Pennington, 1814—Mar. 1, 1878. Founder of State Normal School.
67. 1852—Othneil H. Taylor, Camden, May 4, 1803—Sept. 6, 1869. Active in cholera epidemic.
68. 1853—Samuel Lilly, Lambertville, Oct. 15, 1815—Apr. 3, 1880. Congressman and Judge.
69. 1854—Alfred B. Dayton, Middletown Point, Dec. 25, 1812—July 19, 1870. Medical writer.
70. 1855—James B. Coleman, Trenton, 1806—Dec. 19, 1877. Invented forced ventilation.
71. 1856—Richard M. Cooper, Camden, Aug. 30, 1816—May 24, 1874. Large practice.
72. 1857—Thomas Ryerson, Newton, Feb. 18, 1821—May 27, 1887. Surgeon. Very active.
73. 1858—Isaac Pierson Coleman, Pemberton, Feb. 2, 1804—Nov. 4, 1869. Brother of No. 70.
74. 1859—John R. Sickler, Mantua, Sept. 20, 1800—Apr. 11, 1886. Judge.
75. 1860—William Elmer, Bridgeton, Oct. 5, 1814—July 27, 1889. Third of four generations of doctors.
76. 1861—John Blane, Perryville, July 7, 1802—June 18, 1885. Wrote history of Hunterdon County Medical Society.
77. 1862—John Woolverton, Trenton, Oct. 27, 1825—Sept. 14, 1888. Mayor.
78. 1863—Theodore R. Varick, Jersey City, June 24, 1825—Nov. 23, 1887. Manager Morris Plains Hospital for Insane.
79. 1864—Ezra M. Hunt, Metuchen, Jan. 7, 1830—July 1, 1894. Established State Department of Health.
80. 1865—Abraham Coles, Newark, Dec. 26, 1813—May 3, 1891. Poet, and active in practice.
81. 1866—Benjamin R. Bateman, Bridgeton, Mar. 7, 1807—July 23, 1883. Meager record. (Data requested.)
82. 1867—John C. Johnson, Blairstown, Oct. 21, 1828—Dec. 23, 1907. Educator.
83. 1868—Thomas J. Corson, Trenton. Feb. 12, 1828—May 10, 1879. Superintendent of Schools.
84. 1869—William Pierson, Orange, Dec. 4, 1796—Oct. 1, 1882. Recording Secretary 1835-1866. Son of Isaac Pierson, No. 42.
85. 1870—Thomas F. Cullen, Camden, Sept. 3, 1823—Nov. 21, 1877. Writer.
86. 1871—Charles Hasbrouck, Hackensack, Apr. 11, 1818—Nov. 25, 1877. Civic leader.
87. 1872—Franklin Gauntt, Burlington, July 19, 1823—July 7, 1900. Supported early bacteriology.
88. 1873—Thomas J. Thomason, Perrineville, 1833—Aug. 2, 1880. Wrote History of Monmouth Co. Med. Soc.
89. 1874—George H. Larison, Lambertville. Jan. 4, 1831—Mar. 7, 1892. Large practice. Local preacher.
90. 1875—William O'Gorman, Newark, July 12, 1824—Nov. 10, 1887. Founded St. Michael's Hospital.
91. 1876—John V. Schenck, Camden, 1825—July 25, 1882. Obstetrician.
92. 1877—Henry R. Baldwin, New Brunswick, Sept. 18, 1829—Feb. 3, 1902. L.L.D. Rutgers, 1893.
93. 1878—John S. Cook, Hackettstown, Jan. 19, 1823—Jan. 1, 1900. A family of country doctors.
94. 1879—Alexander W. Rogers, Paterson, 1814—May 14, 1905. Delegate to International Congress.
95. 1880—Alexander N. Dougherty, Newark, Jan. 1, 1822—Nov. 28, 1882. Controlled scurvy in Army of the Potomac.
96. 1881—Lewis W. Oakley, Elizabeth, Nov. 22, 1828—Mar. 3, 1888. Three years in Civil War.
97. 1882—John W. Snowden, Blackwood, Apr. 22, 1823—May 28, 1888. Obstetrician.
98. 1883—Stephen Wickes, Orange. Mar. 17, 1813—July 8, 1889. The great historian of The Medical Society of New Jersey, and leader of its organization and evolution.
99. 1884—Phanett C. Barker, Morristown. Living in 1903. No obituary found. (Data requested.)
100. 1885—Joseph Parrish, Burlington, Nov. 11, 1818—Jan 15, 1891. Established N. J. Reporter, Oct., 1847. Established training school for idiots. Member U. S. Sanitary Commission.

101. 1886—CHARLES J. KIPP, Newark, Oct. 22, 1838—Jan. 13, 1911. Founder Newark Eye and Ear Infirmary 1880.
102. 1887—JOHN W. WARD, Trenton, Feb. 12, 1860—Aug. 24, 1916. Supt. State Hospital, Trenton.
103. 1888—H. GENET TAYLOR, Camden, Feb. 12, 1860—Aug. 24, 1916. First proposed State Medical Journal. Son of No. 67.
104. 1889—BERIAH A. WATSON, Jersey City, 1836-1892. Civil War Veteran. Writer.
105. 1890—JAMES S. GREEN, Elizabeth, July 22, 1829—July 2, 1892. Father of No. 141.
106. 1891—ELIAS J. MARSH, JR., Paterson, Aug. 4, 1835—Aug. 3, 1908. Army Surgeon. Medical Director Mutual Life Ins. Co. Son of No. 65.
107. 1892—GEORGE T. WELCH, Passaic, 1845—Aug. 25, 1934.
108. 1893—JOHN G. RYERSON, Boonton, 1834—Feb. 10, 1916. Popular and practical.
109. 1894—OBADIAH H. SPROUL, Flemington, May 29, 1804—Feb. 13, 1925. Attended every State Society meeting during his medical lifetime.
110. 1895—WILLIAM ELMER, Trenton, Dec. 14, 1840—July 18, 1908. See No. 16.
111. 1896—THOMAS J. SMITH, Bridgeton, 1841—June 14, 1932. Established Epileptic Colony at Skillman.
112. 1897—DAVID C. ENGLISH, New Brunswick, Mar. 2, 1842—Sept. 19, 1924. Editor of Journal and Trustee.
113. 1898—CLAUDIUS R. P. FISHER, Bound Brook, Aug. 12, 1859—June 5, 1927. Civic affairs.
114. 1899—LUTHER M. HALSEY, Williamstown, Sept. 17, 1858—March 20, 1921. Legislative Committee.
115. 1900—WILLIAM PIERSON, JR., Orange, Nov. 20, 1830—June 12, 1900. Secretary 31 years as was his father, William, No. 83, Secretary 1866-1897.
116. 1901—JOHN D. MCGILL, Jersey City, 1846-1912. Surgeon General of N. J. Banker.
117. 1902—EDWARD L. B. GODFREY, Camden, Feb. 21, 1850—Dec. 17, 1913. Wrote "Medical History of Camden County". A born leader.
118. 1903—HENRY MITCHELL, Asbury Park, Aug. 6, 1845—Jan. 31, 1919. Public health and State Department of Health.
119. 1904—WALTER B. JOHNSON, Paterson, Jan. 3, 1852—1922. Eye and ear specialist.
120. 1905—HENRY W. ELMER, Bridgeton, Apr. 26, 1847—Feb. 13, 1907. Active in civic duties.
121. 1906—ALEXANDER MARCY, JR., Riverton, 1860—May 1, 1934.
122. 1907—**EDWARD J. ILL**, Newark. Born 1854. Senior Fellow.
123. 1908—DAVID ST. JOHN, Hackensack, Mar., 1850—Sept. 14, 1917. "A doctor of the old school."
124. 1909—BENJAMIN A. WADDINGTON, Salem. Died Aug. 23, 1917, aged 75 years.
125. 1910—THOMAS H. MACKENZIE, Trenton, Mar. 14, 1847—Dec. 19, 1920. Surgeon.
126. 1911—DAVID STROCK, Camden, 1842—June 10, 1927. Sanitarian, Church Organist.
127. 1912—NORTON L. WILSON, Elizabeth, 1861—Nov. 13, 1930. "Quiet wisdom."
128. 1913—ENOCH HOLLINGSHEAD, Pemberton, 1853—Feb. 13, 1934. Treasurer, Burlington County Medical Society 34 years.
129. 1914—FRANK D. GRAY, Jersey City, 1857—June 11, 1916. Active and original.
130. 1915—WILLIAM J. CHANDLER, South Orange, July 11, 1842—Oct. 30 1927. Secretary 15 years. Chairman, Publication Committee. Organist.
131. 1916—PHILIP MARVEL, 1856—Sept. 6, 1938. Active and prominent.
132. 1917—WILLIAM G. SCHAUFFLER, Lakewood, Oct. 28, 1862—Apr. 30, 1933. President, New Jersey Health and Sanitary Association.
133. 1918—THOMAS W. HARVEY, Orange, 1853—Apr. 8, 1938. Active on Welfare Committee.
134. 1919—GORDON K. DICKINSON, Jersey City, Dec. 14, 1855—June 25, 1930. Leader in tuberculosis work.
135. 1920—PHILANDER A. HARRIS, Paterson, Jan. 29, 1852—Dec. 13, 1924. Gynecologist and author, and Health Commissioner.
136. 1921—HENRY B. COSTILL, Trenton, 1860—Apr. 27, 1935. Medical legislation and public health.
137. 1922—JAMES HUNTER, JR., Westville, Jan. 14, 1866—June 1, 1931. Active in State Society.
138. 1923—**WELLS P. EAGLETON**, Newark. Born 1865.
139. 1924—ARCHIBALD MERCER, Newark, 1849—Nov. 3, 1931. Assistant Director, Mutual Life Ins. Co of N. J.
140. 1925—**LUCIUS DONOHOE**, Bayonne. Born 1868.
141. 1926—JAMES S. GREEN, Elizabeth, 1864—June 20, 1936. "A practical idealist." Son of No. 105.
142. 1927—**WALT P. CONAWAY**, Atlantic City. Born 1873.
143. 1928—EPHRAIM R. MULFORD, Burlington, born Oct. 17, 1880—March 10, 1939. Active in civic medicine.
144. 1929—**ANDREW F. McBRIDE**, Paterson. Born 1865.
145. 1930—**GEORGE N. J. SOMMER**, Trenton. Born 1874.
146. 1931—JOHN F. HAGERTY, Newark, May 9, 1869—Feb. 1, 1937. Surgeon, scholar, church worker, musician.
147. 1932—A. HAINES LIPPINCOTT, Camden, July 12, 1867—Mar. 10, 1937. Urologist, Cooper Hospital.
148. 1933—**FREDERIC J. QUIGLEY**, Union City. Born 1883.
149. 1934—**LANCELOT ELY**, Somerville. Born 1875.
150. 1935—**MARCUS W. NEWCOMB**, Brown's Mills. Born 1880.
151. 1936—**FRANCIS R. HAUSSLING**, Newark. Born 1880. Resigned because of ill health.
152. 1936—**SPENCER T. SNEDECOR**, Hackensack. Born 1900.
153. 1937—**WILLIAM G. HERRMAN**, Asbury Park. Born 1890.
154. 1938—**WILLIAM J. CARRINGTON**, Atlantic City. Born 1884.
155. 1939—**E. ZEH HAWKES**, Newark. Born 1865.

The names of living Fellows are in bold face type.

The available records of a number of Fellows are meager, and more information is requested.

HONORARY MEMBERS

Those marked with an asterisk are deceased

*David Hosack, New York 1827
*John W. Francis, New York 1827
*John Condict, Orange 1830
*Usher Parsons, Rhode Island 1839
*Reuben D. Murphy, Cincinnati 1839
*Alban G. Smith, New York 1839
*Willard Parker, New York 1842
*Valentine Mott, New York 1843
*Johnathan Knight, New Haven 1848
*Nathaniel Chapman, Philadelphia 1848
*Alexander H. Stephens, New York 1848
*John C. Warren, Boston 1849
*Lewis C. Beck, New York 1850
*John C. Torrey, New York 1850
*George B. Wood, Philadelphia 1853
*Horace A. Buttolph, Short Hills, N. J. 1854
*Ashbel Woodward, Franklin, Conn. 1861
*Thomas W. Blatchford, Troy, N. Y. 1866
*Jeremiah S. English, Manalapan, N. J. 1867
*Stephen Wickes, Orange, N. J. 1868
*Samuel Oakley Vanderpool, Albany, N. Y. 1872
*Joseph Parrish, Burlington, N. J. 1872
*Ferris Jacobs, Delhi, N. Y. 1872
*Charles A. Lindsley, New Haven, Conn. 1872
*William Pepper, Philadelphia 1876
*S. Weir Mitchell, Philadelphia 1876
*Cyrus F. Brackett, Princeton, N. J. 1880
*Joseph C. Hutchinson, Brooklyn, N. Y. 1880
*Thomas Addis Emmett, New York 1884
*Isaac E. Taylor, New York 1884
*D. Hayes Agnew, Philadelphia 1886
*Joseph Leidy, Philadelphia 1886
*Frederick S. Dennis, New York 1893
*John H. Ripley, New York 1893
*Virgil P. Gibney, New York 1893
*William Pierson, Orange, N. J. 1894
*Abraham Jacobi, New York 1896
*Virgil M. D. Marcy, Cape May City 1896
*Samuel H. Pennington, Newark, N. J. 1897
*Alfred A. Woodhull, Princeton, N. J. 1897
*J. Leonard Corning, New York 1902
*John Allen Wyeth, New York 1903
*William K. Van Reypen, U. S. N. 1903
*Lawrence F. Flick, Philadelphia 1903
S. Adolphus Knopf, New York 1906
*Albert Vander Veer, Albany, N. Y. 1907
Charles K. Mills, Philadelphia 1917
Richard C. Cabot, Boston 1917
George W. Crile, Cleveland, Ohio 1917
*John B. Deaver, Philadelphia 1917
*William J. Chandler, Lawtey, Florida 1923
Edward J. Ill, Newark, N. J. 1925
Joseph E. Raycroft, Princeton, N. J. 1930
*Jackson B. Pellett, Hamburg, N. J. 1933
Wells P. Eagleton, Newark, N. J. 1935
*Vanderhoef M. Disbrow, Lakewood, N. J. 1935
*Philip Marvel, Bethlehem, Pa. 1935
Joseph B. Harrison, Westfield, N. J. 1936
*Thomas W. Harvey, Orange, N. J. 1936
Andrew F. McBride, Paterson, N. J. 1936
Rock Sleyster, Wauwatosa, Wisc. 1939
Nathan B. Van Etten, New York 1939
Haven Emerson, New York 1939

THE MEDICAL SOCIETY OF NEW JERSEY

Founded July 23, 1766

EXECUTIVE AND EDITORIAL OFFICES, 143 EAST STATE ST., TRENTON, N. J.
TELEPHONE TRENTON 9330

"THIS SOCIETY SHALL BE COMPOSED OF FELLOWS, OFFICERS, DELEGATES, AND MEMBERS OF COMPONENT SOCIETIES IN GOOD STANDING." CONSTITUTION, ARTICLE IV, SEC. 1.

OFFICERS

An up-to-date list of the officers and committeemen of The Medical Society of New Jersey, and of the President, Secretary, and Reporter of each component county society, is printed in each issue of The Journal.

DELEGATES

Representatives from the component county societies to the House of Delegates are elected by each County Society from among its members who are in good standing. The names of the elected delegates will be printed in the official Program of the Annual Meeting.

MEMBERSHIP OF COUNTY MEDICAL SOCIETIES

Comprising

THE MEDICAL SOCIETY OF NEW JERSEY ON MARCH 15, 1940

An asterisk (*) indicates a deceased member

ATLANTIC COUNTY (1)

Society organized June 7, 1880. Meets second Friday evening monthly, except in June, July, August and September. Annual Meeting in May.

Active Members

Allman, David B., 104 St. Charles pl., Atlantic City
Andrews, Clarence L., 1616 Pacific av., Atlantic City
Axilrod, Maurice H., 2620 Pacific av., Atlantic City
Barbash, Samuel, 1902 Pacific av., Atlantic City
Bartlett, Clara K., 4301 Atlantic av., Atlantic City
Bassett, Norman H., 1616 Pacific av., Atlantic City
Beir, Ily R., 3900 Atlantic av., Atlantic City
Bew, Richard C., 1217 Pacific av., Atlantic City
Bossert, Charles L., 4021 Atlantic av., Atlantic City
Boysen, Theophilus H., 100 Phila. st., Egg H'rb'r C'y
Bradley, Robt. A., 1616 Pacific av., Atlantic City
Brown, J. Carlisle, 101 S. Indiana av., Atlantic City
Carrington, Wm. J., 905 Pacific av., Atlantic City
Chalfant, W. Paxson, Jr., 7003 Ventnor av., Ventnor
Charlton, C. Coulter, 124 S. Illinois av., Atlantic C'y
Clark, S. Worth, 152 S. No. Carolina av., Atlantic C'y
Cleary, Jos. P., Minotola
Conaway, Walt P., 1723 Pacific av., Atlantic City
Corson, Filbert R., 101 S. Indiana av., Atlantic City
Crane, Bernard, 306 Pacific av., Atlantic City
Dalton, S. Eugene, 117 S. Illinois av., Atlantic City
Davidson, Harold S., 101 S. Indiana av., Atlantic C'y
Davis, W. Cole, 109 S. Portland av., Ventnor
deHellebranth, Roland T., 104 S. Fr'nkf't av.,Ventn'r
Diskan, Samuel M., 1904 Pacific av., Atlantic City
Donnelly, Wm. A., 1616 Pacific av., Atlantic City
Durham, Robt. B., 5404 Ventnor av., Ventnor
Durham, Royal E., 130 S. Illinois av., Atlantic City
Dyer, Edward H., 102 S. Victoria av., Ventnor
Elliott, Frazier J., 10 N. Second st., Hammonton
Ewens, Arthur E., 3600 Pacific av., Atlantic City
Feinstein, Louis, 410 Pacific av., Atlantic City
Fish, Clyde M., 7 W. Washington av., Pleasantville
Fox, Wm. W., 101 S. Indiana av., Atlantic City
Frank, Myrtile, 227 Philadelphia av., Egg Harbor C'y
Gordon, Benjamin L., 1616 Pacific av., Atlantic City
Gorson, Samuel F., 2005 Pacific av., Atlantic City
Grier, Robt. M., 50 E. Washington av., Pleasantville
Gruhler, Jean A., 5407 Atlantic av., Ventnor
Guion, Edward, Atl. Co. Hosp.forMent'lDis.,Northf'd
Halpern, Samuel, 504 Pacific av., Atlantic City
Harley, Halvor L., 101 S. Indiana av., Atlantic City
Harris, Wm. O., 32 N. New Jersey av., Atlantic City
Henderson, Kenneth P., Ansley Park, Pleasantville
Hersohn, Wm. W., 116 S. Illinois av., Atlantic City
Hess, L. Elmore, 19 E. Bolton av., Absecon
Hoffman, Harry S., 3302 Pacific av., Atlantic City
Holmes, H. David, 1813 Arctic av., Atlantic City
Holoman, M. Browne, 1 Haverford av., Margate
Holt, Edward Z., 4100 Atlantic av., Atlantic City
Hudson, Howard S., 34 E. Main st., Mays Landing
Hudson, Woodburn J., 123 W. Wash. av., Pl's'ntville
Hyman, Chas., 2619 Pacific av., Atlantic City
Infield, G. L., 1401 Shore rd., Northfield
Irvin, John S., 1910 Pacific av., Atlantic City
Jacobson, J. Joseph, 1616 Pacific av., Atlantic City
Johnson, V. Earl, 101 S. Indiana av., Atlantic City
Kahn, Leo, 32 States av., Atlantic City
Kaighn, Chas. B., 905 Pacific av., Atlantic City
Kilduffe, Robt. A., Atlantic City Hosp., Atlantic City
Kline, Herman, 2643 Pacific av., Atlantic City
Krechmer, Abraham, 521 Pacific av., Atlantic City
Lawther, Boyd M., 1401 Shore rd., Northfield
Leonard, Isaac E., 2842 Atlantic av., Atlantic City
Leonard, Isaac E., Jr., 2842 Atlantic av., AtlanticC'y
Levine, Morris J., 2 N. Dover av., Atlantic City
Madden, Leland S., 21 E. Verona av., Pleasantville
Magill, Marcus, 4116 Ventnor av., Atlantic City
Major, Morton M., 4212 Ventnor av., Atlantic City
Marshall, H. Donald, 611 N. Indiana av., AtlanticC'y
Marshall, Jos. C., 1517 Pacific av., Atlantic City
Marvel, Peter H., 2216 Shore rd., Northfield
Mason, James H., 1616 Pacific av., Atlantic City
McGeehan, Stanley M., 6505 Atlantic av., Atl. City
Merendino, Anthony G., 2720 Pacific av., Atl. City
MeVay, James C., 2907 Pacific av., Atlantic City
Molitch, Matthew, 705 Pacific av., Atlantic City
Murray, Clifford K., 7103 Ventnor av., Ventnor
Nickman, E. Harrison, 4702 Atlantic av., AtlanticC'y
Pennington, John, 101 S. Indiana av., Atlantic City
Poland, Geo. A., 206 E. Verona av., Pleasantville
Quinn, Norman J., 3303 Pacific av., Atlantic City
Read, Hilton S., 5407 Atlantic av., Ventnor
Reyner, Daniel C., 2703 Pacific av., Atlantic City
Rieck, Allan, 507 S. Shore rd., Pleasantville
Roop, William O., 101 S. Indiana av., Atlantic City
Rosenberg, Louis, 26 S. Stenton pl., Atlantic City
Rosenblatt, Sidney, 1904 Pacific av., Atlantic City
Rubba, Russell R., 21 Horton st., Hammonton
Ruffu, Henry L., 111 S. Boston av., Atlantic City
Salasin, Samuel L., 511 Pacific av., Atlantic City
Scanlan, D. Ward, 15 S. Illinois av., Atlantic City
Schwarzkopf, Geo. C., 2901 Pacific av., Atlantic City
Schwinn, Chas., 7600 Winchester av., Margate City
Shavelson, Irving C., 3822 Ventnor av., Atlantic City
Shenfeld, Isaac, 4806 Atlantic av., Ventnor
Shimer, A. Burton, 606 Pacific av., Atlantic City
Shivers, Chas. H. deT., 121 S. Illinois av., AtlanticC'y
Shore, Ernest L., 306 Atlantic av., Atlantic City
Silvers, Homer I., 16 S. Suffolk av., Ventnor
Singley, Harry P., Jr., 100 S. Stratford av., Ventnor
Sinkinson, Chas. D., Jr., 1616 Pacific av., AtlanticC'y
Smith, Andrew M., 344 Phil'd'lphia av.,EggH'rb'rC'y
Stamps, G. Ruffin, 300 E. Verona av., Pleasantville
Stern, Samuel, 2815 Pacific av., Atlantic City
Stewart, Sloan G., N. Caro. and Pac. avs., Atl. City
Stewart, Walter B., 8 N. Tallahassee av., AtlanticC'y
Subin, Harry, 1616 Pacific av., Atlantic City
Surran, Carl A., 1616 Pacific av., Atlantic City
Timberlake, Baxter H., 1616 Pacific av., AtlanticC'y
Uzzell, Edward F., 2703 Pacific av., Atlantic City

Walker, Levi M., 110 S. No. Carolina av., Atl. City
Weiner, Samuel E., 904 Pacific av., Atlantic City
Wescott, William C., Pacific & Delaware avs.,Atl.C'y
Westney, Alfred W., 3005 Pacific av., Atlantic City
Whims, Clarence B., 5401 Ventnor av., Ventnor
White, R. Rostin, 644 Shore rd., Somers Point
Williams, Raymond A., 7207 Atlantic av., Ventnor
Wilson, Lawrence A., 114 N. Shore rd., Absecon
Winn, Samuel L., 1616 Pacific av., Atlantic City

Number of Active Members and basis of representation, 120, on March 15, 1940

BERGEN COUNTY (2)

Society organized February 28, 1854. Meets on second Tuesday of each month, except July and August. Annual Meeting in May.

Active Members

Agayoff, John D., 127 S. Washington av., Bergenfield
Alexander, Samuel, 12 Main st., Park Ridge
Anderson, Reuben M., 408 Main st., Hackensack
Angelillis, Paul, 76 State st., Hackensack
Appold, George D., 60 E. Church st., Bergenfield
Baketel, H. Sheridan, 155 Van Wagenen av., Jer. C'y
Baldwin, John F., 1474 Windsor rd., W. Englewood
Balze, Henry R., 147 Christie st., Leonia
Banta, Raymond E., 118 E. Clinton av., Tenafly
Barbash, Roslyn H. W., 835 Red rd., Teaneck
Barlow, G. Barton, 157 Engle st., Englewood
Barnes, Wm. J., 155 Engle st., Englewood
Beres, Albert J., 492 Wood Ridge av., Wood Ridge
Berke, Raynold N., 430 Union st., Hackensack
Beyer, Wm., 612 Undercliff av., Edgewater
Bickner, Alvah W., 84 Park av., Rutherford
Black, LeRoy W., 33 W. Passaic av., Rutherford
Blauvelt-Wells, Grace B., 76 Heights rd., Ridgewood
Bleasby, Charles B., 136 Passaic st., Garfield
Blenkle, Victor A., 140 Chadwick rd., Teaneck
Bookstaver, Barnet S., 193 Norma rd., Teaneck
Bosch, Taeke, Goffle Hill rd., Wyckoff
Branon, Mark E., 16 W. Passaic av., Rutherford
Bregman, Alexander, 2 Dempsey av., Edgewater
Brown, John L., 647 Anderson av., Grantwood
Brown, Leonard, 190 Park st., Ridgefield Park
Buckley, Paul J., 159 Palisade av., Bogota
Bump, Samuel C., 65 N. Maple av., Ridgewood
Burnham, Lyman, 229 Engle st., Englewood
Burns, Geoffrey C. H., County rd. & So. st.,Demarest
Busicco, Philip S., 131 Liberty rd., Englewood
Byers, Clarence W., 176 Union av., Rutherford
Calabrese, D. John, 139 Rochelle av., Rochelle Park
Campbell, James M., 101 S. Central av., Ramsey
Candio, Vincent P., 347 Ridge rd., Lyndhurst
Carbone, Ralph, 501 Marlboro rd., Wood Ridge
Carroll, Thomas R., 754 Anderson av., Cliffside Park
Cartnick, Louis C., 228 Hillcrest av., Wood Ridge
Caruso, Paul F., 196 Hackensack st., Wood Ridge
Casciano, Adolph D., 42 Ridgefield av., Ridgefild P'k
Chase, Kalman, Jr., 80 Sheridan av., Hohokus
Clarie, D'Arcy C., 558 Broad av., Ridgefield
Clarke, Edward W., 435 Warwick av., W. Englew'd
Clock, Ralph O., 20 Ridgecrest, W., Scarsdale, N. Y.
Cloud, Albert W., Hugenot av., Englewood
Cochrane, Cleland D., Main st., Closter
Connor, Clarence A., 1586 Center av., Fort Lee
Cooke, H. Hamilton, 100 Prospect st., Ridgewood
Cooper, Howard M., 37 Ridge rd., Rutherford
Coppoletta, Jos. M., 452 Palisade av., Cliffside Park
Corn, David, 119 Park st., Ridgefield Park
Costabile, Vincent, 150 Ridge rd., Lyndhurst
Coughlin, Joseph J., 840 Queen Anne rd., Teaneck
Craig, Wm. C., 235 E. Ridgewood av., Ridgewood
Crandall, John K., 200 Main st., Fort Lee
Cropsey, Chas. D., 168 Chestnut st., Rutherford
Curtis, Donald A., 241 Union st., Hackensack
D'Agostin, Henry, 243 Fulton ter., Cliffside
D'Amato, Charles R., 324 Hoboken rd., E. Rutherf'd
Dayton, Spencer T., 86 W. Demarest av., Englewood
DeBiaso, Cornelius V., 9 W. Park pl., Rutherford
Decker, John C., 216 Blvd., Hasbrouck Heights
Demarest, J. Willis, 124 Elm av., Hackensack
DeSanto, A. M., Summit av., cor. Essex st., Hack'n'k
Dezer, Chas. N., Jr., 210 Main st., Hackensack
Dickson, John D., 202 Larch av., Bogota
Dilger, Frederick G., 210 Main st., Hackensack
Edwards, J. Bennett, 144 Wood Ridge pl., Leonia
Ellmers, B. J., 230 New Milford av., New Milford
Essertier, Edward P., 273 State st., Hackensack
Fadden, F. J., Jr., 275 Engle st., Englewood
Farmer, Vincent, 288 State st., Hackensack
Farr, Walter J., 288 Griggs av., Teaneck
Fechner, F. J., 846 Garrison av., Teaneck
Fermaglich, H. B., 881 Garrison av., Teaneck
Ferrari, Andrew F., 110 Hackensack st., E.Ruth'rf'd
Fessler, William, 31 Knox av., Grantwood
Finke, George W., 237 State st., Hackensack
Finke, John H. D., 19 Hudson st., Hackensack
Fisher, Percy C., 145 Franklin av., Ridgewood
Fitzhugh, Wm. F., 190 Euclid av., Ridgefield Park
Fitzpatrick, Leo J., 134 Bergen av., Ridgefield Park
Fliegel, Wm. M., 85 W. Passaic st., Maywood
Forte, F. Chester, 65 Hudson st., Hackensack
Franklin, Sidney I., 163 Washington av., Fort Lee
Freeland, Frank, 281 State st., Hackensack
Friedman, Abraham I., 280 State st., Hackensack
Gatti, Joseph D., 285 State st., Hackensack
Gershman, Jos. G., 185 E. Madison av., Dumont
Gilady, Raphael, 205 Union st., Hackensack
Gittelsohn, Isador, 896 Kinderkamack rd.,RiverEdge
Goldberg, David, 7 Bogert pl., Westwood
Goldfarb, Abraham, 52 Chestnut st., Rutherford
Gordon, Sarah, 327 Cedar lane, Teaneck
Gramsch, A. Louis, Bergen Pines, Oradell
Greenfield, Arthur W., 50 Anderson st., Hackensack
Greenfield, Wm. J., 50 Anderson st., Hackensack
Groff, Parker A., 159 Washington av., Little Ferry
Grosfeld, Wm., Valley View San., Paterson
Grueninger, Edward F., 24 Columbia av., Grantwood
Hallett, Frederick S., 200 Passaic st., Hackensack
Halpern, Herman, 143 Engle st., Englewood
Harryman, Wm. K., 271 Union st., Hackensack
Hawes, Vernon L., 63 Church st., Ramsey

Helff, Joseph R., 1367 Teaneck rd., W. Englewood
Heller, Geo., 100 E. Palisade av., Englewood
Hensle, Otto S., 5 Pangborn pl., Hackensack
Hillsman, Robt. B., 268 Vandelinda av., Teaneck
Hitzemann, Louis A., 30 E. Passaic st., Maywood
Hoheb, Albert S., 5 Lincoln av., Rutherford
Horowitz, Herman J., 872 Broad av., Ridgefield
Huff, Edmund N., 1635 Bedford rd., San Marino, Cal.
Hull, Donald B., 88 W. Ridgewood av., Ridgewood
Irwin, John H., 51 Tenafly rd., Englewood
Jenkins, Alvah R., 40 Amory st., Englewood
Johnson, G. Leonard, 390 Booth av., Englewood
Johnston, Rufus O., Parkside rd., Westwood
Johnston, Sidney F., 365 Rochelle av., Rochelle Park
Jordan, Walter L., 145 Engle st., Englewood
Jukofsky, Isidore D., 32 Union pl., Ridgefield Park
Kakascik, Emil J., 206 Palisade av., Garfield
Kanning, Fred'k R., 57 W. Allendale av., Allendale
Kastler, Franz, 54 Ames av., Rutherford
Keir, Floyd E., 308 Engle st., Englewood
Kennedy, Paul A., 147 Tenafly rd., Englewood
King, Chester A., 412 Kinderkamack rd., Oradell
Kingslow, George L., 346 First av., Hackensack
Kissinger, Donald J., 120 E. Madison av., Dumont
Knapp, Richard E., 25 Hudson st., Hackensack
Knight, Wm. T., 515 Oradell av., Oradell
Knowles, Geo. M., 241 Main st., Hackensack
Knox, Charles A., 138 Bergen av., Ridgefield Park
Knox, Harriet L., 390 Union st., Hackensack
Kosminsky, Louis, 30 W. Edesel blvd., Palisades P'k
Kraissl, Cornelius J., 393 Main st., Hackensack
Lamberto, Vito A., 422 Stuyvesant av., Lyndhurst
Latona, Joseph A., 78 Main st., Lodi
Legato, Samuel F., 417 Palisade av., Cliffside Park
Lemmerz, Willard H., 184 Hackensack av.,W'dRidge
Lesko, Stephen W., 234 Mt. Pleasant av., Wallington
Levitas, Geo. M., 77 Fairview av., Westwood
Levitas, Irving M., 77 Fairview av., Westwood
Levy, Jack D., 191 Union st., Hackensack
Lewis, Alice B., E. Saddle River rd., Saddle River
Liefeld, Walter L., 127 W. Passaic av., Rutherford
Littwin, Chas., 950 Queen Anne rd., Teaneck
Liva, Arcangelo, 5 Pangborn pl., Hackensack
Liva, G. Albin, Madison & Franklin avs., Wyckoff
Liva, Paul F., 280 Stuyvesant av., Lyndhurst
Loman, Sam'l G., Magn'lia & Jef'rs'n avs., Cresskill
Lombardi, Frank L., 25 E. Clinton av., Bergenfield
Lord, C. Donald, 496 S. Maple av., Glenrock
Lueddecke, Roland E., 216 Randolph av., E. R'th'rf'd
Luria, Sanford A., 249 Queen Anne rd., Bogota
Lynch, Maurice M., 396 Union st., Hackensack
Lyons, Romola L. K., 171 Meadowbr'k rd., Englew'd
Macaulay, Francis A., 815 Elm av., Teaneck
MacKellar, James M., 26 E. Clinton av., Tenafly
Maddren, Russell F., 322 Park st., Hackensack
Mader, A. Ivan, Jr., 430 Union st., Hackensack
Markley, Luther A., Holy Name Hosp., Teaneck
Marx, Frederick, 486 Churchill rd., W. Englewood
McCormack, Frank C., 95 Tenafly rd., Englewood
McDede, Ernest H., 319 Ridge rd., Lyndhurst
McFeely, Percy R., 242 Palisade av., Bogota
McLane, A. Donald, 498 Engle st., Englewood
Mears, Wm. G., 222 Overlook av., Leonia
Metz, Henry, 5 Pangborn pl., Hackensack
Meyer, Howard M., 400 Maple Hill dr., Hackensack
Mockett, Walter W., 714 Palisade av., Grantwood
Modrys, Walter F., 1400 Palisade plaza,HudsonHgts.
Mores, Herbert R., 65 Bergen av., Ridgefield Park
Morrow, Joseph R., Bergen Co. Hosp., Ridgewood
Mosher, Henry L., 325 Valley Brook av., Lyndhurst
Muller, Fred'k L., 413 Third st., Carlstadt
Mulligan, Luke A., 230 Central av., Leonia
Myers, Norman V., 41 Magnolia av., Tenafly
Netz, Lester W., 414 Main st., Hackensack
Neville, Robert J., 547 Main st., Hackensack
Nichols, Frank I., 52 Euclid av., Hackensack
Nicol, Lorenz C., 360 Larch av., Bogota
O'Brien, Paul, 196 Main st., E. Rutherford
Olpp, John L., 100 E. Palisade av., Englewood
Oren, Hyman, Park av., Park Ridge
Pagano, Peter, 45 N. Broad st., Ridgewood
Pallen, Conde DeS., 412 Main st., Hackensack
Patti, Frank A., 241 Broad av., Leonia
Payne, Joseph, 223 Godwin av., Midland Park
Pedevill, Joseph R., 232 Highland av., Palisades P'k
Perham, Roy G., 248 Boulevard, Hasbrouck Heights
Pettit, Harry H., 138 Franklin av., Ridgewood
Phillips, Walter, 109 E. Palisade av., Englewood
Pierce, H. A., 150 Broad av., Leonia
Pindar, Arthur W., 627 Queen Anne rd., Teaneck
Pindar, Irene C. D., 627 Queen Anne rd., Teaneck
Pingitore, Eufelia, 30 Martin ter., Hackensack
Pitkin, Geo. P., 4 S. Washington av., Bergenfield
Placa, James A., 112 Prospect av., Ridgewood
Policastro, Nelson C., 378 Union st., Hackensack
Prall, Henry E., 755 Anderson av., Cliffside Park
Prather, Charles G., 260 Westwood av., Westwood
Prather, John W., 155 N. Washington av., Dumont
Protzman, Thomas B., 39 Park pl., Englewood
Prout, Wm. B., 88 W. Forrest av., W. Englewood
Rader-Hoheb, Katherine A., 5 Lincoln av., Rutherf'd
Reich, Samuel B., 348 Kinderkamack rd., Oradell
Reid, Erwin W., 125 Marsellus pl., Garfield
Reilly, David F., Paramus
Reinhold, H. E., 441 W. Englewood av., W. Englew'd
Richards, Ernest W., 374 DeWolf pl., Hackensack
Richardson, Chas. A., Main st., Closter
Richter, Donald A., 185 Grand av., Englewood
Ringe, Charles L., Jr., 786 Palisade av., Teaneck
Ringewald, Robert H., 284 Broad av., Leonia
Riordon, John, 110 Maple av., Rutherford
Roberts, Charles D., 71 Chestnut st., Englewood
Robinson, S. E., Franklin Turnpike, Waldwick
Romano, Anthony M., 332 Liberty av., Hillsdale
Ross, Selig J., 72 W. Allendale av., Allendale
Rube, Jos. A., 145 Prospect st., Ridgewood
Ruch, Valentine, 115 W. Palisade av., Englewood
Rucker, William C., 408 Main st., Hackensack
Ryley, H. W., 1 Lincoln pl., E. Rutherford
Sandler, Sam'l A., 70 Anderson st., Hackensack
Sarla, Michael, 55 Hudson st., Hackensack
Schmidt, Walter W., 386 Palisade av., Cliffside Park
Schretzmann, Rudolph C., 50 Ridge rd., Rutherford
Scillieri, John, 142 S. Main st., Hackensack
Scullion, Arthur A., 460 Anderson av., Cliffside P'k
Sealey, Henry J., 79 S. Washington av., Dumont
Segard, Christian P., 204 Glenwood av., Leonia
Seiler, Benjamin, 330 Palisade av., Cliffside Park
Sexton, Edward V., 936 Queen Anne rd., Teaneck
Seymour, Edward T., 55 Hillside av., Tenafly
Skvarla, John A., 17 Koster st., Wallington
Smaine, Enrique delC., 502 Summit av., Carlstadt
Smith, Bryan A., 20 West Plaza, Ridgewood
Smith, Nehemiah E., 33½ Humphrey st., Englewood
Snedecor, Spencer T., 50 Anderson st., Hackensack
Solworth, Lee, 100 E. Palisade av., Englewood
Sosnow, Louis M., 51 Central av., Hillsdale
Spicola, Louis A., 343 Union st., Lodi
Taylor, Harold W., 247 Mountain rd., Englewood
Tennis, Edgar M., 375 Engle st., Englewood
terKuile, Reinold W., 88 W. Ridgew'd av., Ridgew'd
Tether, Russell K., S. Main st., Closter
Toal, Joseph, 803 Prospect av., Ridgefield
Tomlins, Francis I., 11 Oak st., Ridgewood
Turner, Isabel B., 141 Sheffield av., Englewood
Tyson, Frances B., 101 Leonia av., Leonia
Vanderbeek, Stuart W., 143 Engle st., Englewood
Vandersluis, Harold H., 86 S. Main st., Park Ridge
Van Dyke, Jos. S., 42 Palisade Blvd., Palisades P'k
Villegas, Juan A., 302 Day av., Fairview

Vita, Frank J., 595 Palisade av., Grantwood
Vroom, Wm. L., 88 W. Ridgewood av., Ridgewood
Walsh, Thomas M., 210 Kipp av., Hasbrouck Hgts.
Ward, Alfred W., County rd., Demarest
Warren, Charles B., 181 Prospect av., Bergenfield
Webb, Wilson D., 316 State st., Hackensack
White, Frank S., 916 Red rd., Teaneck
Whitman, Lloyd B., 7 West Clinton av., Bergenfield
Whittaker, Neil McL., 418 Main st., Hackensack
Widetsky, Alfred, 85 Broadway, E. Paterson
Williams, William C., 9 Ridge rd., Rutherford
Willis, Benedict P., 23 Park av., Rutherford
Wilson, Harrison B., 430 Union st., Hackensack
Winter, Gladys C., 717 Norma court, Teaneck
Witkoff, Ben, 215 Terrace av., Hasbrouck Heights
Wolowitz, Harry B., 20 Spring Valley av., Hackens'k
Worcester, George F., 220 Engle st., Englewood
Wry, Orlin V., 95 High st., E. Rutherford
York, James L., 331 River rd., New Milford
Zacchino, Arnold A., 1001 Anderson av., Palisade

Number of Active Members and basis of representation, 274, on March 15, 1940.

Junior Members

Baron, Herbert A., 272 Columbus av., Hasbr'k Hgts.
Deuell, Wm. D., 430 Union st., Hackensack
Evans, J. Lawrence, Jr., 254 ChristieHgts. st.,Leonia
Fietti, Vincent G., 15 Ridge rd., Lyndhurst
Gitterman, David A., 519 Engle st., Englewood
Gladstone, Albert L., 404 Hickory av., Paramus
Gould, Werner, 219 Pasaic st., Hackensack
Halpern, Jesse O., 135 E. Madison st., Dumont
MacLaren, Philip J., 397 Kinderkamack rd., Westw'd
Megibow, Harold J., 43 Arch st., Ramsey
Padden, A. F., 408 Main st., Hackensack
Pellegrini, Vincent J., 315 Rochelle av., RochelleP'k
Rose, Richard A., 260 Waldwick av., Waldwick
Sarajian, Aram M., 131 Market st., W. Englewood
Schiro, S. Robert, 73 Main st., Lodi
Utens, Max, 402 Fairview av., Westwood
Vann, Felix H., Brinckerhoff Manor, Englewood

Courtesy Members

Burt, Con Amore V., 121 E. 60th st., N. Y. C.
Coca, Arthur F., 425 Grant av., Oradell
Denison, Ward C., 123 Prospect st., Ridgewood
Hambright, Arthur M., Wyckoff av., Ramsey
Harreys, Charles W., 714 Broadway, Ridgewood
Hickey, Charles M., 400 E. 50th st., N. Y. C.
Inge, George A. L., 109 E. Palisade av., Englewood
Liddy, Frank J., Mahwah
Lowry, Thomas, 123 Prospect st., Ridgewood
Opitz, Russell B., 218 Brindle way, Palisade
Randazzo, Anton P., 82 Prospect st., Passaic
Spickers, William, 6 Church st., Paterson
Twinem, Francis P., 450 Summit av., Hackensack

Honorary Members

Clock, R. O., Scarsdale, N. Y.
Conover, Ellsworth E., High Bridge
Proctor, James W., Tenafly
Riordon, John, Rutherford

Transferred

Keating, J. M., to Passaic Co. Medical Society
Roberts, C. D., from Suffolk Co. Med. Soc., Mass.

BURLINGTON COUNTY (3)

Society organized May 19, 1829. Meets second Thursday evening of each month, except June, July and August. Annual Meeting in November.

Active Members

Anderson, Richard D., 465 High st., Burlington
Atkinson, James Q., State Colony, New Lisbon
Busansky, Samuel T., Circle dr., Browns Mills
Conroy, John S., 122 E. Broad st., Burlington
Curtis, Howard C., 224 E. Main st., Moorestown
Darlington, Emlen P., New Lisbon
Davis, E. Vernon, Vincentown
Davis, Jacob M., 1400 High st., Burlington
Dickson, T. Bruce, 408 Main st., Riverton
Downs, Roscius I., 40 Scott st., Riverside
Fahrenbruch, F. D., 101 Garden st., Mt. Holly
Frank, Reuben, Hanover & Hampton sts.,Pemberton
Haines, Edgar J., Medford
Haldeman, Robert E., Mt. Holly
Hartman, Luther M., 111 E. Main st., Maple Shade
Hollingshead, Lyman B., Pemberton
Hornberger, J. Howard, Fourth & Main sts.,Roebling
Hunter, Edward R., 321 Union av., Delanco
Imhoff, Robert E., 29 E. Main st., Moorestown
Kuder, Joseph M., 104 Garden st., Mt. Holly
LeFavor, Dean H., 619 Morgan av., Palmyra
Love, Elizabeth F., 142 E. Oak av., Moorestown

Mark, Harry B., Riverton
McDonnel, Gerald E., 200 Garden st., Mt. Holly
Mendenhall, Clinton D., 412 Farnsw'th av., B'rd'nt'n
Metzer, Emma W., 430 Fairview st., Riverside
Metzer, Freeman W., 428 Fairview st., Riverside
Mills, Charles S., 106 Lippincott av., Riverton
Munro, Chas. A., Marlton
Newcomb, Marcus W., Browns Mills
Peacock, Arthur B., 39 W. Main st., Columbus
Remer, Daniel F., 417 High st., Mt. Holly
Rodman, E. Warren, 503 Cooper st., Beverly
Rogers, Harry L., 408 Main st., Riverton
Scott, Parry M., 466 Cooper st., Beverly
Shapiro, Chas S., Maple Shade
Shipps, Hammell P., 739 Chestnut st., Delanco
Siddall, John R., 404 Lippincott av., Riverton
Sparks, Paul R., 102 W. Broad st., Burlington
Stokes, Joseph, 220 E. Main st., Moorestown
Stokes, S. Emlen, 129 Chester av., Moorestown
Summey, Thomas J., 201 E. Oak av., Moorestown
Thorne, Nathan, 117 Chester av., Moorestown
Tracy, George T., 222 Warren st., Beverly
Ulmer, D. H. B., 199 Chestnut st., Moorestown
Viteri, Luis E., 214 High st., Mount Holly
Voss, John C., 634 Thomas av., Riverton
Wagner, J. Geo., Riverbank, Delanco
Wells, Wm. C. V., 205 Pavilion av., Riverside

Number of Active Members and basis of representation, 49, on March 15, 1940.

Honorary Members

Bauer, Harry W., Palmyra
Wilkinson, George H., Moorestown

CAMDEN COUNTY (4)

Society organized August 14, 1846. Meets first Tuesday in each month, October to May, inclusive, with an outing in June. Annual Meeting in May.

Active Members

Adams, Geo. B. McC., 304 Monmouth st., Gloucester
Anderson, Wm. M., 20 Kings Hgwy. W., Haddonf'd
Andrus, David L., 805 Cooper st., Camden
Assante, Mario H., Gibbsboro rd., Clementon
Athey, Kenneth L., 3616 Westfield av., Camden
Baker, Banks S., 618 Benson st., Camden
Baker, Maurice E., 1149 Kaighn av., Camden
Barb, Kirk B., 1303 Princess av., Camden
Barnshaw, Harold D., 406 Cooper st., Camden
Barroway, James N., 2626 Federal st., Camden
Becker, C. Frederick, 620 Benson st., Camden
Beideman, Casper M., 116 E. Maple av., Merchantv'le
Bentley, David F., Jr., 406 Cooper st., Camden
Betancourt, Raul R., 406 Cooper st., Camden
Braun, William, 4307 W. Maple av., Merchantville
Brennan, Chas. L. S., 14 S. Broadway, GloucesterC'y
Brennan, John P., 429 Cooper st., Camden
Brown, Stanley L., Glen av. &Locust st.,LaurelSprgs.
Browning, W. Kempton, 120 N.Centre st.,Merch'tv'le
Browning, Wm. J., 134 N. Centre st., Merchantville
Burns, Wilmer F., 267 White Horse Pk., Audubon
Bush, Ralph K., 131 E. Park av., Merchantville
Buzby, B. Franklin, 414 Cooper st., Camden
Carlander, O. R., 1972 Browning rd., Merchantville
Casselman, Arthur J., 301 N. Second st., Camden
Ciliberti, Frank J., Jr., 713 S. Fifth st., Camden
Clark, Ernest W., 209 Haddon av., Westmont
Clement, Lavinia B., 124 Kings Hghwy. W., Had'nf'd
Cohen, Paul, 500 State st., Camden
Collier, Martin H., Camden Co. T.B. Hosp., Grenloch
Coxson, Harold P., Laurel rd., Stratford
Crist, Walter A., 725 Collings av., W. Collingswood
Crowley, Joseph Wright, 4005 Westfield av., Camden
Cunningham, Joel B., 801 Cooper st., Camden
Davis, Albert B., 511 Cooper st., Camden
Davis, John S., 527 Cooper st., Camden
Day, Grafton E., Frazer & N. J. avs., Collingswood
Decker, Henry B., 527 Penn st., Camden
Deibert, Irvin E., 538 Cooper st., Camden
Deibert, Kirk R., 159 Elm av., Woodlynne
Del Duca, Vincent P., 527 Cooper st., Camden
Dempsey, J. Harvey, Washington av., Berlin
Denbo, Elic A., 596 Benson st., Camden
Driscoll, Chas. D., Grant & Wt.HorsePk.,W.Col'gsw'd
Eaton, Arthur T., 201 Fourth av., Haddon Heights
Ebner, Paul G., 719 Cooper st., Camden
Ellis, Alexander, 513 Broadway, Camden
Elwell, Alfred M., 407 Cooper st., Camden
Ewing, Leslie H., 10 Broad st., Berlin
Eynon, Harold K., 579 Haddon av., Collingswood
Eynon, James R., 700 Haddon av., Collingswood
Farrell, Edgar A., 25 Kings Highway W., Haddonf'd
Fessman, John W., Clements Bridge rd., Runnemede
Filkins, Cedric E., 418 White Horse Pike, Audubon
Fisher, Stella C., 4401 Westfield av., Camden
Fridrich, Harry E., 4172 Federal st., Camden
Gamon, Robert S., 527 Cooper st., Camden
German, Geo. B., 429 Cooper st., Camden
Gilson, John A., Jr., 220 8th av., Haddon Heights
Gilbert, Philip D., Cooper Hospital, Camden
Glover, Lawrence L., 53 King's Hghwy. W., Had'nf'd
Goldman, Samuel, Seventh & State sts., Camden
Goldstein, Hyman I., 1425 Broadway, Camden
Gordon, Milton H., 12 N. 27th st., Camden
Grenhart, Geo. W., 430 Haddon av., Camden
Griffey, Wm. C., 132 Haddon av., Westmont
Griscom, Lee E., 604 Broadway, Camden
Hadley, C. Frazer, 210 W. Maple av., Merchantville
Hadley, C. Frazer, Jr., 21 Haddon av., Westmont
Haines, Mabel S., 600 White Horse Pk., Audubon
Hallinger, Earl S., 517 Cooper st., Camden
Hammett, Lee J., 760 N. 27th st., Camden
Hanson, Alfred S., 533 Monmouth st., Gloucester
Haury, Victor G., 206 Cedarcroft, Audubon
Hays, Roy G., 567 Haddon av., Collingswood
Hemphill, E. H., 232 Kings Highway E., Haddonfield

Hessert, Edmund C., 700 Haddon av., Collingswood
Hirst, E. Reed, 634 Federal st., Camden
Hollinshed, Beulah S., 600 Benson st., Camden
Howard, J. Edgar, 67 King's Hghwy. W., Had'nfield
Hummel, Ernest G., 414 Cooper st., Camden
Hummel, Merwin L., 135 N. Centre st., Merch'tville
Husted, Gerald W., 803 Station av., Haddon Heights
Ironside, Paul A., 571 Benson st., Camden
Jack H. Wesley, 538 Cooper st., Camden
Jackson, Chas. H., 1250 Park Blvd., Camden
Jarrett, Harry, 925 Broadway, Camden
Jones, John C., 805 Princeton av., Camden
Judson, Geo. V., Jr., 316 Ninth av., Haddon Heights
Kain, Thomas M., 403 Cooper st., Camden
Kerdasha, Richard F., 622 Benson st., Camden
Keyser, David, 1518 Baird av., Camden
Kinney, Albert G., 917 Haddon av., Collingswood
Kline, Oram R., 414 Cooper st., Camden
Kutner, Chas., 1005 S. Fifth st., Camden
Larossa, Ernest A., 640 Federal st., Camden
Lee, Thomas B., 622 Cooper st., Camden
Lewis, Thos. K., 47 S. 27th st., Camden
London, Russell I., W. Jersey Homeo. Hosp., Camd'n
Lovett, Jos. C., Municipal Hospital, Camden
Lyon, Leslie C., P. O. Box 63, Magnolia
MacAlpine, Kenneth B., 308 Monm'th st.,Gl'c'st'rC'y
Madden, Theophilus W., 16 Frazer av., Collingsw'd
Magee, Russell S., 201 White Horse Pike, Audubon
Mahaffey, J. Lynn, 406 Warwick rd., Haddonfield
Maldeis, Albertos M. K., 117 N. Sixth st., Camden
Marcarian, Henry G., 904 Cooper st., Camden
Marcy, John W., 117 E. Park av., Merchantville
McCallum, Arthur S., 213 Clem'ts Br.rd.,Barrington
McCarthy, Arthur M., 2772 Federal st., Camden
McConaghy, Thos. P., cor. 10th & Cooper sts.,Camd'n
McDermott, Vincent T., 511 State st., Camden
McGlade, Thos. H., 2953 Yorkship Sq., Camden
McWilliams, Charles E., Blackwood
Mecray, Paul M., 405 Cooper st., Camden
Mecray, Paul, Jr., 405 Cooper st., Camden
Mengel, Willard G., 400 Penn st., Camden
Meyer, George P., 410 Haddon av., Camden
Murray, Edwin N., 558 Newton av., Camden
Murray, Nelson T., 1044 N. Francisco av.,Chicago,Ill.
Murray, Robert A., 120 N. Brown st., Gloucester
Newmeyer, Joseph, 217 Union av., Delanco
Ondovchak, M. Frederic, King's Hgwy., Mt. Ephraim
Ornaf, I. Edward, 1145 Thurman st., Camden
Osmun, Milton M., 611 Broadway, Camden
Palm, Howard F., 614 N. Second st., Camden
Phillips, Claude B., 891 Haddon av., Collingswood
Pike, Charles E., 4 E. Haddon av., Oaklyn
Pratt, Arthur G., 516 Cooper st., Camden
Pratt, William H., 516 Cooper st., Camden
Price, Henry S., Jr., 324 Haddon av., Collingswood
Principato, Roberto, 402 Walnut st., Camden
Rapp, Robert F., 932 Haddon av., Collingswood
Raughley, Wm. C., Taunton av., Berlin
Read, William T., Jr., Cooper Hospital, Camden
Rhone, David S., 1202 Haddon av., Camden
Richardson, Emma M., 581 Stevens st., Camden
Ristine, Edwin R., 542 Cooper st., Camden
Roberts, Jos. E., Jr., 403 Cooper st., Camden
Rossell, Edward W., 801 Cooper st., Camden
Ruttenberg, Max, 303 Cooper st., Camden
Santor, G. Frank, 3176 Westfield av., Camden
Saunders, Orris W., 1700 Broadway, Camden
Schall, Reuben E., 537 N. Seventh st., Camden
Scheffler, W. A. H., 511 Cooper st., Camden
Schellenger, E. A. Y., 429 Cooper st., Camden
Schrack, Helen F., 216 N. Fifth st., Camden
Schwartz, Henry C., Raritan av., Atco
Seto, Stanford P. T., Black Horse Pike, Blackwood
Shafer, Albert H., 405 Cooper st., Camden
Shafer, F. William, 634 Penn st., Camden
Sharp, Reuben L., 719 Cooper st., Camden
Shaw, Ernest B., 811 Collings av., W. Collingswood
Sheaffer, Clinton P., 241 King's Hghwy. E., Had'nf'd
Shemeley, Wm. G., Jr., 7 Haddon av., Camden
Sherk, A. Lincoln, 2647 Westfield av., Camden
Shipman, Jas. S., 542 Cooper st., Camden
Shope, Edward P., 511 Cooper st., Camden
Shull, Elliott C., 517 Cooper st., Camden
Sieber, Isaac G., 204 Merchant st., Audubon
Smith, Bertram H., 315 W. King's Hghwy., Audubon
Smith, James D., 701 N. Sixth st., Camden
Smith, Wilbur A., 2 E. Clinton av., Oaklyn
Sochacki, Alexander, 1478 Mt. Ephraim av., Camden
Stein, Joseph M., 956 Newton av., Camden
Stephenson, Daniel H., 2704 Westfield av., Camden
Stimus, Howard G., 300 Kaighn av., Camden
Stone, Arthur L., 2838 Berkeley st., Camden
Stone, Frank P., Fairmount av., Laurel Springs
Sufrin, Emanuel, 119 N. 27th st., Camden
Summerill, Garnett, 330 Cooper st., Camden
Swiecicki, Martin E., 317 Clements Br. rd.,Barringt'n
Tatem, Henry R., Jr., Pine st.&Atlantic av.,Audubon
Thompson, Penrose H., 4612 Westfield av., Camden
Van Sciver, John E. L., 64 Linden av., Haddonfield
Warwick, Ralph A., 3300 Federal st., Camden
Watkins, George R., La Pierre av., Magnolia
Waugh, Bascom S., 1882 S. Tenth st., Camden
Weimann, M. L., 803 Station av., Haddon Heights
West, David H., 517 Cooper st., Camden
West, Gordon F., 527 Penn st., Camden
Wheatland, Marcus F., Jr., 757 Kaighn av., Camden
Wiant, Herman E., 100 Windsor av., Haddonfield
Williams, Wm. C., Bl'ckHrs.Pk.&Wayne av.,H'd'nHt.
Wilson, Lester R., 3320 Federal st., Camden
Wright, Ralph S., 428 Richie av., W. Collingswood
Wroblewski, Benj. M., 1166 Thurman st., Camden

Number of Active Members and basis of representation, 187, on March 15, 1940.

Honorary Members

Day, Grafton E., Collingswood
Marcy, John W., 117 E. Park av., Merchantville
Osmun, Milton M., 611 Broadway, Camden

Transferred

Mecray, Paul M., Jr., from Minnesota Medical Soc.
Rapp, Robert F., from Mercer County Medical Soc.

CAPE MAY COUNTY (5)

Society organized December 18, 1883. Four regular meetings each year. Meets on first Tuesday in April and October. Annual Meeting in November. Semi-annual meeting in April. Other two meetings at call of the President.

Active Members

Bernheisel, Louis E., Reading av., Tuckahoe
Brooks, George M., Cape May Court House
Cameron, C. Paul, 401 Atlantic av., Ocean City
Cohen, Maurice B., Woolworth Bldg., Wildwood
Cooper, Jules, Washington st., Woodbine
Corson, Allen, 824 Wesley av., Ocean City
Crowe, Aldrich C., 735 Atlantic av., Ocean City
Cryder, Millard C., Cape May Court House
Dandois, George F., 220 E. Wildwood av., Wildwood
Darby, C. Eugene, Plymouth pl. & Atl. av.,OceanCity
Friedland, Arnold J., Woodbine
Gidding, Samuel S., 154 E. Spicer av., Wildwood
Haines, Willits P., 601 Ninth st., Ocean City
Hornstine, Harry H., 4015 Pacific av., Wildwood
Hughes, Frank R., Columbia av. & Oc'n st.,CapeM'y
Hughes, Samuel B., Pine & Pacific avs., Wildwood
Jennings, Edw. C., Mt. Ahto Hosp., Washington,D.C.
Jonas, August, 218 E. Pine av., Wildwood
Mace, Margaret, 2410 Atlantic av., N. Wildwood
Monosson-Friedland, Ida, Woodbine
Moon, Alexander C., Cape May
Pettit, Herschel, 807 Wesley av., Ocean City
Robbins, Warren D., 202 Ocean av., Cape May
Smith, Marcia V., 821 Wesley av., Ocean City
Steel, William A., Beesley's Point
Townsend, John B., 824 Wesley av., Ocean City
Way, Clarence W., Landis av. & 46th st., Sea IsleC'y
Way, Julius, Cape May Court House
Whitcar, John H., 717 Wesley av., Ocean City

Number of Active Members and basis of representation, 29, on March 15, 1940.

CUMBERLAND COUNTY (6)

Society organized June 16, 1816. Meets on the second Tuesday of October, December, February, April and June. Annual Meeting in April.

Active Members

Aitken, Frank J. T., 119 N. Pearl st., Bridgeton
Bacon, Mary, 278 E. Commerce st., Bridgeton
Baker, Clifford, 800 Elmer st., Vineland
Baker, Hugh W., 8th & Elmer sts., Vineland
Bauman, Kenneth R., 213 N. Third av., Millville
Bellak, Ellis R., Leesburg
Bennett, Samuel D., 118 Pine st., Millville
Berkowitz, Benj., 20 Bank st., Bridgeton
Bostwick, Delazon S., Cumberland Hotel, Bridgeton
Branin, Howard S., 200 W. Main st., Millville
Butcher, Charles, Heislerville
Cornwell, Alfred, 265 N. Laurel st., Bridgeton
Corson, Kenneth E., 25 S. Myrtle st., Vineland
Cunningham, Charles, 75 Wood st., Vineland
Davies, George A., 53 Front st., Elmer
Day, Samuel T., Main st., Port Norris
DeSantis, Orazio J., Millville
Garrison, W. Sherman, Main st., Cedarville
Giacalone, Vincent, 649 Landis av., Vineland
Gray, Charles M., 6th & Grape sts., Vineland
Kauffmann, Louis J., 228 N. Second st., Millville
Knowles, James S., 318 N. Second st., Millville
Kratka, Wm. H., 123 N. Pearl st., Bridgeton
Lihn, Barney, 611 Elmer st., Vineland
Lore, Harry E., Main st., Cedarville
Lyon, Earl C., 194 E. Commerce st., Bridgeton
Marchione, Nicholas E., 109 S. Seventh st., Vineland
Mayhew, Charles H., 329 Pine st., Millville
Mezzetti, Alfred F., 220 S. Sixth st., Vineland
Miller, H. Garrett, 203 E. Main st., Millville
Myatt, Leslie E., 98 N. Pearl st., Bridgeton
Neal, Charles B., Pine & Third sts., Millville
Pino, Anthony, 196 Irving av., Bridgeton
Ramsey, F. Muriel, 310 E. Pine st., Millville
Reeves, J. Franklin, 55 East av., Bridgeton
Schwartz, Leon J., 20 N. Pearl st., Bridgeton
Sewall, Millard F., 195 E. Commerce st., Bridgeton
Sharp, Charles E., Main st., Port Norris
Sheppard, A. G., 309 Broad st., Elmer
Sheppard, Frank R., 131 N. Third st., Millville
Sheppard, Muse A., Penn & Broad sts., Elmer
Shirlock, Margaret E., Vinel'd Tr'n'g School,Vinel'd
Thalheimer, Edward J., 7th & Plum sts., Vineland
Thomas, George N., 712 Wood st., Vineland
Van Deusen, Edwin H., 12 N. Seventh st., Vineland
Walker, Ada H., 635 Landis av., Vineland
Walker, H. Burton, 635 Landis av., Vineland
Ware, Carl N., Shiloh
Weithaase, Helen E., 803 Elmer st., Vineland
Whaland, Berta, 117 Atlantic st., Bridgeton
Wilson, Charles W., 636 Wood st., Vineland
Wilson, Herbert H., 24 Bank st., Bridgeton
Winslow, John H., 27 S. Valley av., Vineland
Woodruff, Dare, 630 Landis av., Vineland

Number of Active Members and basis of representation, 54, on March 15, 1940.

Honorary Members

Lloyd, Reba K., 31 W. Commerce st., Bridgeton
Simkins, Raymond, 117 Broad st., Bridgeton
Wainwright, Frederick P., 87 Bank st., Bridgeton
Corson, Elton S., 133 E. Commerce st., Bridgeton
Elmer, Matthew K., 3 Franklin st., Bridgeton
Harris, Allan, Greenwich

ESSEX COUNTY (7)

Society organized June 4, 1816. Meets second Thursday of each month, October to May, inclusive. Annual Meeting is second Thursday in May.

Active Members

Abel, Arthur R., 144 Harrison st., East Orange
Abrams, Abram B., 299 Clinton av., Newark
Adelman, Benjamin B., 190 Clinton av., Newark
Agnew, Hobart M., 17 Plymouth st., Montclair
Albano, Edwin H., 144 S. Harrison st., East Orange
Albano, Joseph, 535 N. Seventh st., Newark
Alexander, Walter G., 48 Webster pl., Orange
Alford, Ralph I., 83 Park st., Montclair
Allan, James S., 144 Harrison st., East Orange
Allen, Chester B., Jr., 254 Midland av., Montclair
Allen, G. Herbert, 181 Roseville av., Newark
Allen, Raymond N., 144 Harrison st., East Orange
Alling, Frederic A., 15 Washington st., Newark
Altman, Charles D., 301 Highland av., Newark
Ambrose, Anthony, 71 Congress st., Newark
Anderson, Robert C., 519 Sanford av., Newark
Angelillo, Marc C., 169 Bloomfield av., Newark
Antonius, Nicholas A., 27 W. Market st., Newark
Antopol, William A., 201 Lyons av., Newark
Anuario, Charles B., 283 S. Centre st., Orange
Applebaum, Irving L., 152 Clinton av., Newark
Areson, Wm. H., 153 Bellevue av., Upper Montclair
Ash, Samuel, 25 Johnson av., Newark
Asher, Maurice, 186 Clinton av., Newark
Aszody, Paul, 340 Waverly av., Newark
Avidan, Maurice S., 30 Stratford pl., Newark
Bachmann, Wm., 87 Hillcrest ter., East Orange
Bacote, Ernest F., 78 Barclay st., Newark
Baiocchi, Pascal J., 203 Hunterdon st., Newark
Baker, Charles F., 198 Clinton av., Newark
Baker, Maclyn M., 638 Stuyvesant av., Irvington
Baldwin, Samuel H., 626 Clinton av., Newark
Banks, Winifred D., 6 N. Munn av., East Orange
Barkhorn, Charles W., 223 Roseville av., Newark
Barkhorn, Henry C., 45 Johnson av., Newark
Barnard, Frank G., 65 N. Fullerton av., Montclair
Barrett, John E., 635 Summer av., Newark
Barrett, Jos. F., 230 Parker av., Maplewood
Bass, Rose D., 54 Lyons av., Newark
Baum, Felix, 765 S. Tenth st., Newark
Baum, Samuel, 10 Osborne ter., Newark
Bauman, Everett O., 17 Hillside av., Newark
Bauman, Rush C., 92 High st., Nutley
Becker, Frederick W., 14 Clinton pl., Newark
Becket, George C., 350 Springdale av., East Orange
Beling, C. Abbott, 111 Clinton av., Newark
Beling, Christopher C., 111 Clinton av., Newark
Bell, Horace O., Essex Co. Hosp. Cont. Dis.,Belleville
Bell, Thomas, 340 Belmont av., Newark
Bennett, Wm. F., Essex Mt. Sanatorium, Verona
Berardinelli, Carmine G., 92 Eighth av., Newark
Berg, Samuel, 156 Roseville av., Newark
Berger, Wm. A., 346 Roseville av., Newark
Bergman, Meyer W., 31 Lincoln Park, Newark
Berman, H. Robert, 286 Roseville av., Newark
Bernhard, Wm. G., Countryside dr., Murray Hill
Bernstein, Arthur, 330 Belmont av., Newark
Beyer, Othmar J., 42 Laurel av., Irvington
Bianchi, Angelo R., 184 Hunterdon st., Newark
Bien, Frank A., 999 Clinton av., Irvington
Bigelow, Elizabeth F. F., 120 Prospect st., S. Orange
Bigelow, Nelson S., 120 Prospect st., South Orange
Bingham, Arthur W., 144 Harrison st., E. Orange
Birdsall, Clarence A., 9 Smull av., Caldwell
Bissett, John V., 29 Hawthorne av., East Orange
Blackburne, George, 490 Central av., Newark
Blanchard, Kenneth, 25 S. Munn av., East Orange
Blaustein, Maurice L., 37 Hillside av., Newark
Bleiberg, Jacob, 31 Lincoln Park, Newark
Bleick, Theodore E., 61 Van Ness pl., Newark
Block, Marcus T., 177 Bloomfield av., Newark
Block, Max, 48 N. Fullerton av., Montclair
Block, Milton, 711 Chancellor av., Irvington
Bocchini, Jos. A., 366 S. 12th st., Newark
Bolton, Bernard, 291 Osborne ter., Newark
Borsher, Irving P., 249 Broad st., Bloomfield
Bove, Joseph, 306 Lincoln av., Orange
Brackett, Elizabeth R., 371 Franklin av., Nutley
Bradford, Stella S., 16 Seymour st., Montclair
Bradshaw, John H., 27 High st., Orange
Brakeley, Elizabeth, 71 Myrtle av., Montclair
Brandman, Otto, 83 Johnson av., Newark
Braun, Gustav A., 221 S. Orange av., Newark
Brien, William M., 449 Main st., Orange
Briggs, Henry, 144 Harrison st., East Orange
Brim, Anne S., Hotel Edgemere, East Orange
Broadnax, Mary E., 140 Roseville av., Newark
Brodkin, Eva T., 365 Osborne ter., Newark
Brodkin, Henry A., 365 Osborne ter., Newark
Brooke, Charles R., 50 Thomas st., Newark
Brotman, Harry A., 783 S. Tenth st., Newark
Brotman, Morton M., 90 Avon av., Newark
Brown, Chester R., 22 Midland av., Arlington
Brown, Chester T., Prudential Ins. Co., Newark
Brown, Harold W., 27 S. Fullerton av., Montclair
Brown, Lewis W., 160 Roseville av., Newark
Brown, Richard J., 105 Ridgewood rd., So. Orange
Bruning, Richard H., 372 Wyoming av., Maplewood
Buckley, Jeremiah L., 666 Franklin av., Nutley
Budington, Walter I., 24 Commerce st., Newark
Bugbee, Frederick C., 802 E. Fifth st., Tucson, Ariz.
Bull, Louis M., 92 Heller Parkway, Newark
Bull, Robert I., 361 Lafayette st., Newark
Bull, William J., 98 Park st., Montclair
Burke, Stephen E., 212 First av., Newark
Burne, John J., 17 Gould av., Newark
Burpeau, Wm. P., 144 Harrison st., East Orange
Burstein, Frank, 402 Clinton av., Newark
Busch, Herman, 38 Johnson av., Newark
Bush, Archer C., 40 Union st., Montclair
Butler, Eustace C., 249 Bloomfield av., Caldwell
Buvinger, Chas. W., 50 Washington st., East Orange
Byck, Louis, 114 Lyons av., Newark
Bythewood, Alton E., Jr., 145 W. Market st., Newark
Cacciarelli, Robert A., 517 Roseville av., Newark
Caggiano, Anthony P., 237 Grove st., Montclair
Cahill, Laurence A., 361 Lafayette st., Newark
Calasibetta, Chas. J., 37 Longfellow av., Newark
Caldwell, Donald M., Prudential Ins. Co., Newark
Caldwell, Julius A., 45 S. Mountain av., Montclair
Calvert, Wm. C., 225 Gregory av., West Orange
Camche, Leo J., 250 Renner av., Newark
Cameron, Edwin A., 186 S. Burnett st., East Orange
Campbell, Wm., 144 Harrison st., East Orange
Caprio, Orlando G., 105 Third av., Newark
Caputo, Anthony R., 151 Washington av., Belleville
Carbone, Francesco N., 440 Central av., Orange
Cardwell, Edgar P., 47 Central av., Newark
Carlisle, Paul E., 763 Broad st., Newark
Carman, Fletcher F., 31 Lincoln Park, Newark
Carrigan, Francis P., 140 Roseville av., Newark
Casale, John B., 359 Bloomfield av., Newark

Castellano, Martin G., Essex Mountain Sana.,Verona
Cater, Douglas A., 57 So. Harrison st., East Orange
Cerone, Daniel M., 309 First av., Newark
Cestone, Canio, 521 Pompton av., Cedar Grove
Cetrulo, Gerald I., 234 Mt. Prospect av., Newark
Chamberlain, Aims R., 30 Lenox pl., Maplewood
Chamberlain, Richard R., 30 Lenox pl., Maplewood
Champlin, Paul M., 43 S. Arlington av., E. Orange
Chapman, Robert W., 835 Bergen st., Newark
Charbonneau, Eugene G., 111 S. Harrison st., E. Or.
Cherashore, Harry N., 363 Centre st., Nutley
Chernus, Jack, 443 Belmont av., Newark
Chimacoff, Hyman, 171 Elizabeth av., Newark
Chmelnik, Abraham G., 299 Clinton av., Newark
Christian, Albion C., 1080 Clinton av., Irvington
Clarken, Jos. A., 43 Lincoln Park, Newark
Claus, C. Hermann, 776 S. 19th st., Newark
Clement, Baxter L., 15 Washington av., Newark
Clinton, Joseph A., 339 Park av., Newark
Coburn, J. Wesley, 111 N. Oraton Pkwy., E. Orange
Coe, Richard, 156 Clinton av., Newark
Coffin, Henry F., 116 N. Ninth st., Newark
Coghlan, Jasper, 540 Parker st., Newark
Cohen, Maurice, 106 Valley rd., Montclair
Cohen, Max, 60 Ridge rd., North Arlington
Cohen, Meyer J., 118 Johnson av., Newark
Cohen, Sidney A., 283 Clinton pl., Newark
Cohen, Sidney L., 20 Avon av., Newark
Cohen, Sidney P., 512 Franklin av., Nutley
Cohn, Hermann, 393 Clinton av., Newark
Cohn, Royal M., 740 Clinton av., Newark
Coleman, Russell M., 54 N. Clinton st., East Orange
Colmer, M. Jonas, 31 Lincoln Park, Newark
Colsh, LeRoy L., 612 Ridgewood rd., Maplewood
Colton, Ethan T., Jr., 31 Park st., Montclair
Comando, Harry N., 690 Clinton av., Newark
Conlon, Philip J., 25 James st., Newark
Connamacher, Harold S., 671 Springfield av., New'k
Connolly, John J., 180 Ballantine Pkwy., Newark
Connolly, Richard N., Newark City Hosp., Newark
Cook, Hugh F., 21 Roseville av., Newark
Cooke, William H., 303 Main st., East Orange
Cooperman, Wm., 647 Market st., Newark
Cornish, Charles H., 673 Prospect st., Maplewood
Coughlan, Ella A., 10 Oakwood av., Orange
Coughlin, Frank J., 100 Magnolia av., Arlington
Cox, John C., 55 Woodland rd., Maplewood
Cox, William W., 79 S. Fullerton av., Montclair
Crane, Chas. G., 78 Farley av., Newark
Crawford, Georgina U., 28 Carnegie av., E. Orange
Crecca, Anthony D., 76 Second st., Newark
Crecca, William D., 111 Park av., Newark
Crossfield, Henry C., 144 Harrison st., East Orange
Crystell, Edward H., 4 Hawthorne av., Nutley
Curtis, Elbert A., 65 Central av., Newark
D'Addario, Anthony R., 108 Broadway, Newark
D'Alessandro, Arthur J., 94 Boylan st., Newark
D'Ambola, Philip R., 21 S. Sixth st., Harrison
Dane, Chas., 61 Scotland rd., South Orange
Dane, John, 61 Scotland rd., South Orange
D'Angelo, Joseph C., 330 Washington av., Belleville
Danzis, Louis, 863 18th av., Irvington
Danzis, Maximillian, 31 Lincoln Park, Newark
Darden, Walter T., 149 W. Kinney st., Newark
Daron, Simeon, 31 Lincoln Park, Newark
Davenport, Peter B., 764 S. Orange av., Newark
Davidson, Henry A., 31 Lincoln Park, Newark
Davidson, Louis L., 31 Lincoln Park, Newark
Davies, Geo. W., 35 Fairview av., Verona
Davis, Louis, 825 S. Tenth st., Newark
Davis, Thomas C., 30 Old Short Hills rd., Millburn
Davis, William J., 144 Harrison st., East Orange
DeFronzo, Morando, 180 Fairmount av., Newark
Deignan, Wm. L., 257 Dodd st., East Orange
Del Deo, Nicholas V., 49 State st., Newark
Del Guercio, Olindo, 365 Bloomfield av., Newark
Della Fera, Lucien F., 206 First av., Newark
De Luca, Donato, 40 Rowland st., Newark
DeMichele, Roland V., 103 N. Tenth st., Newark
Denes, Oscar, 402 Centre st., Nutley
DePalma, Anthony F., 242 Clifton av., Newark
DeTroia, Frederick C., 40 12th av., Newark
Deutel, Oscar R., 283 Franklin st., Bloomfield
De Vincentis, Henry, 285 Henry st., Orange
Devlin, Hugh J., 72 Thomas st., Newark
Dias, Joseph L., 17 Lombardy st., Newark
Dieffenbach, Richard H., 570 Mt. Prosp't av.,New'k
DiFino, Felix J., 88 Jefferson st., Newark
DiGiacomo, Wm. H., 223 Fairmount av., Newark
Dinge, Ferdinand C., 67 S. Munn av., East Orange
Dodd, Edward L., 157 Forest st., Belleville
Donahue, Wm. J., 71 S. Ninth st., Newark
Doremus, Widmer E., 375 Mt. Prospect av., Newark
Dorn, Elliott I., 267 Vassar av., Newark
Dowd, Ambrose F., 239 Broadway, Newark
Dragonetti, Elvige N., 177 Clifton av., Newark
Dranow, Paul, 233 Franklin av., Nutley
Drapkin, Berta, 31 Lincoln Park, Newark
Dreskin, Jacob L., 172 Lyons av., Newark
DuBois, Morris G., 769 High st., Newark
Dulin, Everett V., 144 Harrison st., East Orange
Dunn, Theodore B., 35 Park pl., Bloomfield
Eagleton, Wells P., 15 Lombardy st., Newark
Ebenfeld, Samuel W., 344 High st., Newark
Echikson, Joseph I., 31 Lincoln Park, Newark
Edelen, James J., 280 So. Clinton st., East Orange
Ehrlich, William E., 31 Lincoln Park, Newark
Eichler, Bernard B., 221 Midland av., Montclair
Eigen, Louis A., 511 Valley rd., West Orange
Ein, William B., 31 Lincoln Park, Newark
Eisenberg, David S., 31 Lincoln Park, Newark
Ellis, Arthur J., 282 Broad st., Newark
Ellis, Moury I., 177 So. Clinton st., East Orange
Emerson, Linn, 303 Park av., Orange
Emmer, S. Wolfe, 31 Lincoln Park, Newark
Englander, Chas., 41 Hillside av., Newark
English, John T., 110 Yale av., Irvington
Epler, Don A., 45 Hillside av., Newark
Epstein, Harry B., 31 Lincoln Park, Newark
Epstein, Wm. M., 31 Lincoln Park, Newark
Erler, Eugene W., 360 Irving av., South Orange
Ervin, Millard B., 572 Prospect st., Maplewood
Etheridge, Chas. H., 433 Prospect st., East Orange
Evans, Chas. H., 144 Harrison st., East Orange
Evans, David P., 144 Harrison st., East Orange
Ewing, Harvey M., 31 Trinity pl., Montclair
Fager, Rudolph O., 53 Park pl., Bloomfield
Failing, Brayton E., 31 Lincoln Park, Newark
Fanburg, Sol J., 31 Lincoln Park, Newark
Farden, Joseph L., 342 Roseville av., Newark
Farr, Irving L., 214 Walnut st., Montclair
Faughnan, Rose C., 97 High st., Passaic
Fechner, Julius, 362 Clinton av., Newark
Fein, Bernard S., 585 Elizabeth av., Newark
Feldman, Frank, 137 Court st., Newark
Fendrick, Edward, 17 Watson av., East Orange
Ferguson, Wm. E., 22 James st., Newark
Fern, Samuel S., 122 Elizabeth av., Newark
Feuer, Jos. A., 654 Elm st., Arlington
Fewsmith, Joseph L., 120 Second av., Newark
Fine, M. James, 65 Girard pl., Newark
Finesilver, Edward M., 53 Lincoln Park, Newark
Fink, Irving E., 129 Lyons av., Newark
Finkel, Joshua, 368 Clinton av., Newark
Finkelstein, Abe S., 670 Clinton av., Newark
Finkler, Rita S., 35 Leslie st., Newark
Finnerty, Urban R., 71 Park st., Montclair
Fischman, Harold H., 326 Avon av., Newark
Fissell, George M., 530 Orange st., Newark
Fitzpatrick, Edw. F., 546 W. Market st., Newark

Flanagan, John J., 173 Roseville av., Newark
Flower, Morrie A., 39 Lincoln Park, Newark
Flynn, Edward A., 161 Washington av., Belleville
Foley, James F., 331 N. Grove st., East Orange
Ford, Theodore R., 144 Harrison st., East Orange
Forsyth, Kenneth C., Box 822, Sta. B., Ottawa, Can.
Fort, J. Irving, 306 Roseville av., Newark
Forte, Frank S., 318 Roseville av., Newark
Fortunato, Samuel J., 345 Walnut st., Newark
Fost, William H., 107 Franklin st., Belleville
Foster, Herbert W., 2 Erwin Park, Montclair
Foster, William S., 233 Mt. Prospect av., Newark
Fowler, Royale H., 744 Broad st., Newark
Franklin, Frank A., 304 Central av., Orange
Freeman, George C., Prudential Ins. Co., Newark
Freinkel, Jacob, 2 Hillside av., Newark
Friedman, Harry, 721 S. 16th st., Newark
Friedman, Hyman, 1096 Sanford av., Irvington
Friedman, Milton, 31 Lincoln Park, Newark
Friedrich, Adam H., 424 Lafayette st., Newark
Froelich, Joseph C., 74 Ingraham pl., Newark
Furman, Benj. A., 31 Roseville av., Newark
Furst, Nathan J., 299 Clinton av., Newark
Gamba, Jos., 388 Fairmount av., Newark
Gamsu, George, 2 Stratford pl., Newark
Ganley, Arthur J., 390 Park av., East Orange
Ganot, Frank I., 392 Ridge st., Newark
Gantz, Emma O., 215 N. Grove st., East Orange
Gardam, Jos. W., 16 Longfellow av., Newark
Gardner, Kenneth E., 45 Fremont st., Bloomfield
Gauch, Wm., 177 Elwood av., Newark
Gelb, Jerome, 84 W. Alpine st., Newark
Gennell, Ernest, 298 Parker st., Newark
George, Melbourne E. W., 744 Broad st., Newark
Gerard, Patrick D., 364 Roseville av., Newark
Gershenfeld, David B., 20 Hillside av., Newark
Giannetti, Ernest D., 180 Glen Ridge av., Montclair
Giardina, John S., 341 Walnut st., Newark
Gibbins, Albert L., 119 Fifth st., Newark
Gibson, Augustus, 635 Valley rd., Upper Montclair
Giffoniello, Arthur A., 200 Fairmount av., Newark
Gifford, Wm. R., 247 Park av., East Orange
Gilman, Chas. M. B., 59 Seeley av., Arlington
Ginsberg, Leon, Essex Co. Hosp., Cedar Grove
Giuffra, Frank, 99 Valley rd., Montclair
Glass, Oscar, 838 S. 12th st., Newark
Glass, Wm. H., 144 Harrison st., East Orange
Glazier, Jesse T., 670 Sanford av., Newark
Gluckman, Saul K., 78 Johnson av., Newark
Godfrey, Alan O., 220 Roseville av., Newark
Goeller, Jacob D., 1165 W. Clinton av., Irvington
Goffman, Emanuel, 316 Claremont av., Montclair
Goldberg, Harold H., 814 S. 10th st., Newark
Goldberg, Louis E., 31 Lincoln Park, Newark
Goldberg, Samuel A., 169 Gregory av., West Orange
Goldberg, Samuel M., 353 Washington av., Belleville
Golden, Clement H., 347 16th av., Irvington
Goldman, Jerome, 299 Clinton av., Newark
Goldman, Lester M., 53 Leslie st., Newark
Goldstein, Henry Z., 31 Lincoln Park, Newark
Goldstein, Wm. H., 632 Belgrove dr., Kearny
Goodfellow, Gordon P., 196 Prospect st., E. Orange
Gordon, A. Julius, 351 Roseville av., Newark
Grady, Wm. F., 42 N. Fullerton av., Montclair
Graham, Richard B., 575 Belgrove dr., Arlington
Granberry, D. Webb, 136 S. Main st., Orange
Grant, William F., 309 Roseville av., Newark
Gray, John W., 142 Clinton av., Newark
Greenberg, Samuel, 46 Johnson av., Newark
Greenfield, Bernard H., 691 Clinton av., Newark
Greenfield, Leonard S., 691 Clinton av., Newark
Greenwald, Theo. L., 44 Maple av., Morristown
Greer, Melvin A., 190 Washington st., Bloomfield
Gregorius, Ralph F., 120 Irvington av., S. Orange
Gregory, Mildred G., 64 N. 9th st., Newark
Greifinger, Marcus H., 200 Ferry st., Newark
Greifinger, William, 619 Stuyvesant av., Irvington
Griffin, Guy B., 197 S. Centre st., Orange
Griffith, Roy, 11 Hill st., Newark
Gross, Isidore, 60 Lakeside av., Verona
Grossblatt, Philip, 67 Baldwin av., Newark
Gulick, James B., 144 S. Harrison st., E. Orange
Gullord, Edw. G., 284 Bellevue av., Up. Montclair
Guthrie, Wilson G., 300 Summer av., Newark
Gutowski, Walter T., 104 Grove ter., Irvington
Hadley, Elinor E., 5 Mountain av., Maplewood
Hagman, Frank E., 131 Ridge rd., N. Arlington
Hahn, Katherine B., 372 Thornden st., South Orange
Hahn, William H., 15 Lombardy st., Newark
Haley, Paul W., 719 Sanford av., Newark
Halpern, Melvin M., 493 Central av., Newark
Halprin, Harry, 8 Washburn pl., Caldwell
Halsey, Levi W., 61 Church st., Montclair
Hamilton, Robert G., 92 Main st., Orange
Hanan, Jas. T., 11 The Crescent, Montclair
Hantman, Harold, 196 Roseville av., Newark
Harden, Albert S., 510 W. Market st., Newark
Harden, Albert S., Jr., 551 Ridgewood rd., Maplew'd
Harhen, Geo. E., 22 Brookside av., Caldwell
Harvey, Robert K., 711 Kearny av., Arlington
Harvey, Thomas W., Jr., 59 Main st., Orange
Hasney, Frederick A., 292 Main st., West Orange
Hatcher, George A., Essex Co. Hosp., Cedar Grove
Hauck, Lydia R. B., 644 Stuyvesant av., Irvington
Hauck, Wm. H., 644 Stuyvesant av., Irvington
Haussling, Francis R., 661 High st., Newark
Hawkes, E. Zeh., 84 Washington st., Newark
Hawkes, Stuart Z., 84 Washington st., Newark
Hayes, Gerald W., 86 Hawthorne av., East Orange
Heineken, Theodore S., 17 Park pl., Bloomfield
Heller, Abraham R., 10 Kearny av., Kearny
Heller, Nathan B., 31 Lincoln Park, Newark
Henle, Carye-Belle, 671 Springfield av., Newark
Hennig, Paul F., 688 Stuyvesant av., Irvington
Hermann, John H., 197 S. Centre st., Orange
Herndon, Lewis S., 144 S. Harrison st., East Orange
Herold, Harvey T., 850 S. 13th st., Newark
Hersh, David H., 658 Springfield av., Newark
Hewson, Geo. F., 21 Roseville av., Newark
Hexamer, Fred, 50 Lyons av., Newark
Heyman, Arthur, 79 Baldwin av., Newark
Hicks, Alfred M., 65 Park st., Montclair
Higi, Joseph E., 529 Park av., Orange
Hill, James O., 84 Barclay st., Newark
Hill, Robert H., 339 Parker st., Newark
Hirschberg, Samuel, 615 High st., Newark
Hobart, Richard T., 454 Park st., Upper Montclair
Holler, Henry G., 234 Montclair av., Newark
Holmes, Geo. J., 17 Elizabeth av., Newark
Holtz, Harry M., 56 Johnson av., Newark
Hoonton, Thos. C., 31 Trinity pl., Montclair
Horn, Harry, 622 Stuyvesant av., Irvington
Horn, Max, 94 Lyons av., Newark
Horsford, Frederick C., 305 Broadway, Newark
Hosp, Paul H., 842 S. 12th st., Newark
Houck, William J., 207 Mt. Prospect av., Newark
Howard, James W., 87 Midland av., Montclair
Hubach, Maximilian F., Jr., 307 Montg'ry st., Bl'mf'd
Hubbard, Fayette E., 65 Church st., Montclair
Hubbard, Robert Y., 942 Sanford av., Irvington
Huber, Wm. H., 587 Prospect st., Maplewood
Huberman, John, 853 S. 12th st., Newark
Hughes, Lee W., 965 Broad st., Newark
Hulett, Albert G., 20 Hawthorne av., East Orange
Humphries, Robert E., 637 Central av., East Orange
Hurff, J. Wallace, 86 Washington st., Newark
Husserl, Siegfried, 777 Clinton av., Newark
Hymowitz, Ben, 519 Belmont av., Newark
Ill, Carl H., 188 Clinton av., Newark
Ill, Edgar A., 1004 Broad st., Newark

Ill, Edmund W., 188 Clinton av., Newark
Ill, Edward J., 1004 Broad st., Newark
Ill, Herbert M., 188 Clinton av., Newark
Inge, Hutchins F., 205 So. Orange av., Newark
Irwin, Jas. R., 330 Washington av., Belleville
Israeloff, Howard H., 1044 Clinton av., Irvington
Jackson, Albert F., 225 Hillside av., Nutley
Jackson, Elmer C., 98 Washington st., East Orange
Jackson, George H., 2092 Morris av., Union
Jacobs, William, 1013 Clinton av., Irvington
James, Bart M., 31 Lincoln Park, Newark
James, Wm. L., 31 Lincoln Park, Newark
Janifer, Clarence S., 208 Parker st., Newark
Jaso, James V. Di., 710 Varsity rd., South Orange
Jedel, Meyer, 125 4th st., Newark
Jennings, Robt. E., 143 Park st., East Orange
Jessurun, Samuel H., 613 High st., Newark
Jones, Rhys, 33 S. Fullerton av., Montclair
Jonitz, Robert, 153 S. Grove st., East Orange
Judge, John F., 33 Hazelwood av., Newark
Just, Francis, 564 High st., Newark
Kaderabek, Erwin J., 144 S. Harrison st., E. Orange
Kahrs, Grace M., 140 Roseville av., Newark
Kalb, Samuel W., 416 Clinton pl., Newark
Kalter, George E., 640 Prospect st., Maplewood
Kaplan, Benj. E., 695 Clinton av., Newark
Kaplan, S. Bernard, 846 S. 12th st., Newark
Katzin, Eugene M., 50 Baldwin av., Newark
Kaufman, Jerome G., 299 Clinton av., Newark
Kaufman, Michael J., 103 Lyons av., Newark
Kavanaugh, Daniel E., 566 Mt. Prospect av., Newark
Kearney, Edward P. J., 83 S. Fullerton av., Montcl'r
Keim, Wm. F., 25 Roseville av., Newark
Keller, Paul, 60 Berkeley st., Newark
Kenney, John A., Tuskegee Institute, Alabama
Kern, E. Clarence, 45 Park st., Montclair
Kerns, Francis J., 526 W. Market st., Newark
Kessell, John S., 643 Central av., East Orange
Kessler, Henry B., 666 Clinton av., Newark
Kessler, Henry H., 53 Lincoln Park, Newark
Kiley, John E., 94 Park st., Montclair
Kimmel, Charles, 488 Broad st., Bloomfield
Kirkby, Cyril S., 128 Broad st., Bloomfield
Kirkman, Leroy G., 176 Roseville av., Newark
Kirkwood, Allan S., 53 Union st., Montclair
Klein, Andrew J. V., 209 Littleton av., Newark
Klein, Edward C., Jr., 209 Littleton av., Newark
Kleinberger, Harry H., 59 Main st., Millburn
Klenk, Jos. P., 328 Belleville av., Bloomfield
Kline, George L., 310 Mt. Prospect av., Newark
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Koeck. George P., 625 Mt. Prospect av., Newark
Kraemer, Manfred, 31 Lincoln Park, Newark
Kraker, David A., 31 Lincoln Park, Newark
Krone, William F., 31 Lincoln Park, Newark
Kruger, William, 31 Lincoln Park, Newark
Kummel, Max, 31 Lincoln Park, Newark
Lafferty, Elton B., 69 Orange av., Irvington
Landesman, William, 187 Kearny av., Kearny
Lane, Austin W., 98 Prospect st., East Orange
Leaman, Granville M., 167 N. Grove st., E. Orange
Le Bel, Louis J. B., 165 Grant av., Nutley
Leber, Otto H., 56 Church st., Montclair
Lee, John J., 309 Park av., Orange
Lee, Stephen G., 55 Halsted st., East Orange
Lehman, Irving J., 558 Central av., Newark
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Levinson, Robert M., 859 S. 13th st., Newark
Levitt, Jesse N., 26 Clinton pl., Newark
Levy, Julius, 19 Lyons av., Newark
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Licks, Fred'k C., 117 Irvington av., South Orange
Lieb, Saul, 337 Hawthorne av., Newark
Lifland, Bernard D., 70 Shanley av., Newark
Lilien, Bernard B., 730 Lyons av., Irvington
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Longshore, Walter E., Jr., 216 Oakwood av., Orange
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Lowrey, Jas. H., 79 Congress st., Newark
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Luongo, Federico, 212 S. Centre st., Orange
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Lyon, Archibald, 115 Ridge rd., N. Arlington
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Mamlet, Alfred M., 16 Johnson av., Newark
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Margulies, Chas., 188 High st., Nutley
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Marquis, Dean W., 144 Harrison st., East Orange
Marquis, W. James, 198 Clinton av., Newark
Marra, Rocco S., 221 Park av., Orange
Martin, Wm. P., 25 Holland rd., South Orange
Martinetti, Carlo D., 311 Central av., Orange
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Mason, Virgil A., 144 Harrison st., East Orange
Massengill, Fulton, 125 Harrison st., East Orange
Masterson, John F., 98 Myrtle av., Irvington
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Matheke, Otto G., 328 Sussex av., Newark
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Matthews, Harry E., 504 Hillside av., Orange
Matthews, Wm., F., 61 S. Fullerton av., Montclair
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McKim, William F., 317 Roseville av., Newark
McLellan, Geo. A., 19 Hawthorne av., East Orange
McVay, Edward A., 234 Lafayette st., Newark
Medd, John C., 25 Curtis pl., Maplewood
Meehan, Martin M., 339 Washington av., Belleville
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Meisel, David B., 241 Avon av., Newark
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Merliss, Eugene, 386 Clinton av., Newark
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Messina, Thomas, 153 Freeman av., E. Orange
Metsky, Joseph, 777 High st., Newark
Meurlin, Alfred, 158 S. Harrison st., East Orange
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Miller, I. Irwin, 675 Sanford av., Newark
Miller, Joseph A., 364 Prospect st., South Orange
Miller, Nathan, 861 Lyons av., Irvington
Miller, Ralph, 544 S. 16th st., Newark
Minard, Edwy L., 140 4th av., East Orange
Minier, Carl L., 25 N. Harrison st., E. Orange
Miningham, Wm. D., 18 Hedden ter., Newark
Mishell, Daniel R., 31 Lincoln Park, Newark
Mitchell, Augustus J., 59 South st., Newark
Mockridge, Oscar A., 8 S. Mountain av., Montclair
Moeckel, Clarence W., 63 S. Fullerton av., Montclair
Mohrbacher, John J., 37 Osborne ter., Newark
Monaco, Saverio A., 293 Camden st., Newark
Moore, Dean C., 138 N. Arlington av., East Orange
Moress, Edw. J., 1551 Maple av., Hillside
Moretti, John J., 576 S. Clinton st., East Orange
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Morrison, Caldwell, 379 7th av., Newark
Moschkowitz, Hermann, 737 High st., Newark
Motzenbecker, Peter F., 680 High st., Newark
Mount, Walter B., 21 Plymouth st., Montclair
Mullin, Eugene F., 505 Sanford av., Newark
Mullin, Raymond J., 76 Shanley av ., Newark
Murray, Harrold A., 624 Mt. Prospect av., Newark
Muta, Samuel A., 47 Park av., West Orange
Nacca, Carl A., 86 N. Essex av., Orange
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Nappi, Pasquale E., 250 Mt. Prospect av., Newark
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Nash, Wm. G., 20 Clinton st., Newark
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Nemzek, Wm. P. B., 141 Ridge rd., N. Arlington
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Nicola, Toufick, 96 Gates av., Montclair
Noll, Louis, 1383 Clinton av., Irvington
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Nussbaum, Harvey E., 89 Ferry st., Newark
Nyiri, William A., 30 Van Ness pl., Newark
O'Connor, Bernard A., 47 Central av., Newark
O'Connor, Dennis F., 671 Broad st., Newark
O'Connor, Michael J., 98 Shanley av., Newark
O'Crowley, Clarence R., 31 Lincoln Park, Newark
O'Grady, Michael J., 228 Franklin av., Nutley
Oleynick, Simeon A., 31 Lincoln Park, Newark
Olini, Joseph J., 30 W. Market st., Newark
O'Neill, Chas. L., 11 N. 7th st., Newark
Opdyke, Gordon McC., 52 Claremont av., Verona
Openchowski, Mieczyslaw, 83 Johnson av., Newark
Orloff, Samuel, 149 Lyons av., Newark
Orris, Harold J., 1463 Maple av., Hillside
Orton, Henry B., 224 Delavan av., Newark
Ostrowski, Sigismund J., 265 Broad st., Bloomfield
Paddock, Royce, 965 Broad st., Newark
Palmer, Gideon H., 28 Winans st., East Orange
Palmer, Henry S., 275 Mulberry st., Newark
Panitch, William, 90 Baldwin av., Newark
Pannullo, John N. P., 266 Van Buren st., Newark
Parent, Sol, 51 Baldwin av., Newark
Parisi, Anthony, 296 S. Orange av., Newark
Parker, John E., 144 Harrison st., East Orange
Parsonnet, Aaron E., 3 Madison av., Newark
Parsonnet, Eugene V., 31 Lincoln Park, Newark
Pascall, Thos. M., 197 Lincoln av., Newark
Pattyson, Ralph A., 144 Harrison st., East Orange
Paul, Geo. A., 788 Lyons av., Irvington
Paul, H. Carl, 30 Westville av., Caldwell
Pavia, John R., 48 Mountainview av., E. Orange
Payne, Guy, Overbrook Hosp., Cedar Grove
Payne, Guy, Jr., 56 S. Prospect st., Verona
Peer, Lyndon A., 965 Broad st., Newark
Pendexter, Sidney E., 11 S. Arlington av., E. Orange
Pennington, Alfred W., 398 N. Maple av., E. Orange
Perham, Bertram S., 199 Lorraine av., Up. Montcl'r
Petry, William, 109 Treacy av., Newark
Phillips, Algernon A., 212 W. Market st., Newark
Pilch, Arthur G., 1 Willard av., Bloomfield
Pilloni, Louis, 91 Beach st., Bloomfield
Pizzi, Francis W., 205 Park av., Orange
Plant, James S., 502 High st., Newark
Plante, Amos A., 437 Ridgewood rd., Maplewood
Pois, John, 52 Pillot pl., West Orange
Pollis, Nicholas L., 642 High st., Newark
Pollock, Franklyn J., 14 Watson av., Newark
Polow, Benjamin, 24 Johnson av., Newark
Pomeranz, Raphael, 31 Lincoln Park, Newark
Potter, Raymond T., 144 Harrison st., East Orange
Preston, Perry B., 12 Palm st., Newark
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Probst, Everett W., 14 E. Park pl., Rutherford
Pudney, Wm. K., 31 Trinity pl., Montclair
Quad, Clifford W., 52 Northfield av., West Orange
Quinby, Wm. O'G., 14 James st., Newark
Rachlin, Harry T., 396 Union av., Irvington
Rados, Andrew, 31 Lincoln Park, Newark
Ragione, Mario D., 277 Clifton av., Newark
Ram, Nathan H., 34 Park av., Caldwell
Ranson, Briscoe B., Jr., 144 Harrison st., E. Orange
Rathgeber, Chas. F., 18 William st., East Orange
Ravitz, Samuel F., 1082 Broad st., Newark
Reeve-Allen, Jane, 254 Midland av., Montclair
Reich, Abraham L., 83 Lyons av., Newark
Reich, Henry, 31 Lincoln Park, Newark
Reilly, Christopher J., 331 13th av., Newark
Reilly, John V., 520 Sanford av., Newark
Reinfeld, Abraham G., 354 Clinton av., Newark
Reinhardt, Warren I., 276 Springdale av., E. Orange
Reissman, Erwin, 31 Lincoln Park, Newark
Reitter, George S., 191 Halsted st., East Orange
Renzulli, Francesco, 228 S. 7th st., Newark
RePass, Paul E., 85 Harrison st., East Orange
Resch, Henry U., 27 Park pl., Bloomfield
Rettig, Isidor L., 36 Milford av., Newark
Revere, Seth D., 600 Park av., East Orange
Ribbans, Robert C., 63 Central av., Newark
Rich, Charles, 191 Littleton av., Newark
Rich, Wallace E., Essex Co. Hosp., Cedar Grove
Richardson, Arthur H., 60 Orange rd., Montclair
Richardson, Marvin T., 14 E. Mt.Pl's'nt av.,Liv'gst'n
Ricketts, Henry E., 31 Lincoln Park, Newark
Riggins, Edwin N., 161 N. Arlington av., E. Orange
Ripley, Chas. D., Curtis av., Point Pleasant Beach
Ripley, E. Warren, 56 Church st., Montclair
Rizzoli, Luigi, 15 Peck av., Newark
Rizzolo, Edward M., 523 Union av., Belleville
Robbin, Lewis, 18 Clinton pl., Newark
Robbins, Charles M., 31 Lincoln Park, Newark
Roberts, Allison H., 24 S. 9th st., Newark
Roberts, David C., 16 Highland pl., Maplewood
Roberts, Frank A., 11 Park av., Caldwell
Roberts, William A., 11 Park av., Caldwell
Robertson, Euston S., 22 Harding ter., Kearny
Robie, Theodore R., 144 Harrison st., East Orange
Robins, David, 24 Commerce st., Newark
Robinson, Lindsay E., 332 Park av., Newark
Robinson, Louis H., 31 Lincoln Park, Newark
Rocco, Frank, 729 Summer av., Newark

Roeber, Wm. J., 21 Nesbit ter., Irvington
Rogers, Harry, 144 Harrison st., East Orange
Rogers, Robert H., 49 9th av., Newark
Roh, Robert F., 671 Broad st., Newark
Romano, Patrick J., 203 S. Essex av., Orange
Rosamilia, Ralph E., 480 N. 7th st., Newark
Rose, Mary E. D., 453 Park av., Orange
Rosen, Charles D., 106 S. Harrison st., East Orange
Rosenberg, L. Charles, 11 Murray st., Newark
Rosenberg, Max, 23 Wyndmoor av., Hillside
Rosenthal, Arnold J., 263 Clinton pl., Newark
Rossi, Bartolomeo, 154 Belmont av., Belleville
Roth, Oswald H., 210 Littleton av., Newark
Rothgesser, Jerome C., 786 Bergen st., Newark
Rothhouse, Burnet, 31 Lincoln Park, Newark
Rothschild, Daniel L., 585 Elizabeth av., Newark
Rothseid, Abraham, 59 Avon av., Newark
Rothstein, Isadore B., 638 Stuyvesant av., Irvington
Rubin, Abraham A., 77 S. Munn av., East Orange
Rubinow, Saul M., 755 High st., Newark
Russomanno, Raymond L., 212 Clifton av., Newark
Salsberg, Ralph H., 23 Johnson av., Newark
Samson, Norman D., 281 Kearny av., Kearny
Santora, Philip J., 361-363 Roseville av., Newark
Saslow, Benjamin I., 680 Clinton av., Newark
Sasso, Albert, 99 Parker st., Newark
Savel, Lewis E., 872 S. 16th st., Newark
Sax, Max T., 84 Grove st., Bloomfield
Sbarra, Francesco C. N., 189 Roseville av., Newark
Schaaf, Royal A., 413 Mt. Prospect av., Newark
Schachter, Harry A. H., 6 Milford av., Newark
Schaefer, Eugene P., 12 Harrison pl., Irvington
Schaffer, Barney, 252 Washington av., Belleville
Schaffer, Nathan, 172 S. Arlington av., East Orange
Schectman, Vera, 385 Osborne ter., Newark
Scheller, George A., 701 Clinton av., Newark
Scher, Maurice A., 137 Lyons av., Newark
Schiller, Nicholas, 29 Girard pl., Newark
Schmukler, Jacob, 29 Rutgers st., Maplewood
Schneider, Charles A., 694 Clinton av., Newark
Schneider, Leo, 39 Hillside av., Newark
Schneider, Louis, 874 S. 13th st., Newark
Schotland, Clement E., 41 Leslie st., Newark
Schramm, Joseph A., 572 High st., Newark
Schreck, Harry, 192 Roseville av., Newark
Schulsinger, Samuel, 80 Clinton av., Newark
Schulte, Herbert A., 701 Clinton av., Newark
Schults, Anna R., 207 Summer av., Newark
Schurman, Francis H. C., 35 Smull av., Caldwell
Scott, R. Hunter, 205 Roseville av., Newark
Scranton, Chas. W., 59 Washington st., E. Orange
Scudder, Frank D., 65 N. Fullerton av., Montclair
Seidler, Victor B., 16 Plymouth st., Montclair
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Seidman, Joshua I., 31 Lincoln Park, Newark
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Seward, Wm. H., Orange Memorial Hosp., Orange
Shack, David N., 712 Clinton av., Newark
Shack, Maxwell H., 19 Lyons av., Newark
Shaner, Ralph D., 94 Hillside av., Nutley
Shannon, James B., 66 S. Fullerton av., Montclair
Shannon, Lardner M., 66 S. Fullerton av., Montclair
Shapiro, Louis, 146 Broad st., Newark
Shaul, Frederick G., 10 Washington st., Bloomfield
Shaul, John F., 10 Washington st., Bloomfield
Shaw, John J., 1 Grumman av., Newark
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Sherman, A. Russell, 671 Broad st., Newark
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Sherman, Elbert S., 671 Broad st., Newark
Shill, Benjamin, 738 High st., Newark
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Shor, David M., 32 S. Munn av., East Orange
Shreehan, Hubert F., 620 Summer av., Newark
Shulman, Murray W., 916 S. 20th st., Newark
Siegel, Jacob W., 96 S. 10th st., Newark
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Silverstein, Jacob M., 73 Main st., Millburn
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Simms, George F., 541 Page av., Lyndhurst
Simon, Henry, 5 Vermont av., Newark
Simon, Ludwig L., 201 Ferry st., Newark
Simonson, Louis, 202 Osborne ter., Newark
Singer, Max., 147 Johnson av., Newark
Sisson, Nelson W., 144 Harrison st., East Orange
Skwirsky, Joseph, 170 Hawthorne av., Newark
Slavin, Paul, 31 Lincoln Park, Newark
Smalley, Sara D., 530 Clifton av., Newark
Smalzried, Elmer W., 69 Woodland av., E. Orange
Smith, Byron J., 624 Sanford av., Newark
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Smith, George H., 136 Evergreen pl., East Orange
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Stickles, Lloyd C., 49 Parkhurst st., Newark
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Stoddard, Gordon V., 41 S. Munn av., E. Orange
Stokes, Earle B., 144 Harrison st., East Orange
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Tansey, Wm. A., 98 Dover st., Newark
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Taylor, G. Herbert, 144 Harrison st., East Orange
Teeter, Charles E., 418 Orange st., Newark
Tenney, Albert S., 164 S. Harrison st., East Orange
Thomas, John H., 270 Lenox av., South Orange
Thomison, Harry E., 605 Broad st., Newark
Thompson, Arthur F., 144 Harrison st., East Orange
Thompson, Austin B., 479 Highland av., Orange
Thomson, Carroll S., Fair Oaks Sanatorium, Summit
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Thum, Kurt W., 366 Main st., West Orange
Tillis, Herman H., 11 Bergen st., Newark
Tilton, William R., 763 Broad st., Newark
Tirrell, C. Malcolm, 725 High st., Newark
Tobey, Franklin J., 11 Hazelwood av., Newark
Tomasulo, Gennaro L., 225 Clifton av., Newark
Tomec, Richard F., 42 Melrose pl., Montclair
Torppey, John J., 472 Sanford av., Newark
Toye, John E., 90 Midland av., Arlington
Trautwein, Charles F., 131 Nesbit ter., Irvington

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VonHofe, Frederick H., 75 Prospect st., E. Orange
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Ward, Wm. R., 112 Chancellor av., Newark
Ward, William R., Jr., 112 Chancellor av., Newark
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Weeks, Norman E., 470 Grove st., Up. Montclair
Wegrocki, Adolph A., 186 Warwick st., Newark
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Weiss, Louis, 519 Springfield av., Newark
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Weston, Clifford G., 27 Woodland av., Glen Ridge
Wheeler, Wm. K., 31 Lincoln Park, Newark
Whelan, Edward P., 460 Franklin av., Nutley
Wherry, Elmer G., 325 Clinton av., Newark
White, Robert R., 25 S. Munn av., East Orange
Willan, Edward H., 74 S. Munn av., East Orange
Willey, F. Parker, 140 Roseville av., Newark
Williams, John J., 88 Walnut st., Newark
Willis, Katharen C., 31 Trinity pl., Montclair
Willner, Irving, 18 Waverly av., Newark
Willner, Philip, 105 Clinton av., Newark
Willson, James H., 144 Harrison st., East Orange
Wilson, John H., Jr., 85 Halsted st., East Orange
Wolf, Raymond E., 281 Park st., Upper Montclair
Wolfe, Jacob S., 44 Watsessing av., Bloomfield
Wolfe, William W., 383 Mulberry st., Newark
Wood, E. LeRoy, 160 Roseville av., Newark
Woolf, Bernhardt H., 41 Hedden ter., Newark
Wort, Frederick J., 1080 Broad st., Newark
Wrensch, Alex. E., 79 Valley rd., Montclair
Wright, Robert E., 173 Park av., East Orange
Wurts, Margaret M., 189 Alexander av., U. Montcl'r
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Wyatt, Joseph H., 135 Clinton av., Newark
Wyker, Arthur W., 57 Park pl., Bloomfield
Yaguda, Asher, 88 Clinton av., Newark
Yates, Glen L., 270 Ridgewood av., Glen Ridge
Ylvisaker, Lauritz S., 763 Broad st., Newark
Young, John H., 1094 Sanford av., Irvington
Zager, Saul, 454 Hawthorne av., Newark
Zehnder, A. Charles, 188 Roseville av., Newark
Zimmer, Wm., 83 Vassar av., Newark
Zimmerman, Coler, 52 N. Arlington av., E. Orange
Zingali, John A., 5 Gould pl., Caldwell
Zweibel, Leonard, 885 S. 13th st., Newark
Zweigel, Isidore, 22 Monticello av., Newark
Zybulewski, Edmund A., 410 Bergen st., Newark

Number of Active Members and basis of representation, 959, on March 15, 1940.

Associate Members

Albano, Frank J., 535 N. 7th st., Newark
Anderson, William A., 1255 Broad st., Bloomfield
Barbella, Joseph D., 498 N. 13th st., Newark
Besson, Franklin J., 999 Clinton av., Irvington
Butan, Louis, 579 Valley rd., W. Orange
Christoph, Francis T., 483 Prospect st., Maplewood
Dailey, Edward S., 485 Park av., Orange
Dante, Pasquale, 393 Millburn av., Millburn
De Gerome, James H., 10 Ridgewood av., G. Ridge
De Hart, George K., 132 Sunset av., Verona
Del Negro, Albert E., 402 Roseville av., Newark
De Phillips, Benedict R., 43 Park av., Newark
Devlin, Arthur D., 617 Broadway, Newark
Di Giacomo, Harry E., 2 Prospect pl., Newark
Durchlag, E. Nelson, 12 Myrtle av., Irvington
Ehrlich, Edward, 79 Shanley av., Newark
Einhorn, Samuel E., 241 16th av., Newark
Erdman, George L., 142 Clinton av., Newark
Fader, Ferdinand, 3 S. Grove st., East Orange
Feinsod, Samuel N., 1305 Clinton av., Irvington
Finkelstein, Herman, 184 Eagle Rock av., Roseland
Fischbein, Martin M., 817 Chancellor av., Irvington
Fischer, David D., 356 Millburn av., Millburn
Fleischmann, Viola G., 341 16th av., Irvington
Fleming, Joseph A., 247 Claremont av., Montclair.
Forte, Daniel L., 545 Central av., Orange
Frame, Dorothy L., 395 Franklin st., Bloomfield
Gaylor, Earl L., Jr., 56 Church st., Montclair
Gencher, Benjamin, 24 Ravine av., Caldwell
Greenfield, Herbert, 565 Bergen st., Newark
Hagen, Walter H., 85 Harrison st., E. Orange
Halpern, William, 179 Washington av., Millburn
Haschec, Walter, 690 S. 19th st., Newark
Jones, Elwood K., 82 S. Harrison st., E. Orange
Kaplan, Henry L., 24 Johnson av., Newark
Keith, Theodore R., 656 Bloomfield av., Nutley
Kornfeld, Werner, 183 William st., E. Orange
Kosterlitz, Henry H., 1144 Clinton av., Irvington
Kunz, Harold G., 82 W. Passaic av., Bloomfield
Larkey, Irving G., 95 Shanley av., Newark
Leff, William A., 299 Clinton av., Newark
Levison, William, 75 Lincoln Park, Newark
Matheke, Otto G., Jr., 328 Sussex av., Newark
McGuinn, Wm. B., 52 N. Arlington av., E. Orange
Meinhard, Fred, 154 Van Buren st., Newark
Mitchell, Walter L., Jr., 195 Roseville av., Newark
Moss, Mary C., 5 Mountain av., Maplewood
Offenkrantz, Frederick M., 72 Hansbury av., New'k
Opacity, Ernest A., 247 Madison av., Newark
Parkes, Morcy, 43 Forest av., Caldwell
Pinto, Joseph A., 50 N. 11th st., Newark
Pizzi, Mario V., 205 Park av., Orange
Poller, Frederick K., 681 Stuyvesant av., Irvington
Reich, Mortimer, 31 Lincoln Park, Newark
Rommer, Jack Jay, 25 Ingraham pl., Newark
Roseman, Herman I., 755 Broad st., Bloomfield
Rosenthal, Oscar J., 666 Clinton av., Newark
Rost, Adolf S., 357 Lincoln av., Orange

Schwartz, Harold, 20 Crescent av., Newark
Straus, Max, 99 Harrison pl., Irvington
Strauss, Leo M., 18 S. Munn av., East Orange
Strauss, Max, 72 Osborne ter., Newark
Sullivan, Wm. T., 35 DeWitt av., Belleville
Thornley, Wm. F., 11 Ridgewood ter., Maplewood
Toczek, Heinrich A., 404 Bergen st., Newark
Tutela, Arthur C., 220 S. Seventh st., Newark
Unger, Milton, 26 Treacy av., Newark
Valentin, Irmgard, 131 S. Harrison st., East Orange
Vallario, Frank A., 333 Clifton av., Newark
Wesson, Harrison R., 15 The Crescent, Montclair
Yablonsky, Max, 171 Osborne ter., Newark

Resigned

Blauvelt, Harold, N. Y. C.
Schoenau, C. W., Philadelphia
Foster, Frank P., Lahey Clinic, Boston

Transferred

Eisenberg, Harry, to New York
Gelber, Louis J., to Nova Scotia
Jackson, G. H., from Union County Medical Society
Leber, Otto H., from New York
Luippold, E. J. Jr., to Morris County Medical Soc.
McCluskey, Harry B., to Morris County Med. Soc.
Pecora, C. L., to Ocean County Medical Society
Schwartzberg, Seymour, to Onondaga

GLOUCESTER COUNTY (8)

Society organized December, 1818. Regular meetings on third Thursday of each month, except June, July, and August. Annual Meeting in May. Annual Social Session in October.

Active Members

Barrows, Victor I., 316 N. Broadway, Pitman
Booth, George R., 219 Highland av., Westville
Bowersox, Clarence A., 509 N. Broad st., Woodbury
Broselow, Benj. G., Delsea dr., Franklinville
Burkett, J. Paul, 215 Delaware st., Woodbury
Burkett, Wendell J., 16 W. Holly av., Pitman
Campo, A. Guy, 200 Broadway, Westville
Carpenter, Wm. H., 39 Aberdeen pl., Woodbury
Collins, Louis K., 54 State st., Glassboro
Crain, Wm. E., 64 Cooper st., Woodbury
DiMarino, Anthony J., 735 Delaware st., Paulsboro
Diverty, Henry B., 38 Cooper st., Woodbury
Fisler, Chas. F., 140 Maple st., Clayton
Fooder, Horace M., 110 Main st., Williamstown
Gairdner, Thos. M., 319 W. Broad st., Gibbstown
Gillis, Alfred G., 19 W. Maple st., Clayton
Harris, Wm. G., Main st., Mullica Hill
Hollinshed, Ralph K., 351 Broadway, Westville
Hughes, Jos. F., 116 N. Broad st., Woodbury
Hunter, Harold H., 114 W. Broad st., Paulsboro
Livengood, Baxter A., 64 Cooper st., Woodbury
Moore, Ralph L., 127 N. Broad st., Woodbury
Nelson, Harry, 36 Lupton av., Woodbury
Patterson, Isaac N., 26 Station av., Westville
Pedrick, Wm. W., 11 West st., Glassboro
Pegau, Paul M., 246 Briar Hill lane, Woodbury
Rhoads, S. Creadick, 104 Station av., Westville
Rogers, Dorothy M., 50 Cooper st., Woodbury
Ruttenberg, Louis, 18 Hopkins st., Woodbury
Serri, William S., Main st., Mullica Hill
Sheets, Cecil C., 213 W. Broad st., Paulsboro
Sherman, Fuller G., 53 Newton av., Woodbury
Sinexon, Henry L., 36 W. Broad st., Paulsboro
Sirotta, E. Bernard, 220 W. Broad st., Paulsboro
Sooy, L. Thomas, 202 W. Holly av., Pitman
Stewart, Irving J., 529 Kings Highway, Swedesboro
Ulmer, Chester I., 431 W. Broad st., Gibbstown
Underwood, J. Harris, 509 N. Broad st., Woodbury
Venturo, Ralph C., 101 S. Main st., Glassboro
Wandall, Frederick G., 50 E. High st., Clayton
Weems, Don B., 105 E. Mantua av., Wenonah
Wentzell, J. Earl, 5 E. Mantua av., Wenonah
Wood, Oran A., 128 W. Broad st., Paulsboro
Wright, Herman W., 818 S. Broadway, Pitman
Zapf, Reville D., 100 W. Mantua av., Wenonah

Number of Active Members and basis of representation, 45, on March 15, 1940.

HUDSON COUNTY (9)

Society organized October 11, 1851. Meets first Tuesday evening of each month, October to May, inclusive. If a legal holiday, meeting to be held on next day. Annual Meeting in May.

Active Members

Adler, Joseph, 933 Ave. C, Bayonne
Africano, Julius V., 4242 Hudson Blvd., Union City
Agolia, Michael W., 441 Palisade av., Union City
Ainsley, H. Bryson, 246 Union st., Jersey City
Allen, Isaac L., 521 Palisade av., Union City
Alpert, Edward, 661 Jersey av., Jersey City
Alter, Nicholas M., 410 Fairmount av., Jersey City
Amdur, Louis A., 2540 Boulevard, Jersey City
Angelo, Jos. A., 10 Centre av., Secaucus
Anrig, Grace E., 133 Summit av., Union City
Arbeit, Sidney R., 2521 Boulevard, Jersey City
Aria, Michael H., 31 Glenwood av., Jersey City
Arndt, Frank Roy, 960 Bergenline av., N. Bergen
Aronowitz, Harry T., 932 Ave. C, Bayonne
Artaserse, Geo. V., 185 Bergen av., Jersey City
Ash, Arthur F., 710 Boulevard E., Weehawken
Atwell, David R., 920 Hudson st., Hoboken
Auriemma, Michele, 419 Adams st., Hoboken
Axford, W. Homer, Chester
Bahnson, Conrad M., 170 Bowers st., Jersey City
Bailyn, Emanuel, 331 16th st., West New York
Ballinger, Reeve L., 659 Kearny av., Arlington
Barbarito, Wm. N., 135 Bentley av., Jersey City
Barishaw, Samuel B., 5 Bentley av., Jersey City
Barone, Francis A., 135 Bergen av., Jersey City
Ben-Asher, Solomon, 260 Bergen av., Jersey City
Bender, Max, 327 23rd st., Union City
Benjamin, Harold C., 59 Crescent av., Jersey City
Bergmeyer, Josef T., 422 20th st., West New York
Berlin, Joseph I., 2600 Hudson Blvd., Jersey City
Betcher, Albert M., 21 Highland av., Jersey City
Bigliani, Urban R., 526 36th st., North Bergen
Bitten, Robert M., 33 Romaine av., Jersey City
Blakey, Abram P., 155 Wegman Pkwy., Jersey City
Boland, Lucy E., 27 Washington av., Arlington
Bonanno, Peter J., 500 35th st., N. Bergen
Bookrajian, Edw. N., 5459 Hudson Blvd., N. Bergen
Borrone, Milton G., 2695 Boulevard, Jersey City
Borshaw, Hyman, 108 Bentley av., Jersey City
Bortone, Frank, 2765 Hudson Blvd., Jersey City
Boselli, Emile H., 614 15th st., Union City
Botti, John A., 236 Summit av., Jersey City
Bowyer, Franklin F., 50 Gifford av., Jersey City
Brady, Thomas S., 678 Ave. C, Bayonne
Brady, Wm. A., 412 44th st., Union City
Braitman, Max, 412 16th st., West New York
Branch, W. Harold, 190 Duncan av., Jersey City
Brandenburg, Leo W., 4260 Hudson Blvd., UnionC'y
Brauer, Selig L., 234 Bergen av., Jersey City
Braunstein, Sigmund C., 424 13th st., W. New York
Braunstein, Wm. P., 1 Bellevue st., Weehawken
Brennock, Thos. McG., 3 Webster av., Jersey City
Brick, Geo. J., 43 Cottage st., Jersey City
Brignola, Gerald C., 634 Bloomfield st., Hoboken
Brophy, Francis X., 55 Gifford av., Jersey City
Brozdowski, John J., 554½ Jersey av., Jersey City
Butler, Vincent P., 33 Bentley av., Jersey City
Callery, Wm. T., 10 Columbia ter., Weehawken
Cannon, Edward A., 5360 Hudson Blvd., N. Bergen
Caridi, Salvatore, 465 Bergenline av., W. New York
Carr, Mary B., 1 Astor pl., Jersey City
Cassidy, John McM., 1913 Hudson Blvd., Jersey City
Chapman, Ellis J., 203 Danforth av., Jersey City
Chayes, Sydney, 980 Ave. C, Bayonne
Christian, Henry A., 111 Fairview av., Jersey City
Cieri, Daniel S., 315 Central av., Union City
Clark, Chas. C., 461 New York av., Union City
Cohen, Herman, 489 Jersey av., Jersey City
Cohen, Herman N., 714 Park av., Hoboken
Cohen, Samuel, 145 Harrison av., Jersey City
Cohen, Samuel A., 477 Jersey av., Jersey City
Comora, Herman C., 317 16th st., West New York
Connell, Emmet J., 2227 Hudson Blvd., Jersey City
Connell, John N., 26 Carlton av., Jersey City
Connolly, Thos. W., 921 Bergen av., Jersey City
Conty, Anthony J., 318 48th st., Union City
Cosgrove, Samuel A., 254 Union st., Jersey City
Coughlin, John P., 160 Wegman Pkwy., Jersey City
Cracco, Frederick A., 51 Palisade av., Union City
Culver, S. Herbert, 75 Magnolia av., Jersey City
Cupaiuoli, Richard A., 734 Palisade av., W. NewYork
Curtis, Grant P., 312 36th st., Union City
D'Acierno, Pellegrino A., 346 Palisade av., Union C'y
Daly, Edmund J., 921 Bergen av., Jersey City
Danielson, John J., 977 Bergen Trnpk., N. Bergen
Davey, Thomas N., 41 West 33rd st., Bayonne
Davis, Daniel, 14 Webster av., Jersey City
Deary, Louis Edgar, 88 W. 39th st., Bayonne
DeFuccio, Charles P., 12 Duncan av., Jersey City
De Fusco, G. Thomas, 330 Newark av., Jersey City
Delanty, Katherine, 55 Tonnele av., Jersey City
DeMeritt, Chas. L., 4622 Blvd., Union City
Dershimer, Frederick W., 546 Bergen av., Jer. City
Dexter, Harriet E. T., 903 Ave. C, Bayonne
Dillingham, Willis I., 431 15th st., West New York
Dodson, Louis W., 592 Jersey av., Jersey City
Dolganos, Moses, 268 Palisade av., Jersey City
Donnelly, Joseph P., 58 Kensington av., Jersey City
Donohoe, Lucius F., 140 W. Eighth st., Bayonne
Doody, Wm. M., 19 Bentley av., Jersey City
Doran, Ralph J., 200 11th st., Hoboken
Doran, Wm. G., 921 Bergen av., Jersey City
Dougherty, Daniel D., 1006 Garden st., Hoboken
Doyle, John J., 426 Fairmount av., Jersey City
Draesel, Chas., 5681 Hudson Blvd., North Bergen
Driscoll, Raymond S., 919 Hudson Blvd., Bayonne
Duckett, Warren J., 21 Carlton av., Jersey City
Dukes, Howard R., 220 Kearny av., Kearny
Edgar, Joseph A., 71 Congress st., Jersey City
Edwards, Lena F., 358 Pacific av., Jersey City
Elsasser, Theodore H., 906 Park av., North Bergen
Enright, James G., 25 Kensington av., Jersey City
Evans, J. Lawrence, 893 Park av., Woodcliff
Faber, Edward, 154 Bergen av., Jersey City
Facciolo, Francesco, 562 Hudson Blvd., Bayonne
Faison, John B., 45 Glenwood av., Jersey City
Farr, John C., 75 10th st., Hoboken
Fattel, Henry C., 5508 Hudson Blvd., N. Bergen
Federer, John J., 69 Columbia ter., Weehawken
Felitti, Vincent J., 6 31st st., North Bergen
Feller, William, 283 Bergen av., Jersey City
Fellman, Morris, 907 Summit av., Jersey City
Fenimore, Edward D., 3663 Hudson Blvd., Jer. City
Ficke, Sylvia A., 884 Summit av., Jersey City
Fifer, William T., 746 Ave. C, Bayonne
Fineberg, Jacob C., 50 Glenwood av., Jersey City
Finger, Frederick A., 938 Ave. C, Bayonne
Finke, Chas. H., 317 York st., Jersey City
Finn, Frederick A., 2729 Boulevard, Jersey City
Finn, Henry R. W., 84 Lembeck av., Jersey City
Flichtenfeld, Morris, 283 Fourth st., Jersey City
Flicker, David J., 342 Kearny av., Kearny
Frank, Morris S., 920 Ave. C, Bayonne
Frank, Nathan, 186 Bowers st., Jersey City
Franklin, I. Harold, 191 Palisade av., Jersey City
Freeman, Joseph, 146 W. 32nd st., Bayonne

Frieman, Hyman, 744 Ave. C, Bayonne
Frundt, Oscar C., 92 Bartholdi av., Jersey City
Frutig, Harold C., 508 36th st., North Bergen
Garibaldi, Louis J., 1016 Hudson st., Hoboken
Gerne, Timothy A., 972 Summit av., Jersey City
Ghee, Euclid P., 115 Claremont av., Jersey City
Ghee, Peter F., 734 Ocean av., Jersey City
Gille, Hugo, 149 Congress st., Jersey City
Ginsberg, George, 624 Bloomfield st., Hoboken
Gleeson, William J., 640 Bergen av. ,Jersey City
Godlin, David R., 610 36th st., N. Bergen
Goldowsky, Ira, 23 Warner av., Jersey City
Goldsmith, Alfred S., 240 29th st., N. Bergen
Goldstein, Joseph D., 2801 Hudson Blvd., Jer. City
Goldstone, Karl H., 16 18th st., West New York
Good, Richard B., 949 Park av., Union City
Goodrich, Steuart L., 812 Ave. C, Bayonne
Gorenberg, Harold, 126 Gifford av., Jersey City
Granelli, Humbert A., 213 Garden st., Hoboken
Green, Morris, 234 48th st., Union City
Greenberg, Philip, 1902 Hudson Blvd., Jersey City
Greenberg, Solomon, 52 Ave. B, Bayonne
Greene, Albert D., 195 Palisade av., Union City
Grewal, Joseph S., 196 Broadway, Bayonne
Grieco, Emil H., 196 Broadway, Bayonne
Grossman, Rubin, 377 Ave. C, Bayonne
Gutmann, Erwin K., 229 Bowers st., Jersey City
Hall, Perry O., 2553 Boulevard, Jersey City
Halligan, Earl J., 254 Montgomery st., Jersey City
Halligan, Harold J., 254 Montgomery st., Jersey City
Halperin, David, 590 Bergen av., Jersey City
Halpern, Sophia L., 271 Palisade av., Union City
Handler, Harry, 305 York st., Jersey City
Harter, Louis F., 174 Bowers st., Jersey City
Hartwell, H. Ameroy, 777 Boulevard E., Weehawken
Harvey, John W., 818 Ave. C, Bayonne
Hasking, Arthur P., 318 Montgomery st., Jersey City
Hekimian, Jacob H., 468 Palisade av., Weehawken
Herradora-Ubeda, Juan R., 2787 Boulevard, Jer. C'y
Higgins, Gerald L., 125 Lembeck av., Jersey City
Higgins, John T., 145 Highland av., Jersey City
Higgins, Thos. A., 2616 Hudson Blvd., Jersey City
Hill, Wm. F., 104 Grand st., Jersey City
Hillel, Joseph, 1394 Park av., Hudson Heights
Holland, Moses H., 482 Palisade av., Weehawken
Hollywood, Jas. L., 219 Danforth av., Jersey City
Hoops, Harold J., 2203 Hudson Blvd., Jersey City
Howeth, John L., 14 Duncan av., Jersey City
Imhoff, John G., 55 Lincoln st., Jersey City
Introcaso, Dominick A., 45 Crescent av., Jersey City
Ishkhanian, Nouri I., 656 Palisade av., W. New York
Jacks, Oscar, 476 Mercer st., Jersey City
Jaffe, Benjamin, 566 Bergen av., Jersey City
Jaffe, Herman M., 2600 Boulevard, Jersey City
Jaffin, Abraham E., 41 Emory st., Jersey City
Jentz, John H., 63 Sherman pl., Jersey City
Jones, Clement M., 438 Boulevard, Bayonne
Jones, J. Morgan, Valley rd., Oakland
Joseph, Benj. M., 2771 Hudson Blvd., Jersey City
Justin, Arthur W., 41 Fulton st., Weehawken
Kaplan, Herman B., 324 44th st., Union City
Katz, Jacob D., 115 Belmont av., Jersey City
Keegan, Thomas D., 8 Gifford av., Jersey City
Keeney, James C., 1201 Park av., Hoboken
Kelley, Chas. B., 921 Bergen av., Jersey City
Kelly, Bernard S., 1954 Boulevard, Jersey City
Kelly, Harry R. J., 311A Brown st., Union City
Kerdasha, Geo. S., 131 31st st., North Bergen
Kiely, Eugene M., 800 Hudson st., Hoboken
Kimmel, M. Leonard, 142 Manhattan av. Jersey C'y
Knopf, Eduard, 343 Fairmount av., Jersey City
Kolb, John M., 725 10th st., Union City
Kooperstein, Samuel I., 191 Palisade av., JerseyCity
Koppel, Joseph A., 921 Bergen av., Jersey City
Kraemer, Samuel H., 309 Baldwin av., Jersey City
Kraut, Arthur M., 2801 Boulevard, Jersey City
Kresch, Philip, 42 W. 22nd st., Bayonne
Kruger, Alfred L., 100 Clifton pl., Jersey City
Kuhlmann, Alvin E., 527 37th st., Union City
Kun, Bertram, 135 Belmont av., Jersey City
Lakiszak, Roman T., 253 Stegman st., Jersey City
Landshof, Chas. A., 50 Glenwood av., Jersey City
Lane, Thomas F., 145 Garrison av., Jersey City
Lange, Louis C., 50 Clifton ter., Weehawken
Largay, Arthur O., 937 Ave. C, Bayonne
Larkey, Chas. J., 700 Ave. C, Bayonne
Lawsing, George C., 443 22nd st., West New York
Lefkowitz, Jacob H., 445 20th st., West New York
Leining, Albert, 1 Fourth st., Weehawken
Leir, J. Krevin, 9 Garrison av., Jersey City
Lemmerz, Theodore H., 141 Magnolia av., Jersey C'y
Levine, G. Irving, 2017 Hudson Blvd., Jersey City
Linden, Mortimer H., 45 Clendenny av., Jersey City
Lindroth, Lawrence V., 4633 Hudson Blvd., N.Berg'n
Lipshutz, Benjamin, 18 West 22nd st., Bayonne
Lipshutz, Chas., 804 Ave. C, Bayonne
Little, Alonzo W., 120 Arlington av., Jersey City
Lobban, Robert B., 2595 Boulevard, Jersey City
Londrigan, Jos. F., 535 Washington st., Hoboken
Londrigan, Joseph F., II, 832 Bloomfield st., Hobok'n
Long, Miles T., 2150 Hudson Blvd., Jersey City
Loori, Wm. A., 549 Pavonia av., Jersey City
Low, Victor, 50 Journal Square, Jersey City
Luczynski, Edw. W., 28 E. 22nd st., Bayonne
Luippold, Eugene J., 85 Columbia ter., Weehawken
Lupin, Edward E., 727 Ave. C, Bayonne
Lynch, Roland J., Mental Disease Hosp., Secaucus
Lynn, Irving I., 2252 Boulevard, Jersey City
Macchia, Benjamin J., 358 Arlington av., Jersey City
MacDonald, John J., 348 Ogden av., Jersey City
Mackin, John J., 596 Bergen av., Jersey City
Madaras, John S., 870 Ave. C, Bayonne
Madden, Wm. L., 83 Gifford av., Jersey City
Madison, Lewis K., 358 Pacific av., Jersey City
Mango, Concetta G., 1 31st st., North Bergen
Mangone, Geo. F., 171 Palisade av., Union City
Maras, Peter E., 80 Tonnele av., Jersey City
Markowitz, Benj. B., 2157 Hudson Blvd., Jersey City
Markowitz, Irwin B., 2157 Hudson Blvd., Jersey City
Marshall, Frank A., 440 Palisade av., Weehawken
Mastromonaco, Joseph D., 35 W. 34th st., Bayonne
Matera, Joseph, 506 Garden st., Hoboken
Mathesheimer, Jacob L., 280 Old Bergen rd., Jer.C'y
Mathews, Wm. J., 938 Hudson st., Hoboken
Matturri, Dominick A., 174 Clinton av., Jersey City
Maturi, Vincenzo E., 814 Hudson Blvd., Bayonne
Maver, Wm. W., 532 Bergen av., Jersey City
McCarron, James A., 341 Ave. A, Bayonne
McCarthy, John J., 606 35th st., North Bergen
McDede, J. Searle, 215 Ege av., Jersey City
McDonald, Frank R., 37 Monticello av., Jersey City
McLean, Herbert E., 92 Fairview av., Jersey City
McLean, Hugh A., 414 17th st., West New York
McLoughlin, Frank J., 558 Jersey av., Jersey City
McNenney, Claudio E., 113 Fairview av., Jersey City
Meehan, George E., 117 Mercer st., Jersey City
Meltsner, Louis, 904 Hudson st., Hoboken
Meltzer, Louis, 32 W. 33rd st., Bayonne
Mersheimer, Christian H., 15 Reservoir av., Jer. City
Meyer, Wm., 436 New York av., Union City
Meyerson, Noah, 428 15th st., West New York
Mickewich, Stephen A., 650 Ave. C, Bayonne
Miller, Max H., 311 16th st., West New York
Milnis, Bernard, 100 30th st., North Bergen
Morley, Grace C., 64 Clifton ter., Weehawken
Morris, David G., 11 W. 26th st., Bayonne
Muccia, John J., 7 Tonnele av., Jersey City
Mueller, George H., 102 Summit av., Jersey City

Mulvihill, William J., 275 Hudson Blvd., Bayonne
Murphy, James M., 2757 Boulevard, Jersey City
Murphy, Leo J., 374 West st., Union City
Murphy, Patrick H. W., 27 Jefferson av., Jer. City
Murray, Jos. A., 765 Ave. C, Bayonne
Mustermann, Otto H., 303 48th st., Union City
Muttart, George W., 702 Ocean av., Jersey City
Mutter, Alfred A., 75 Beech st., Kearny
Nalitt, David I., 28 W. 33rd st., Bayonne
Napoli, Joseph D., 575 Summit av., Union City
Newman, Abraham J., 132 Manhattan av., Jer. City
Nicholson, Frank P., 895 Summit av., Jersey City
Nobile, James J., 913 Hudson st., Hoboken
Norton, James F., 58 Kensington av., Jersey City
Nuse, Edward F., 550½ Jersey av., Jersey City
Ockene, Abraham, 495 Palisade av., Union City
O'Connor, John J., 434 New York av., Union City
O'Gorman, Michael W., 895 Bergen av., Jersey City
O'Grady, Benson J., 931 Washington st., Hoboken
O'Hanlon, George, Medical Centre, Jersey City
Olpp, Arch. E., 318 Bergenline av., Union City
O'Neill, John H., 270 Montgomery st., Jersey City
Ortolano, Jas. J., 159 First st., Hoboken
O'Shea, John J., 438 Palisade av., Weehawken
Oshrin, Henry, 750 Park av., West New York
O'Sullivan, John R., Box 163, Arlington
Owen, Logan S., 938 Hudson st., Hoboken
Pacicco, Michele, 376 Monmouth st., Jersey City
Padney, Edward V., 452 Jersey av., Jersey City
Pagliughi, John J., 401 18th st., Union City
Pearlstein, Frank, 325 16th st., West New York
Pearson, J. Gerald, 817 Washington st., Hoboken
Pellarin, John D., 493 New York av., Union City
Penchansky, Samuel J., 847 Ave. C, Bayonne
Pentel, Louis S., 307 16th st., West New York
Perkel, Louis L., 2801 Hudson Blvd., Jersey City
Perlberg, Harry J., 921 Bergen av., Jersey City
Perrone, Arthur F., 415 16th st., West New York
Peters, Edgar A. P., 394 Bergen av., Jersey City
Peterson, Chas. A., 921 Washington st., Hoboken
Piltz, Geo. F., 153 25th st., Guttenberg
Pindar, Frederick S., 960 Park av., North Bergen
Pinkerton, Wm. A., 854 Ave. C, Bayonne
Piskorski, Abdon V., 604 Jersey av., Jersey City
Plavin, Nathan J., 5460 Hudson Blvd., No. Bergen
Pollak, Berthold S., 100 Clifton pl., Jersey City
Pontery, Herbert B., 89 Bowers st., Jersey City
Potter, Benjamin P., 90 Clifton pl., Jersey City
Povalski, Alex. W. T., 1925 Boulevard, Jersey City
Purdy, Chas. H., 35 Highland av., Jersey City
Pyle, Louis A., 89 Fairview av., Jersey City
Pyle, Wallace B., 15 Exchange pl., Jersey City
Quigley, Frederic J., 543 45th st., Union City
Quinn, John J., 921 Bergen av., Jersey City
Read, Donald B., 105 Hudson st., Jersey City
Reingold, Alexander, 221 Garden st., Hoboken
Reitnauer, John S., 518 44th st., Union City
Rieck, Walter R., 379 Kearny av., Kearny
Rieman, Aloysius P., 3566 Boulevard, Jersey City
Robbins, Henry B., 144 Mercer st., Jersey City
Roberts, Edgar W., 760 Palisade av., W .New York
Rosecrans, James H., 826 Hudson st., Hoboken
Rosenberg, Albert B., 69 Myrtle av., N. Plainfield
Rosenberg, Jacob, 692 Bergen av., Jersey City
Rosenstein, Jacob L., 568 Bergen av., Jersey City
Rowe, Norman L., 828 Grand st., Jersey City
Rubenstein, Eli, 79 West 32nd st., Bayonne
Rundlett, Emilie V., 79 Prospect st., Jersey City
Ruoff, Andrew C., 494 New York av., Union City
Russell, David L., 690 Bergen av., Jersey City
Ruvane, Joseph J., 38 Bentley av., Jersey City
Sacco, Anthony G., 440 New York av., Union City
Sachs, Wilbert, 921 Bergen av., Jersey City
Sager, Harold, 19 W. 22nd st., Bayonne
Santangelo, Stephen, 461 Jersey av., Jersey City
Santosky, Benj. B., 143 Bergen av., Jersey City
Saradarian, Albert V., 481 New York av., Union City
Schapiro, Joseph, 712 Palisade av., Union City
Scheer, Eli, 5316 Hudson Blvd., North Bergen
Schenker, Benjamin N., 246 Fifth st., Jersey City
Schept, Samuel S., 523 37th st., Union City
Schlein, August, 707 Park av., Hoboken
Schneckendorf, Samuel J., 179 Harrison av., Jer.C'y
Schneider, Louis A., 412 17th st., West New York
Schuchner, Wm. F., 550½ Jersey av., Jersey City
Schuck, Traugott J., 58 Ninth st., Hoboken
Schulman, Abraham S., 4638 Boulevard, Union City
Schwarz, B. T. D., 2787 Hudson Blvd., Jersey City
Schwarz, Henry J., 5560 Hudson Blvd., N. Bergen
Sciorsci, Edward F., 609 Bloomfield st., Hoboken
Scott, Samuel G., 141 Bergen av., Jersey City
Selinger, Samuel, 413 16th st., West New York
Shapiro, Maurice, 750 Ave. C, Bayonne
Shapiro, Nathaniel J., 192 Palsiade av., Union City
Shapiro, Saul J., 251 Palisade av., Union City
Sheeran, Vincent J., 269 Jewett av., Jersey City
Shook, B. E., 284 Bergen av., Jersey City
Shulman, Nathan L., 538 45th st., Union City
Siegel, Lester, 645 Bergen av., Jersey City
Siegel, Sidney L., 227 N. Second st., Millville
Siegler, Julius, 646 Bergen av., Jersey City
Simeone, Peter A., 555 38th st., Union City
Simpson, David B., 9 E. 35th st., Bayonne
Singer, Sina S., 3443 Hudson Blvd., Jersey City
Smith, Alex. L., 2672 Hudson Blvd., Jersey City
Smith, Arthur B. R., 145 Belmont av., Jersey City
Smith, Meyer, 298 Fourth st., Jersey City
Snyder, John E., 1023 Garden st., Hoboken
Snyder, W. Jay, 74 Columbia ter., Weehawken
Spalding, Henry J., 512 45th st., Union City
Spano, Frank, 320 47th st., Union City
Spath, George B., 722 Hudson st., Hoboken
Spath, William H., 722 Hudson st., Hoboken
Spence, Henry, 2540 Hudson Blvd., Jersey City
Spohn, Eugene L., 681 Bergen av., Jersey City
Sprague, Seth B., 301 York st., Jersey City
Stefansin, Frank, 420 West st., Union City
Stein, Jacob M., 68 Columbia ter., Weehawken
Stockfisch, Robert H., 3637 Boulevard, Jersey City
Stokes, Anthony T., 819 First st., Secaucus
Stout, J. Phillip, 165 Jewett av., Jersey City
Street, Daniel B., 27 Woodlawn av., Jersey City
Stuart, William C., 518 Hudson st., Hoboken
Sullivan, James A., 46 Bentley av., Jersey City
Sulouff, S. Henry, 662 Newark av., Jersey City
Sussman, Harold, 541 44th st., Union City
Sweeney, William J., 68 Clifton ter., Weehawken
Swiney, Juliana C., 325 Ave. C. Bayonne
Swiney, Merrill A., 325 Ave. C, Bayonne
Taft, Herman L., 26 Fourth st., Weehawken
Talty, John C., 935 Washington st., Hoboken
Tataryan, Hovsep H., 422 New York av., Union City
Temes, J. Howard, 293 Ege av., Jersey City
Thomas, Ralph B., 793 Montgomery st., Jersey City
Tidwell, Harold F., 229 16th st., West New York
Timlin, James W., 64 Beech st., Arlington
Tomaiuoli, Michele, 71 32nd st., North Bergen
Trewhella, Arthur P., 809 Montgomery st., JerseyC'y
Tyndall, Hugh H., 83 Highwood ter., Weehawken
Urevitz, Abraham, 495 New York av., Union City
Varriano, John L., 3263 Hudson Blvd., Jersey City
Visconti, Jos. A., 711 Garden st., Hoboken
Vostrosablin, Nicholas A., 121 Grand st., Jersey City
Vreeland, William N., 32 Bergen av., Jersey City
Wallack, Eli A., 333 Fairmount av., Jersey City
Walscheid, Arthur J., 440 38th st., Union City
Waters, Edward G., 39 Gifford av., Jersey City
Watman, Anthony J., 2786 Boulevard, Jersey City

Weber, Walter D., 305 23rd st., Union City
Wechsler, Joseph, 3342 Hudson Blvd., Jersey City
Weiss, Abram, 456 Palisade av., Weehawken
Weiss, Morris J., 734 Ave. C, Bayonne
Welcher, Howard A., 5436 Hudson Blvd., N. Bergen
Wheeler, James A., 85 Van Reypen st., Jersey City
White, Hugh M., 901 Summit av., Jersey City
White, Thomas J., 50 Glenwood av., Jersey City
Wilcox, Frank A., 329 16th st., West New York
Williamson, Wm. L., 22 W. 22nd st., Bayonne
Woelfle, Henry E., 907 Summit av., Jersey City
Wolbert, Charles M., 691 Palisade av., Cliffside Park
Woodruff, Stanley R., 16 Enos pl., Jersey City
Yeaton, Wm. L., Jr., 204 11th st., Hoboken
Yudkoff, Wm., 403 Hudson Blvd., Bayonne
Zenneck, Junius F., 17 Fourth st., Weehawken
Zitani, Alfred M., 937 Washington st., Hoboken

Number of Active Members and basis of representation, 449, on March 15, 1940.

Honorary Members

Connell, John, 64 Lincoln st., Jersey City
Hardenberg, Daniel S., 347 Communipaw av., Jer.C'y
Miner, Donald, 223 W. 11th st., N. Y. C.
Oestmann, August W., 14 Palerson st., Jersey City
Sexsmith, Geo. H., 719 Ave. C, Bayonne
Vreeland, Hamilton, 232 S. Irving st., Rigdewood

HUNTERDON COUNTY (10)

Society organized June 12, 1821. Meets on fourth Tuesday of January, April, July, and October, April being the Annual Meeting.

Active Members

Baker, Philip W., High Bridge
Bambara, Aurelius J., Flemington
Beatty, Hannah J., Clinton Farms, Clinton
Boothby, I. Roland, Clinton
Boyer, Charles G., Annandale
Christensen, Alex H., Lebanon
Clark, Frank G., White House Station
Coleman, Austin H., Clinton
Crooks, William J., III, Glen Gardner
Decker, Frederick H., 32 Fifth st., Frenchtown
English, Samuel B., Glen Gardner
Fluck, Paul H., 73 N. Union st., Lambertville
Fritz, John F., Jr., 95 Main st., Flemington
Fuhrmann, Barclay S., 10 Main st., Flemington
Fulper, Theodore B., Hampton
Gross, Max, N. J. Sana. for T. B. Dis., Glen Gardner
Harman, Byron M., Essex Mt. San., Verona
Heil, Alva A., Milford
Henry, George, 33 Mine st., Flemington
Knox, Howard A., New Hampton
Lane, Edgar W., 46 Main st., Bloomsbury
Mullins, Roy L., 305 Harrison st., Frenchtown
Smith, Ivan B., Pittstown
Tompkins, Grenelle B., 52 Broad st., Flemington

Number of Active Members and basis of representation, 24, on March 15, 1940.

Honorary Members

Morrison, J. Bennett, Carlsbad, California
Scammell, Frank G., Trenton
Sommer, George N. J., Sr., Trenton

Transferred

Beatty, Hannah, from Los Angeles Co. Med. Soc.
Fritz, John F., Jr., from Mercer County Med. Soc.

MERCER COUNTY (11)

Society organized May 23, 1848. Meets on second Wednesday of each month except July, August, and September, at 8:30 p. m., in the Trenton Country Club. Annual Meeting in December. Annual Banquet in November.

Active Members

Abey, W. J. H., 21 E. Delaware av., Pennington
Abrams, Henry, 195 Nassau st., Princeton
Ackley, David B., 21 N. Clinton av., Trenton
Applegate, Edw. T. R., 1125 Greenwood av., Trenton
Applestein, Robert, 568 E. State st., Trenton
Aronis, Harry R., 239 E. Hanover st., Trenton
Ashley, Harmon H., 192 W. State st., Trenton
Barrows, Arthur M., 440 Hamilton av., Trenton
Barry, R. Grant, 908 W. State st., Trenton
Bayne, Joseph K., 12 Princeton av., Princeton
Beairsto, Everett B., 178 W. State st., Trenton
Belfer, Jacob J., 1235 Chambers st., Trenton
Belford, Ralph J., 90 Nassau st., Princeton
Bellis, Horace D., 437 E. State st., Trenton
Belting, Arthur W., 836 West State st., Trenton
Berger, Harry, 921 S. Clinton av., Trenton
Berman, Jacob J., 409 Market st., Trenton
Blackwell, Enoch, 28 W. State st., Trenton
Blaugrund, Samuel, 190 W. State st., Trenton
Blum, Joseph M., 128 Mill st., Trenton
Borrella, Dominic D., 476 Hamilton av., Trenton
Buckley, Richard T., Jr., Peddie Sch., Hightstown
Burbidge, J. Raymond, McCosh Infirm., Princeton
Burns, Joseph R., 46 S. Olden av., Trenton
Burroughs, Edmund W., 701 W. State st., Trenton
Byer, M. Yale, 827 E. State st., Trenton
Carabelli, A. Albert, 306 Hamilton av., Trenton
Carroll, C. Walter, 125 Centre st., Trenton
Carroll, William V., 211 Academy st., Trenton
Cella, Charles F., 359 Hamilton av., Trenton
Chesner, Wm. A., 1111 Hamilton av., Trenton
Chianese, C. Chester, 464 Hamilton av., Trenton
Clark, Alice L., 206 W. State st., Trenton
Clark, Charles E., New Jersey State Hosp., Trenton
Cohan, Charles C., 217 W. Hanover st., Trenton
Cohen, Herman, 1301 Hamilton av., Trenton
Cohen, Wm., 1007 Greenwood av., Trenton
Colavita, James J., 433 Princeton av., Trenton
Collier, Wm. S., 1000 S. Broad st., Trenton
Collins, Henry J., 1160 Hamilton av., Trenton
Comfort, John B., 50 S. Clinton av., Trenton
Commini, Frank F., Med.Bldg.,R'bling'sPlt.,Roebling
Connelly, John A., 212 W. State st., Trenton
Corio, Geo. A., 307 S. Clinton av., Trenton
Corrigan, Patrick H., 1720 S. Broad st., Trenton
Cotton, Henry A., Jr., N. J. State Hosp., Trenton
Cottone, Rosario J., 683 Princeton av., Trenton
Cowlbeck, Harry D., 224 W. State st., Trenton
Cox, Harold C., 208 Stockton st., Hightstown
D'Arcy, Walter E., 545 E. State st., Trenton
Davenport, Irwin P., 545 W. State st., Trenton
Davis, Harold L., 178 W. State st., Trenton
Davis, John E., Jr., N. J. State Hospital, Trenton
Davison, Royden W., 205 W. State st., Trenton
Dean, Guy K., Jr., Princeton rd., Plainsboro
Deitz, Joseph R., 320 Centre st., Trenton
Dembinski, T. Henry, 1238 S. Clinton av., Trenton
Denelsbeck, J. Otis, 878 E. State st., Trenton
Dimun, John T., 960 S. Broad st., Trenton
Dodge, James T., 1819 S. Broad st., Trenton
Doranz, Harold K., 491 Centre st., Trenton
Drezner, Henry L., 507 S. Warren st., Trenton
Eames, Wm. N., 1871 Pennington rd., Trenton
Elias, Elmer J., 474 Greenwood av., Trenton
Engelhart, Ferdinand K., 701 Stuyves't av., Trenton
Epstein, Rubie, 606 Perry st., Trenton
Ernest, Richard B., 240 W. State st., Trenton
Fabian, Paul L., 520 Princeton av., Trenton
Farmer, Walter D., 28 S. Main st., Allentown
Fee, Elam K., Main st., Lawrenceville
Fell, Alton S., Municipal Colony, Trenton
Fessler, A. James, 1544 S. Broad st., Trenton
Fine, Sydney G., 868 Stuyvesant av., Trenton
Finegan, Paul J., 200 W. State st., Trenton
Finkle, Lester J., 225 Perry st., Trenton
Fiorello, Joseph R., 689 Princeton av., Trenton
Fluck, David A., 626 W. State st., Trenton
Forer, Robert, 247 Centre st., Trenton
Franzoni, Andrew E., 938 Brunswick av., Trenton
Friedman, Max, 493 Chambers st., Trenton
Friedman, Meyer H., 526 N. Clinton av., Trenton
Friedmann, Leonard L., 484 Princeton av., Trenton
Fuchs, Jacob N., 1267 S. Broad st., Trenton
Goldberg, Ben M., 1156 E. State st., Trenton
Goldman, Leo L., 325 Market st., Trenton
Gordon, Clark H., 808 E. State st., Trenton
Graham, Ernest E., 4273 S. Broad st., Yardville
Guglielmelli, Angelo D., 449 Hamilton av., Trenton
Guidotti, Frank P., 703 Hamilton av., Trenton
Hafetz, M. Morris, 114 Centre st., Trenton
Haggerty, D. Leo, 227 N. Warren st., Trenton
Haines, Evelyn M., 1022 Greenwood av., Trenton
Hammell, Frank M., 137 S. Main st., Allentown
Haney, John J., 850 Hamilton av., Trenton
Harman, James R., 824 W. State st., Trenton
Harman, Wm. J., 740 W. State st., Trenton
Hess, George A., River rd., Titusville
Hiden, Jos. C., 199 Nassau st., Princeton
Hirschfield, Bernard A., 438 Hamilton av., Trenton
Holland, John A., 1219 W. State st., Trenton
Horhovitz, George I., 324 S. Broad st., Trenton
Hunter, Floyd D., 3620 Nottingham Way, Ham. Sq.
Hutchinson, A. Dunbar, 913 W. State st., Trenton
Hutchinson, Geo. F., 55 Mercer st., Hamilton Sq.
Iams, Samuel H., 245 Library pl., Princeton
Ireland, Allen G., 28 W. State st., Trenton
Ivins, Wm. C., 214 E. Hanover st., Trenton
James, J. Thomas, 199 Nassau st., Princeton
Janoff, Henry, 626 Perry st., Trenton
Jaspan, Samuel C., 820 Division st., Trenton
Johnson, John F., 203 Abernethy dr., Trenton
Kachdorian, Vartan, 930 Brunswick av., Trenton
Klempner, Paul, 414 Market st., Trenton
Kohn, Joseph J., 207 Calhoun st., Trenton
Kohn, Ralph B., 207 Calhoun st., Trenton
Kondor, Joseph S., 978 S. Broad st., Trenton
Koplin, A. Herman, 1239 Greenwood av., Trenton
Koplin, Nathaniel H., 142 W. State st., Trenton
Kustrup, John F., 1418 S. Broad st., Trenton
Lapin, Louis P., 15 Crosswicks st., Bordentown
Lapin, Samuel B., 542 W. State st., Trenton
Larsson, Evert A., N. J. State Hospital, Trenton
Lavine, Barney D., 630 N. Clinton av., Trenton
Lavine, Sidney B., 144 W. State st., Trenton
Lettiere, Anthony J., 425 E. State st., Trenton
Levin, Louis, 651 W. State st., Trenton
Levy, Irvin, 154 W. State st., Trenton
Light, Arthur B., Lawrenceville School, Lawr'nc'v'le
Little, William R., 493 W. State st., Trenton
Lynch, Donald C., 178 W. State st., Trenton
MacDermid, Lynden, 506 Farnsworth av., Bordent'n
Magee, David M. P., N. J. State Hosp., Trenton

Magee, Harold S., New Jersey State Hosp., Trenton
Majeski, Henry J., 935 Brunswick av., Trenton
McCandliss, Wm. K., N. J. State Hospital, Trenton
McCullough, John H., 523 E. State st., Trenton
McGuigan, Francis A., 212 N. Warren st., Trenton
Means, Paul B., N. J. State Hospital, Trenton
Meehan, Marjorie C., R. D. No. 1, Princeton
Miller, Earle K., 2502 Nottingham way, Trenton
Miller, Gerald H., N. Main st., Cranbury
Miller, Samuel R., 407 S. Main st., Pennington
Minschwaner, Geo. G., Jr., 954 Greenw'd av.,Trenton
Mitchell, Chas. H., 1100 W. State st., Trenton
Mitskas, Theo. V. J., 704 Greenwood av., Trenton
Moriconi, Albert F., 438 Hamilton av., Trenton
Mountford, Wm. E., 215 N. Warren st., Trenton
Munro, Jeannette, 2 Queenston pl., Princeton
Murphy, James A., 312 Belleview av., Trenton
Murto, Thomas V., 532 W. State st., Trenton
Nonziato, Frank A., 50 Centre st., Trenton
North, Harry R., 160 W. State st., Trenton
O'Neill, Joseph F., Jr., 41 E. Broad st., Hopewell
O'Rourke, James J., 871 Stuyvesant av., Trenton
Pantaleone, Joseph, 504 Hamilton av., Trenton
Parker, Horace N., 72 N. Clinton av., Trenton
Pessel, Johannes F., 224 W. State st., Trenton
Peterson, Walter R., 312 W. State st. ,Trenton
Pierson, Carl L., 395 W. State st., Trenton
Pierson, Joseph R., 10 E. Broad st., Hopewell
Potter, Ellen C., 301 W. State st., Trenton
Powis, Ethel M., 198 W. State st., Trenton
Poyas, Morton L., 306 W. State st., Trenton
Proctor, Francis E., 332 W. State st., Trenton
Purcell, Ernest F., 800 Stuyvesant av., Trenton
Ragany, Joseph, 966 S. Broad st., Trenton
Rainey, Willard G., 34 Bayard lane, Princeton
Rampona, Joseph M., 272 Nassau st., Princeton
Reisinger, Paul B., 369 W. State st., Trenton
Rita, James J., 235 S. Clinton av., Trenton
Rogers, Laurence H., Municipal Colony, Trenton
Rowan, Henry M., 224 W. State st., Trenton
Sackin, Stanley, 1009 Hamilton av., Trenton
Salway, Benjamin, 321 S. Broad st., Trenton
Scammell, Frank G., 40 S. Clinton av., Trenton
Scasserra, Benedict B., 163 Nassau st., Princeton
Schildkraut, Jacob M., 170 W. State st., Trenton
Schroeder, Henry J. L., Hotel Windsor, Trenton
Seely, Roy B., 78 N. Clinton av., Trenton
Scitzick-Robbins, H. E., 722 Hamilton av., Trenton
Sekerak, Albert J., 984 S. Broad st., Trenton
Shear, Maurice M., 1158 E. State st., Trenton
Sica, L. Samuel, 431 E. State st., Trenton
Siemion, Theophilis R., 1005 Brunswick av., Trenton
Sill, John B., 942 W. State st., Trenton
Silver, E. Drew, 136 Stockton st., Hightstown
Silver, George A., 242 Stockton st., Hightstown
Sinton, John Y., Imlaystown
Slack, Clarence J., 230 W. State st., Trenton
Smith, Houghton C., 1063 S. Clinton av., Trenton
Smith, Paul E., N. J. State Hospital, Trenton
Smith, W. Henley, 126 W. State st., Trenton
Snegireff, Leonid S., 49 Maple av., Trenton
Sommer, Geo. N. J., 120 W. State st., Trenton
Sommer, Geo. N. J., Jr., 120 W. State st., Trenton
Spradley, Jeems B., N. J. State Hospital, Trenton
Steel, John M., N. J. State Hospital, Trenton
Stein, Louis A., 226 W. State st., Trenton
Stone, Robert G., N. J. State Hospital, Trenton
Storaci, Frank S., 715 Hamilton av., Trenton
Summers, Alfred D., 180 Nassau st., Princeton
Sutnick, Theodore B., 1018 S. Broad st., Trenton
Swern, Nathan, 399 W. State st., Trenton
Swertfeger, Herbert W., 22 N. Greenw'd av.,Hopew'l
Taylor, Walter A., 450 Rutherford av., Trenton
Tenney, Luman H., 177 Prospect av., Princeton
Tomec, Otto C., 756 Parkway av., Trenton
Treiber, Benjamin A., 219 W. State st., Trenton
Urbaniak, Henry S., 883 Brunswick av., Trenton
Vaczi, Stephen, 983 S. Broad st., Trenton
Vanneman, Joseph S., 45 Princeton av., Princeton
Vol-Tretter, Marta, 501 W. State st., Trenton
Waldron, Edward L., 126 W. State st., Trenton
Walsh, Thomas J., 514 Greenwood av., Trenton
Warter, Peter J., 717 W. State st., Trenton
Waters, Chas. H., 928 W. State st., Trenton
Watov, Samuel E., 615 Beatty st., Trenton
Watson, Fred'k S., 238 W. State st., Trenton
Watts, Wilbur, 436 E. State st., Trenton
Wayman, Bernard R., 834 Stuyvesant av., Trenton
West, Edgar L., 443 E. State st., Trenton
Wiesler, Howard M., 128 Third st., Trenton
Wikoff, John L., 799 Pennington av., Trenton
Wilkes, LeRoy A., 143 E. State st., Trenton
Williams, Geo. W., 217 N. Warren st., Trenton
Williams, Harry D., 527 E. State st., Trenton
Wilner, Arthur S., 205 Market st., Trenton
Wittenborn, W. F. J., 1635 Brunswick av., Trenton
Wright, Howard E., 173 Nassau st., Princeton
Yaeger, Leslie A., 470 Hamilton av., Trenton
Yazujian, Dikran M., 562 E. State st., Trenton
York, Wilbur H., 87 Battle rd., Princeton
Zandt, Frederic B., 16 Mercer st., Hamilton Square
Zimskind, Joshua N., 210 W. State st., Trenton

Number of Active Members and basis of representation, 234, on March 15. 1940.

Associate Members

Albert, Perry, 2780 S. Broad st., Trenton
Bennett, Robert, N. J. State Hospital, Trenton
Bonnet, W. Laurence, 2791Not'gh'm way,Mercerville
Charleroy, Durant K., 38 Crosswicks st., Bordent'n
Coulon, Albert E., Princeton Hospital, Princeton
English, Harrison F., III, 10 Morningside dr.,Trent'n
Garwood, Norman W., Main st., Crosswicks
Gindhart, John H., 1233 Hamilton av., Trenton
Kinczel, John A., 984 S. Broad st., Trenton
Kline, Joseph J., 629 W. State st., Trenton
Knauer, Charles H., Jr., 304 W. State st., Trenton
Leshin, Harry, 564 S. Main st., Hightstown
Linn, Louis, N. J. State Hospital, Trenton
Magson, Albert E., 302 S. Main st., Hightstown
McCarthy, Wm. P., 1203 Parkside av., Trenton
Nayfield, Ronald C., 974 S. Broad st., Trenton
Pinerman, Robert B., 259 Bellevue av., Trenton
Rose, William G., 160 Stockton st., Hightstown
Silver, George A., Jr., 242 Stockton st., Hightstown
Wildman, G. A., 1720 S. Broad st., Trenton
Wolff, Herbert M., 732 W. State st., Trenton
Wright, Ada V. A., State Home for Girls, Trenton

Honorary Members

Bruyere, John, Trenton
MacFarland, Burr W., Trenton
Pierson, Theodore H., Hopewell
Turner, Irvine F. P. Titusville

Resigned

Anthony, David W.
Hale, Henry E., Jr.

Transferred

Cunningham, Joel B., to Camden County Med. Soc.
Rapp, Robert F., to Camden County Medical Society

MIDDLESEX COUNTY (12)

Society organized June 11, 1816. Meets on the third Wenesday of each month, October to June, inclusive. Annual Meeting in December.

Active Members

Anderson, John F., 195 College av., New Brunswick
Avery, Philip S., 546 Central av., Bound Brook
Balogh, Wm. A., 315 Dunellen av., Dunellen
Bassett, Lavern C., 320 New Market rd., Dunellen
Belafsky, Henry A., 150 Green st., Woodbridge
Berkow, Samuel G., 138 Market st., Perth Amboy
Bowman, Ned O., 1001 Georges rd., New Brunswick
Breslow, Samuel, 157 Market st., Perth Amboy
Brody, Morton S., 67 Paterson st., New Brunswick
Brown, Fred. L., 67 Livingston av., New Brunswick
Burnett, Chas. B., 109 Main st., South River
Calvin, Charles H., 80 Commerce st., Perth Amboy
Clarke, Francis M., 116 New st., New Brunswick
Cohen, Nathan B., 232 State st., Perth Amboy
Cooper, Irving J., 116 Livingston av., New Brunsw'k
Copleman, H. B., 111 Livingston av., New Brunsw'k
Cottrell, Judson G., 159 Market st., Perth Amboy
Csema, Emery J., 153 Somerset st., New Brunswick
Degenhardt, Ira H., 51 Livingston av., New Bruns.
Dieker, Howard E., 78 Main st., South River
Donlan, Francis A., 267 Amboy av., Metuchen
Downing, Perley E., Sedgwick av., Jamesburg
Downs, Louis S., 141 Roosevelt av., Carteret
East, Isaac C., State Home for Boys, Jamesburg
Fagan, Jas. L., 51 Bayard st., New Brunswick
Fanelli, Antonio, 471 Laurie st., Perth Amboy
Faulkingham, Ralph J., 61 Livingston av.,New.Brns.
Feher, Ladislas A. M., 177 Somerset st., New Bruns.
Fine, Hyman P., 151 Market st., Perth Amboy
Fine, Irvin J., 256 State st., Perth Amboy
Fithian, Geo. W., 266 High st., Perth Amboy
Forney, Norman N., Sr., 94 N. Main st., Milltown
Gauzza, Valentine P., 505 New Brunsw'k av., Fords
Gessner, Gerard R., 28 S. 3rd av., Highland Park
Glasser, Benjamin F., 316 George st., New Bruns.
Goldberg, Harry C., 135 Market st., Perth Amboy
Goldman, Solomon. 43 Paterson st., New Brunswick
Greenwood, Wm. R., 118 Somerset st., New Bruns.
Gurshman, Sol, 280 Amboy av., Metuchen
Gutowski, Jos. M., 433 Brace av., Perth Amboy
Haight, Harry W., 118 Raritan av., Highland Park
Hauber, Eugene A., 6 Quaid st., Sayreville
Haywood, Henry, 49 Paterson st., New Brunswick
Henry, Frank C., Jr., 220 Smith st., Perth Amboy
Hilker, Geo. F., 258 Maple st., Perth Amboy
Hinton, Samuel H., 123 Main st., Sayreville
Hofer, Clarence J. M., 463 Main st., Metuchen
Hoffman, Florentine M., 91 Bayard st., New Bruns.
Howley, Bartholomew M., 419 George st., N'wBrns.
Hunt, Melvin M., 140 Jackson st., South River
Jablonski, John J., 100 Main st. ,Sayreville
Jacobson, Murray B., 138 Market st., Perth Amboy
Karshmer, Nathan, 92 Carroll pl., New Brunswick
Kelly, Leo J., 343 Barclay st., Perth Amboy
Kleiber, Estelle E., 131 Livingston av., New Bruns.
Klein, Alexander, 328 High st., Perth Amboy
Klein, Edw. F., 136 Market st., Perth Amboy
Klein, William, 85 Bayard st., New Brunswick
Kler, Joseph H., 151 Livingston av., New Brunswick
Koelsch, Frederick J., 14 Kirkpatrick st.,N'w Bruns.
Kovarsky, Albert E., 110 Market st., Perth Amboy
Kramer, Samuel E., 256 State st. ,Perth Amboy
Lazow, S. Manlius, 199 Main st., Matawan
Leonard, Geo. F., 63 N. 5th av., Highland Park
London, William, 255 State st., Perth Amboy
Long, Pauline A., 22 Livingston av., New Brunsw'k
Lund, John L., 267 High st., Perth Amboy
MacDowall, John L., 113 Market st., Perth Amboy
Mann, Jacob J., 255 State st., Perth Amboy
Margaretten, Edward I., 263 High st., Perth Amboy
Mark, Joseph S., 102 Green st., Woodbridge
Marvin, Dorothy H., 51 Livingston av., New Bruns.
Massey, J. Bruce, 20 Codwise av., New Brunswick
McCormick, Wm. H., Jr., 266 Market st., P'th Amb'y
McGovern, John F., Jr., 24 Livingston av.,N'wBr'k
McKiernan, Robt. L., 97 Bayard st., New Brunswick
McKinstry, John W., Railroad av., Jamesburg
McLeod, Neill S., 729 Raritan av., Highland Park
Meacham, Eugene A., 112 N. Stevens av., So. Amboy
Meinzer, Martin S., 147 Market st., Perth Amboy
Morris, Carlyle, Spring st. & Lake av., Metuchen
Nafey, Herbert W., 51 Livingston av., New Bruns.
Naulty, Chas. W., Jr., 403 High st., Perth Amboy
Nieman, Solomon Z., 136 Livingston av., New Burns.
O'Connell, James J., 116 Livingston av., New Bruns.
Panigrosso, Louis R., 284 Washington st., P. Amboy
Pansy, Abraham A., 12 Jackson st., South River
Pellicane, Anthony J., 183 Livingston av., NewBr'k
Platt, Thomas H., 307 N. Washington av., Dunellen
Rineberg, Irving E., 94 Bayard st., New Brunswick
Rona, Maurice, 159 Bayard st., New Brunswick
Rothfuss, C. Howard, 574 Rahway av., Woodbridge
Rothschild, Karl, 149 Livingston av., New Brunsw'k
Rowland, John H., 159 New st., New Brunswick
Runyon, Laurance P., 80 Somerset st., New Bruns.
Sandella, Joseph F., 138 Livingston av., New Bruns.
Saulsberry, Chas. E., 75 Livingston av., New Bruns.
Scott, Frederick W., 103 Bayard st., New Brunsw'k
Sender, Fannie, 193 Main st., South River
Shayevitz, Abraham S., 102 Main st., South River
Sherman, W. E., 88 Schureman st., New Brunswick
Shull, John V., 84 Market st., Perth Amboy
Siegel, Isadore, 121 Market st., Perth Amboy
Silk, Chas. I., 278 High st., Perth Amboy
Sirott, Barnett H., 413 State st., Perth Amboy
Slobodien, Benjamin F., 233 High st., Perth Amboy
Smith, John V., 463 State st., Perth Amboy
Smith, Joseph A., Roosevelt Hospital, Metuchen
Smith, Marshall, 62 Bayard st., New Brunswick
Smith, Percy L., Georges rd., Dayton
Spencer, Ira T., 152 Main st., Woodbridge
Spritzer, Theo. D., 102 S. Washington av., Dunellen
Steffens, Charles T., 810 Madison av., Dunellen
Stein, William, 177 Livingston av., New Brunswick
Sullivan, Chas. J., 57 Paterson st., New Brunswick
Szuch, Nicholas, 159 Main st., South River
Taber, Frederick S., 126 N. 10th av., Highland Park
Toy, Calvert R., 22 Kirkpatrick st., New Brunswick
Tyrrell, George W., 380 State st., Perth Amboy
Uhr, Jacques S., 127 Livingston av., New Brunswick
Urbanski, Adrian X., 148 Market st., Perth Amboy
Urbanski, Matthew F., 314 Washington st., P.Amboy
Walker, Robert B., 108 Church st., New Brunswick
Walters, George M., 158 Main st., Woodbridge
Weber, John F., 264 Main st., South Amboy
Wetterberg, Louis F., 389 School st., Woodbridge
White, Harry J., Roosevelt Hospital, Metuchen
Wilentz, Wm. C., 188 Market st., Perth Amboy
Witmer, John D., 456 Middlesex av., Metuchen

Number of Active Members and basis of representation, 129, on March 15, 1940.

Associate Members

Bergmann, Ewald H., 376 N. Main st., Milltown
Connors, John P., 596 Main st., Metuchen
Duschock, Edward F., 188 Washington st., P.Amboy
Fazio, Vincent J., 360 Main st., South Amboy
Forney, Norman N., Jr., 114 Van Lieu av., Milltown
Friedenthal, Bernard, 111 Bayard st., New Bruns.
Gadek, Wm. V., 495 State st., Perth Amboy
Gereben, Arpad, 511 Rahway av., Woodbridge
Hesseltine, Clair E., 269 Bordentown av., S. Amboy
Hoffman, Chas. W., 216 Henry st., South Amboy
Howley, Barth, Jr., 419 George st., New Brunswick
Landau, Maurice, 839 King George's rd., Fords
Lang, Joseph, 111 Market st., Perth Amboy
Lewis, Collins E., 293 Commercial av., New Bruns'k
Miller, George M., 94 Washington av., Carteret
Reitman, Norman, 73 Livingston av., New Bruns'k
Schirber, Rene G., 11 Kirkpatrick st., New Bruns'k
Smith, John A., 106 Main st., South River
Smith, Sidney, 15 S. 3rd av., Highland Park
Tucker, Sidney, 182 Market st., Perth Amboy
Weiner, Henry T., 111 Market st., Perth Amboy

Honorary Members

Applegate, Grover T., 71 Livingston av., New Bruns.
Ramsey, Wm. E., 240 High st., Perth Amboy
Van Dyke, Benjamin S., Cranbury

Transferred

Kiefer, William, to Nassau County Med. Soc., N. Y.

MONMOUTH COUNTY (13)

Society organized July 24, 1816. Meets on fourth Wednesday of each month from September to June, inclusive. Annual Meeting in April.

Active Members

Albright, Louis F., 118 Madison av., Spring Lake
Altschul, Frank J., 177 Garfield av., Long Branch
Baeseman, R. Winfield, 501 Grand av., Asbury Park
Bailey, Chas. P., 439 Timberlake rd.,UpperDarby,Pa.
Baker, Elsworth F., State Hospital, Marlboro
Bar, Samuel, 54 Main st., Englishtown
Becker, Sidney D., 140 Maple pl., Keyport
Beveridge, Wm. W., 1000 Grand av., Asbury Park
Binder, Joseph, 101 Third av., Long Branch
Blaisdell, C. Byron, 489 Broadway, Long Branch
Boyd, John B., 141 Broad st., Red Bank
Brindle, Harry R., 501 Grand av., Asbury Park
Brown, Edith L., 332 Woodland av., Avon
Brown, Harvey S., 5 Club pl., Freehold
Brown, Kenneth G., 501 Grand av., Asbury Park
Bullwinkel, Fred'k, Ocean Blvd. & 4th av., Atl.H'l'ds
Campbell, Wm. K., 96 Third av., Long Branch
Carey, David S., 11 E. Main st., Freehold
Carter, Joseph F. S., 142 Atkins av., Asbury Park
Ciampa, Ralph P. E., 383 Bath av., Long Branch
Clark, John C., 501 Grand av., Asbury Park
Colby, Maxwell X., 287 Westwood av., Long Branch
dePons, Isabel S. C., 501 Grand av., Asbury Park
DeVita, Anthony J., Fort Monmouth
Dewis, Edwin G., 21 Westra st., Interlaken
Diamond, David I., Oceanport av., Oceanport
Duvall, Albert I., State Hospital, Marlboro
Edelson, Samuel, 1141 Corlies av., Neptune
Ellenson, Solomon S., 507 4th av., Asbuary Park
Fairbanks, Warren H., 27 Broadway, Freehold
Featherston, Daniel F., 506 4th av., Asbury Park
Feinberg, Harry D., 384 2nd av., Long Branch
Feman, J. George, 141 Main st., Keansburg
Fenton, Tennant E., 320 Ludlow av., Spring Lake
Fisher, James A., 501 Grand av., Asbury Park
Freedman, Harold H., 63 W. Main st., Freehold
Gesswein, Carl A., 35 Church st., Matawan
Glazer, Edward, 501 Grand av., Asbury Park
Gordon, J. Berkeley, N. J. State Hospital, Marlboro
Graves, Charles C., Jr., State Hospital, Marlboro
Guillium, Wm. H., 505 4th av., Asbury Park
Haines, Emerson S., 8th & Grand avs., Asbury Park
Halbstein, Bernard, 138 Bath av., Long Branch
Hancock, Michael Q., 705 D st., Belmar
Hardy, John W., 53 Main st., Farmingdale
Hausman, Samuel W., 50 W. Front st., Red Bank
Heatley, William, 23 Monmouth st., Red Bank
Herrman, Wm. G., 501 Grand av., Asbury Park
Heyman, Ernest, 345 Broad st., Red Bank
Hill, John A., 511 Cedar av., Allenhurst
Hodas, Sindey M., N. J. State Hosp., Marlboro
Holman, Francis W., 123 Broad st., Keyport
Holters, Otto R., 1002 Emory st., Asbury Park
Ingling, Harry W., 51 W. Main st., Freehold
Jamison, Wm. F., 501 Grand av., Asbury Park
Jarecki, Max M., 527 Bangs av., Asbury Park
Jones, Granville L., N. J. State Hospital, Marlboro
Jordan, Alexander D., 238 E. Main st., Manasquan
Jordan, Joseph C., 238 E. Main st., Manasquan
Kanses, Edmund S., 82 Bingham av., Rumson
Kazmann, Harold A., 406 Broadway, Long Branch
Krohn, Marc, Campbell av., Belford
Leighton, Robt. L., 401 Ludlow av., Spring Lake
Leonard, Lothair L., 615 Asbury av., Asbury Park
Levin, Jack, 45 E. Main st., Freehold
Lewis, Jacob, 43 Court st., Freehold
Lorenzo, Michael J., 75 Riverside av., Red Bank
Lovett, Irving K., 110 E. Front st., Red Bank
MacKenzie, Robt. A., 501 Grand av., Asbury Park
Maher, John E., 90 3rd av., Long Branch
Makin, John B., 501 Grand av., Asbury Park
Manahan, Daniel V., 55 E. Front st., Red Bank
Martin, Leonard J., 206 Prospect av., Asbury Park
Mason, Howard B., 90 W. Main st., Freehold
Matthews, Wm., 139 Broad st., Red Bank
McDonnell, George J., 80 W. Main st., Freehold
McKelvie, Julius C., 55 Rockwell av., Long Branch
McTague, Robert S., 88 3rd av., Atlantic Highlands
Metzger, Karl F., 603 9th av., Belmar
Miele, Frank A., 314 Carr av., Keansburg
Moffat, Barclay W., Nut Swamp rd., Red Bank
Murphy, Chas. M., 21 Main st., Farmingdale
Neiderhoffer, Sydney L., 469 Broadway, Long Br'ch
Nichols, Stanley H., 501 Grand av., Asbury Park

Niemtzow, Frank, 55 E. Main st., Freehold
O'Mara, John A., 314 St. Clair av., Spring Lake
Opfermann, John L., 167 Bay av., Highlands
Osborn, Adam D., 519 Sixth av., Belmar
Parker, James W., 175 Shrewsbury av., Red Bank
Parry, Oliver K., 601 Bangs av., Asbury Park
Perrine, Cornelius C., 668 River rd., Fair Haven
Perrotta, Anthony J., 94 Maple av., Red Bank
Pieper, Howard C., 426 Bath av., Long Branch
Pietri, Raoul, 501 Grand av., Asbury Park
Podell, A. Alfred, 51 E. Front st., Red Bank
Pons, Carlos A., 501 Grand av., Asbury Park
Pregnall, James P., 501 Grand av., Asbury Park
Quirk, Martin A., 90 W. Front st., Red Bank
Raffetto, Joseph F., 550 Cookman av., Asbury Park
Reynolds, Donald G., 64 W. Main st., Freehold
Reynolds, George G., 64 W. Main st., Freehold
Robinson, Ernest A., 149 Atkins av., Asbury Park
Robinson, Wm. A., 62 Main av., Ocean Grove
Rosenthal, Abraham, 43 3rd av., Atlantic Highlands
Rowland, James J., 321 Bay av., Highlands
Rubin, Adrian D., 401 First av., Asbury Park
Rubin, Harold, 527 Bangs av., Asbury Park
Rullman, Walter A., 58 W. Front st., Red Bank
Sacco, Gregory E., 191 Broad st., Red Bank
Sayre, William D., 69 Maple av., Red Bank
Schlossbach, Theodore, 94 S. Main st., Ocean Grove
Schmidt, Albert F., 81 Union av., Manasquan
Scott, Elmer A., Belle Mead San., Belle Mead
Sewell, Stephen, 320 Passaic av., Spring Lake
Shanik, William, 600 4th av., Asbury Park
Silverstein, Max, 605 1st av., Asbury Park
Slocum, Harry B., 263 Bath av., Long Branch
Stevenson, Geo. S., R. D. No. 1, Everett rd.,R'dBank
Straughn, Clinton C., 23 Monmouth st., Red Bank
Strauss, Arthur, 130 Pavilion av., Long Branch
Thomas, Harry G., 1113 5th av., Asbury Park
Trippe, Clarence M., 702 Asbury av., Asbury Park
Upham, Helen F., 305 Third av., Asbury Park
Villapiano, Jos. G., 701 Sunset av., Asbury Park
Wallin, Alfred C., 166 Main st., Matawan
Watkins, Robert E., 517 Fifth av., Belmar
Wilbur, Franklin L., 711 Grand av., Asbury Park
Wilkins, Stanley O., 47 E. Front st., Red Bank
Wilson, Robert B., 91 Broad st., Red Bank
Wise, Lester D., 119 Morris av., Long Branch
Woodruff, Ralph G., Main st., Englishtown
Woronoff, Murray, 120 Main st., Keyport

Number of Active Members and basis of representation, 132, on March 15, 1940.

Associate Member

Ransohoff, N. S., New York City

Transferred

Magee, D. M. P., to Mercer County Medical Society

MORRIS COUNTY (14)

Society organized June 11, 1816. Meets on the third Thursday in each month from October to June, inclusive. Annual Meeting in June.

Active Members

Ackerman, Edward, 5 Richards av., Dover
Allaben, Anna L., 165 South st., Morristown
Atkinson, John M., 93 Greenwood av., Madison
Baker, Augustus L. L., 389 W. Blackwell st., Dover
Beaver, Jennie D., 44 Elm st., Morristown
Bertha, Nicholas A., 301 S. Main st., Wharton
Bird, Frank L., Main st., Netcong
Blanchard, Charles L., 28 E. Blackwell st., Dover
Bobadilla, Juan E., 2 Mercer st., Dover
Booth, Wm. K., 304 William st., Boonton
Bowers, F. Clyde, Mountain av., Mendham
Byrne, James A., 16 Elm st., Morristown
Carberry, Edw. T., 67 S. Main st., Wharton
Cohen, Oscar H., 115 Church st., Boonton
Collins, Laurence M., Greystone Park
Comeau, George W., 415 Speedwell av., Morris Pl'ns
Costello, William F., 55 W. Blackwell st., Dover
Coultas, Aldo B., 1 Madison av., Madison
Crandell, Archie, N. J. State Hosp., Greystone Park
Curry, Marcus A., N. J. State Hosp., Greystone Park
DeRosa, Louis, Main av., Stirling
Docktermann, Warren P., 268 Main st., Chatham
Donovan, Joseph, N. J. State Hosp., Greystone P'k
Earp, Ruth, 15 Olcott av., Bernardsville
Eckhardt, Ralph A., 50 Green Village rd., Madison
Evans, Edgar J., Hinchman av., Denville
Failmezger, Theodore R., 60 Green av., Madison
Falvello, Nicholas A., 28 Wetmore av., Morristown
Ferriss, Ruth B., 51 Maple av., Morristown
Forbes, John S., Jr., Cedar st., Basking Ridge
French, Frank S., 284 Morris av., Mountain Lakes
Frost, Inglis F., 181 South st., Morristown
Geary, Daniel J., 40 Maple av., Morristown
Gibb, W. Blake, 26 Maple av., Morristown
Gilbertson, Robert L., 55 Maple av., Morristown
Glazebrook, Francis H., 37 Ogden pl., Morristown
Gordon, Charles D., Mt. Arlington
Graddick, Lester W., 22 Sussex av., Morristown
Gregory, Marie F., 50 Green Village rd., Madison
Hampton, Geo. R., Greystone Park
Harrington, J. Henry, 126 E. Main st., Rockaway
Hatch, Harold S., Shonghum Mt. Sana., Morristown
Haven, Samuel C., 14 Elm st., Morristown
Hiler, Stuart A., 62 Rockaway av., Rockaway
Hogan, Marshall D., 311 W. Main st., Boonton
Hubert, Antonio O., 131 E. Main st., Rockaway
Johnston, Julian F., 17 Van Doren av., Chatham
Judd, Wilbur M., N. J. State Hosp., Greystone Park
Kessler, Edward I., N. J. State Hosp., Greystone P'k
King, Alden P., 400 W. Blackwell st., Dover
Kinkead, Hilda, 51 Highland av., Madison
Knowles, Frederick E., 103 Church st., Boonton
Kossmann, Walter J., Long Valley
Krauss, Fletcher I., 201 Main st., Chatham
Kuite, George B., 435 Speedwell av., Morris Plains
Lane, Arthur G., Greystone Park
Larson, Henry M., 35 Franklin st., Morristown
Lasley, James M., N. J. State Hosp., Greystone Park
Lathrope, Geo. H., 965 Broad st., Newark
Luippold, Eugene J., Jr., 318 Washington st.,Boont'n
Mathews, Raymond H., 186 South st., Morristown
McCluskey, Harry B., Parsippany rd., Whippany

McElroy, Ervin, 20 Main st., Rockaway
McMahon, Bernard C., 18 DeHart st., Morristown
McMurray, Geo. B., N. J. State Hosp., GreystoneP'k
Michell, George E., 221 High st., Hackettstown
Mills, Clifford, 36 Maple av., Morristown
Musetto, Carmelo A., 135 Cornelia st., Boonton
Mutchler, Julia C., 36 W. Blackwell st., Dover
Mutchler, Harry R., 153 E. Blackwell st., Dover
Navazio, Attilio, 185 Speedwell av., Morristown
Nicoll, George L., 48 W. Blackwell st., Dover
Parry, Allen A., 46 Green Village rd., Madison
Pinckney, Frank H., 186 South st., Morristown
Plume, Clarence A., Main st., Succasunna
Pottinger, William E., 6 Altamont court, Morristown
Prager, Bert A., 251 Main st., Chatham
Rice, Franklin W., 184 South st., Morristown
Rosenberg, Alvin A., 22 High st., Morristown
Rose-Parry, Antoinette C., 46 Green Vil. rd.,Madis'n
Rubens, Otto, 27 E. Blackwell st., Dover
Ryman, Merlin T., 5 Dunbar st., Chatham
Saltus, Lloyd S., 16 Elm st., Morristown
Schulman, Robert, Aurora Health Institute,M'rrist'n
Scott, Harold R., 10 Speedwell av., Morristown
Seward, Frederick H., 40 Green Village rd.,Madison
Sherman, Benjamin, Aurora H'lth Institute,M'rrist'n
Sherman, Byron G., 52 Maple av., Morristown
Smith, Malcolm K., 22 Madison av., Morristown
Spencer, Alvan, 395 W. Blackwell st., Dover
Stage, Earl DeW., 11 James st., Morristown
Talmage, Wm. G., Main st. &Hillside av.,Succasunna
Taylor, Malcolm C., N. J. State Hosp., GreystoneP'k
Teller, Daniel W., 28 DeHart st., Morristown
Terreri, D. Joseph, 30 High st., Morristown
Teskey, Stanley, 10 Anderson rd., Bernardsville
Thomas, Thomas S., Jr., 18 Elm st., Morristown
Van Sickle, Albert W., Chester
von Deilen, Henry O., 28 DeHart st., Morristown
Voss, J. Landon, 21 Mt. Airy rd., Bernardsville
Wade, Francis A., 196 South st., Morristown
Ward, Albert J., 39 Elm st., Morristown
Washburn, Philip C., N. J. State Hosp., Gr'stone P'k
Williams, Louis E., 80 Green av., Madison
Woodman, Charles B., 181 South st., Morristown
Young, George J., 60 Maple av., Morristown
Zimmerman, Robt. F., 28 Washington av., Morrist'n
Zuck, John A., Main st., Netcong

Number of Active Members and basis of representation, 108, on March 15, 1940.

Courtesy Members

Joy, Homer T., 54 Madison av., Morristown
Knight, A. S., Far Hills
vanBeuren, Frederick T., Jr., Morristown

Honorary Members

Coultas, Aldo B., Madison
Glazebrook, Francis H., Morristown
Haven, Samuel C., Morristown
Mills, Clifford, Morristown
Seward, Frederick H., Madison

Resigned

Abell, Elvira Dean, Morristown
Tanner, Walter L., Morristown
Truax, Alfred, Boonton

Transferred

Luippold, Eugene J., from Essex County Med. Soc.
Zuck, John A., from Sussex County Medical Society

OCEAN COUNTY (15)

Society organized October 28, 1903. Meets on second Wednesday of each month except June, July, August and September Annual Meeting in May.

Active Members

Bierach, Jules L., Water st., Toms River
Blumberg, A. Wm., New Egypt
Buermann, Robert, 206 Madison av., Lakewood
Bunnell, Frederick N., 22 S. Main st., Barnegat
Carmona, L. Roberto, 141 Wood st., Tuckerton
Dodd, Wm. E., Ocean st. & Bay av., Beach Haven
Falkinburg, LeRoy W., Atl'nticC'yBlvd.,ForkedRiv'r
Frazee, Wm. H., Jr., 513 Main st., Toms River
Gaumer, George W., 422 First st., Lakewood
Goldstein, Abraham, 404 Madison av., Lakewood
Green, Thomas J., New Egypt
Henriksen, J. Bruce, 422 River av., Point Pleasant
Herbener, Eugene G., 423 Third st., Lakewood
Hogan, Jas. J., New Egypt
Ivory, Harry S., cor.Richm'n&Form'n avs.,Pt.Pl's'nt
Lehmacher, Frank, 16 Central av., Lakewood
McIlvaine, Wm. E., 301 Monmouth av., Lakewood
Menge, Carl H., 236 Washington st., Toms River
Obert, J. Edwin, Main st., New Egypt
Pecora, Carmine L., Atlantic City Blvd., Beachwood
Rubin, Bernard D., 310 Main st., Toms River
Sawyer, Blackwell, 109 Washington st., Toms River
Schneider, Clinton R., 125 N. Green st., Tuckerton
Sickel, Emanuel M., 220 Madison av., Lakewood
Szold, Norman F., 701 Princeton av., Lakewood
Taylor, Raymond A., 58 Madison av., Lakewood
Thompson, Theodore F., 316 First st., Lakewood
Tilles, Samuel, 44 Sheridan av., Seaside Heights
Towbin, Adolph, 326 Third st., Lakewood
Witte, C. Norman, 422 River av., Point Pleasant

Number of Active Members and basis of representation, 30, on March 15, 1940.

PASSAIC COUNTY (16)

Society organized January 14, 1844; Society chartered November 14, 1843. Meets on second Thursday of each month except June, July, and August. Annual Meeting in May.

Active Members

Allen, Arthur A., 365 Park av., Paterson
Allen, James M., 657 Main av., Passaic
Alpren, Bernard F., 34 Auburn st., Paterson
Apter, Abraham H., 528 E. 29th st., Paterson
Armstrong, Robt. R., 114 Pennington av., Passaic
Ash, Frank W., 180 Carroll st., Paterson
Atkinson, Jas. W., 603 S. Maple av., Glen Rock
Atwood, Ed. A., 360 Park av., Paterson
Averbach, Jacob, 435 Clifton av., Clifton
Barlow, Frank A., 965 Madison av., Paterson
Barolsky, Benj., 306 Broadway, Paterson
Barr, Joseph, 975 Madison av., Paterson
Becker, Geo. L., 646 E. 28th st., Paterson
Bender, Theo., 666 Broadway, Paterson
Benjamin, Joseph F., 203 Godwin av., Ridgewood
Bergin, Jos. V., 315 Broadway, Paterson
Berk, M. David, 33 Bartholf av., Pompton Lakes
Berkhout, Peter G., 106 Haledon av., Prospect Park
Beshlian, Hagop K., 7 Lee pl., Paterson
Biczak, Arkad K., 311 Lexington av., Clifton
Birely, M. Franklin, 170 E. Ridgewood av., Ridgew'd
Bohl, Louis J., 320 Broadway, Paterson
Bongiorno, Henry D., 516 River st., Paterson
Bonynge, Henry A., 123 Prospect st., Ridgewood
Bornstein, David, 80 Carroll st., Paterson
Botbyl, Burt W., 927 Madison av., Paterson
Boylan, Lawrence B., 630 Main st., Paterson
Brancato, Peter, 17 Church st., Paterson
Brevoort, Henry H., 54 Main st., Lodi
Brogan, Francis B., 84 Ward st., Paterson
Bromberg, Chas. B., 107 Lexington av., Passaic
Brooks, Sidney, 380 12th av., Paterson
Budd, J. Reuben, 379 Clifton av., Clifton
Bullen, Victor E., 148 Hamilton av., Paterson
Butterfield, Arey A., 135 Aycrigg av., Passaic
Calligaro, Egildo A., 75 Clifton av., Clifton
Carlisle, John H., 129 Prospect st., Passaic
Carlough, David J., 426 Ellison st., Paterson
Cantanzaro, Francesco, 151 Jefferson st., Passaic
Chapnick, Maurice M., 117 Paterson st., Paterson
Chase, William E., 137 Gregory av., Passaic
Cherry, Homer H., Valley View Sana., Paterson
Chester, Saul W., 634 Broadway, Paterson
Chilton, Forrest S., Newark-Pmptn.Tpk.,PmptnPl'ns
Chipley, Bascomb L., Valley View Sana., Paterson
Chrisman, Irving, 408 Ellison st., Paterson
Ciccone, Anthony C., 389 Grand st., Paterson
Clay, Thomas A., 351 Totowa av., Paterson
Close, Byron H., Hamburg Trnpk., Bloomingdale
Cogan, Henry, 616 Tacoma av., Buffalo, N. Y.
Cohen, Julian, 475 Park av., Paterson
Cohen, Louis, 257 Paulison av., Passaic
Cohen, M. Marvin, 137 Graham av., Paterson
Cohn, Isidor, 231 Lexington av., Passaic
Cole, L. Frank, 242 Broadway, Passaic
Connolly, T. Vincent, 56 Hamilton st., Paterson
Coppola, Edward A., 22 Garretsee pl., Clifton
Cortese, Alvin E., 26 Ward st., Paterson
Cotton, Norman T., 219 Graham av., Paterson
Cremens, John F., 144 Carroll st., Paterson
Crescente, Fred J., 827 Madison av., Paterson
Crounse, David R., 84 Broadway, Passaic
Davis, A. Hobson, Paterson Gen. Hosp., Paterson
Dawson, Harry, 618 E. 24th st., Paterson
DeBell, Peter J., 239 Burgess pl., Passaic
DeGrace, Francis H., 344 Gregory av., Passaic
Deich, Samuel R., 162 Lexington av., Passaic
Delario, Anthony J., 294 Broadway, Paterson
Del Mauro, Alphonse, 460 Park av., Paterson
DeMattia, Michael, 71 Ward st., Paterson
De Rosa, Armand, 290 Union Blvd., Totowa Bor'gh
De Rosa, John, 150 Fair st., Paterson
Desmet, Victor F., 324 Broadway, Paterson
De Yoe, Leon E., 602 Broadway, Paterson

Dingman, Norman McL., 330 Broadway, Paterson
Doktor, David, 288 Hamilton av., Paterson
Donnelly, Joseph E., 445 Market st., Paterson
Douglass, Stephen A., Valley View Sana., Paterson
Dow, Robt. F., 592 East 29th st., Paterson
Drake, Daniel E., Union Valley rd., Newfoundland
Duncan, Owsley B., 606 E. 26th st., Paterson
Dunning, Walter L., 533 River st., Paterson
Dwyer, Henry E., 261 Madison av., Passaic
Dwyer, Wm. A., 99 Park av., Paterson
Edlkraut, Edward C., 129 Highland av., Passaic
Ehrenfeld, Edward, 185 Lexington av., Passaic
Ehrenfeld, Irving, 185 Lexington av., Passaic
Ekings, Frank P., 221 Broadway, Paterson
Feigenoff, Israel, 665 Broadway, Paterson
Fenster, Morton N., 211 Lexington av., Passaic
Ferrary, Paul B., 232 Totowa rd., Totowa Boro
Fiering, Abraham M., Pompton Tnpk., M'ntain V'w
Fishbein, Elliot, 71 12th av., Paterson
Fisher, Samuel, 808 Madison av., Paterson
Flitcroft, William, 510 River st., Paterson
Freedman, Jacob S., 178 Hamilton av., Passaic
Gallardo, Agustin, 61 Lakeside av., Pompton Lakes
Gallo, James S., 32 Zabriskie st., Haledon
Geiger, Harold C., West Milford
Gelman, Sidney, 579 Broadway, Paterson
Giambra, Sante M., 666 Broadway, Paterson
Gillson, Hugh V., 21 Lee pl., Paterson
Gillson, John T., 170 Broadway, Paterson
Ginsburg, Samuel, 227 Paulison av., Passaic
Glasgow, Thomas M., 120 Passaic av., Passaic
Gochman, Harry M., 166 Hamilton av., Paterson
Goldenberg, Raphael R., 588 E. 27th st., Paterson
Golding, Harry N., 180 Carroll st., Paterson
Gordon, Abel, 616 Main av., Passaic
Gordon, Samuel, 515 Broadway, Paterson
Gormley, Cyrus M., 15 Kiel av., Butler
Gould, J. Howard, 123 Prospect st., Ridgewood
Graham, Archibald F., 42 Park av., Paterson
Graham, Theodore K., 279 Park av., Paterson
Greengrass, Jacob J., 146 Broadway, Paterson
Hagen, Orville R., 266 Van Houten st., Paterson
Hall, Wayne W., 266 Van Houten st., Paterson
Halnan, John J., Jr., 631 Madison av., Paterson
Hambright, Arthur M., Wyckoff av., Ramsey
Harreys, Chas. W., 714 Broadway, Paterson
Hatem, Elias J., 1046 Main st., Paterson
Hillmann, Frederick C., 64 Hamilton st., Paterson
Hollingsworth, H. Hale, 86 First st., Clifton
Holmes, Thomas J. E., 151 Fair st., Paterson
Holster, Stephen G., 951 Madison av., Paterson
Holt, Herman H., 256 Graham av., Paterson
Hughes, J. Vernon, 150 Prospect st., Passaic
Ianacone, John A., 310 Fifth av., Paterson
Iraggi, Jas. V., 79 Broadway, Passaic
Irving, Albert S., 318 Howard av., Fair Lawn
Ives, Edwin I., 24 Stevens av., Little Falls
Izenberg, David, 104 Carroll st., Paterson
Jaffe, Hyman, 149 Broadway, Passaic
Jahn, Albert G., 657 Main av., Passaic
Jani, Frank F., 297 Lexington av., Passaic
Jarmulowsky, Harry, 181 E. 33rd st., Paterson
Jehl, Joseph R., 305 Clifton av., Clifton
Joelson, Morris S., 577 Broadway, Paterson
Joffe, Philip M., 556 E. 28th st., Paterson
Joffe, Sidney H., 556 E. 28th st., Paterson
Johnsen, Sigurd W., 49 Passaic av., Passaic
Joseph, Morris, 271 Lexington av., Passaic
Joyce, Leo H., 259 Madison st., Passaic
Katz, Herbert I., 278 Park av., Paterson
Keating, Charles A., 177 Ellison st., Paterson
Keating, Joseph M., 275 Passaic av., Passaic
Keller, Franklin J., 297 Diamond Br. av., Hawth'rne
Keller, Michael L., 673 East 27th st., Paterson
Kennedy, A. Andrew, 6 Eagle av., Paterson
Kennedy, Eugene T., 413 Wanaque av.,P'mpt'nLks.
Keppler, Chas., Jr., 723 Allwood rd., Clifton
Kim, Gay B., 703 Main st., Paterson
Kinney, Burton O., 41 Lincoln av., Little Falls
Kleiner, Samuel, 162 Hamilton av., Paterson
Koenig, Bertram, 306 Broadway, Paterson
Koerber, George, 136 Prospect st., Passaic
Kovaleski, Walter A., 154 Passaic st., Passaic
Kovin, Abraham, 123 Lexington av., Passaic
Kroll, Adolph, Jr., 103 Van Buren st., Passaic
Kuhl, John P., 38 Main st., Butler
Laauwe, Harold W., 198 Haledon av., Paterson
Landaw, Louis, 631 E. 26th st., Paterson
Lawrence, Elias D., 365 Union av., Paterson
Leach, John E., 372 Park av., Paterson
Lee, Frederick P., 606 E. 27th st., Paterson
Leibovitz, Altan C., 261 Lexington av., Passaic
Lemay, Albert T., 532 14th av., Paterson
Leonard, Edward F., 771 Madison av., Paterson
Levendusky, Daniel E., 52 Market st., Passaic
Levine, David B., 647 Broadway, Paterson
LeVine, Israel, 215 Broadway, Paterson
Levine, Sidney C., 459 Park av., Paterson
Levinsohn, Sandor A., 656 East 29th st., Paterson
Levy, Herman, 219 Lexington av., Passaic
Liana, Stephen M., 48 Market st., Passaic
Linares, A. Carfi, 208 Market st., Paterson
Lipton, Louis, 67 Passaic av., Passaic
Lobsenz, Nathan P., 294 Broadway, Paterson
Lomauro, James R., 145 Lexington av., Passaic
London, Jules R., 153 Jefferson st., Passaic
Low, Donald B., 529 Broadway, Paterson
Lucent, S. Bell, 2 First st., Little Falls
Luksteid, Casimir J., 326 Park av., Paterson
MacAlister, Wm. W., 171 Carroll st., Paterson
MacGregor, Allan W., 379 Ellison st., Paterson
MacGuffie, Robert N., 657 Main av., Passaic
Maclay, Joseph A., 239 Broadway, Paterson
Maffongelli, Jos. A., 494 River st., Paterson
Magennis, Bryan C., 272 Broadway, Paterson
Magnes, Max, 271 Park av., Paterson
Manly, Thos. E., 390 Park av., Paterson
Manzione, Frank A., 500 Union av., Paterson
Maps, Howard L., 53 Passaic av., Passaic
Marini, Dominick, 40 Henry st., Passaic
Markel, Albert G., 450 Park av., Paterson
Markowitz, Louis, 16 Church st., Paterson
Marrocco, Wm. A., 47 Ward st., Paterson
Marsh, Elias J., 400 Van Houten st., Paterson
Martin, Theodore, 98 Haledon av., Paterson
Masucci, Alberico, 128 Carroll st., Paterson
Matthews, Leonard M., 655 Main av., Passaic
McBride, Andrew F., 30 Church st., Paterson
McBride, Andrew F., Jr., 655 Broadway, Paterson
McCamey, Kenneth E., 612 E. 29th st., Paterson
McCarthy, George L., 506 Union av., Paterson
McCoy, John C., 292 Broadway, Paterson
McCue, John B., 912 Lincoln av., Pompton Lakes
McDede, Frank F., 922 Main st., Paterson
McDonald, Richard J., 80 Park av., Paterson
McPherson, Malcolm E., 141 Diam'd Br.av.,H'wth'rne
Meier, Wm. U., 1062 Ringwood av., Haskell
Meloney, Lester F., 156 Second st., Clifton
Mendelsohn, David H., 576 Broadway, Paterson
Meneve, Alfred D., 373 Broadway, Paterson
Meyers, Francis R., 627 E. 24th st., Paterson
Michela, Luigi S., 206 Carroll st., Paterson
Mills, Alvah V., Lindsley rd., Little Falls
Missonellie, Wm., 401 Lafayette av., Hawthorne
Mitchell, Chas. R., 311 Broadway, Paterson
Morici, Theodore, 80 Howe av., Passaic
Morrill, James P., 310 Broadway, Paterson
Moscoe, Harry A., Main st., Lincoln Park

Mott, Joseph E., 426 Park av., Paterson
Murn, Charles J., 48 Smith st., Paterson
Neer, William, 245 Broadway, Paterson
Nemirow, Martin, 234 Lexington av., Passaic
Nesbitt, Elizabeth, No. Jersey Tr'n'gSch'l,LittleFalls
Norval, William A., 419 Main st., Paterson
Notkin, Meyer, 559 Broadway, Paterson
Noto, Philip, 158 Washington pl., Passaic
Nye, Howard H., 174 Carroll st., Paterson
O'Brian, Dennis M., 154 Lexington av., Passaic
O'Brien, William A., 655 Main av., Passaic
Okin, Irving, 165 Passaic av., Passaic
Opper, Philip, 715 Broadway, Paterson
Oram, Joseph H., 495 Broadway, Paterson
Pal, Darbari R., 32 Clark st., Paterson
Palma, Nicholas, 116 17th av., Paterson
Palmer, Francis R., 249 Lexington av., Passaic
Paris, William, 518 E. 25th st., Paterson
Park, M. Benjamin, 360 Park av., Paterson
Patella, Fulvio, 232 Broadway, Paterson
Pernetti, Anthony M., 320 Broadway, Paterson
Phelps, James E., 203 Park av., Paterson
Piller, Jacob, 213 Broadway, Paterson
Pink, Solomon H., 21 High st., Butler
Plinke, Fritz W., 159 Lexington av., Passaic
Polizzotti, Joseph L., 193 Park av., Paterson
Polowe, David, 555 E. 27th st., Paterson
Prince, Robert A., 567 Broadway, Paterson
Provisor, Benjamin, 141 Lexington av., Passaic
Raab, Michael, 111 Lexington av., Passaic
Radest, Louis J., 347 Broadway, Paterson
Randazzo, Anton P., 82 Prospect st., Passaic
Rauschenbach, Paul E., 225 Broadway, Paterson
Rauschenbach, Paul E., Jr., 174 Carroll st., Paterson
Reading, H. Eugene, 535 E. 29th st., Paterson
Reeves, Ernest, 195 Lexington av., Passaic
Reilly, Thomas F., 187 Second st., Clifton
Reinhorn, Abraham J., 302 Broadway, Paterson
•Reynolds, Earle C., 655 Main av., Passaic
Reynolds, Harry C., 657 Main av., Passaic
Riccobono, Cosmo S., 334 Park av., Paterson
Richards, Paul S., 1 Main st., Butler
Rinzler, Harry G., 127 Van Houten av., Passaic
Ritter, John J., 95 Ward st., Paterson
Roemer, Jacob, 591 E. 27th st., Paterson
Rothman, Theodore, 494 Park av., Paterson
Roy, Jos. N., 95 17th av., Paterson
Ruocco, William B., 416 River st., Paterson
Russell, Chas. B., 119 Hamilton av., Paterson
Saffron, Morris H., 292 Paulison av., Passaic
Salzman, Nathan, 714 Broadway, Paterson
Sanfacon, Thomas A., 340 Park av., Paterson
Santangelo, Emil L., 349 Broadway, Paterson
Schaefer, Otto, Boulevard, Pompton Lakes
Schefrin, Alex E., 235 Lexington av., Passaic
Schubert, Roy R., 408 Union av., Paterson
Schultz, Augustin M., 379 Union av., Paterson
Schwartz, William, 155 Lexington av., Passaic
Schwartzberg, Frederick I., 522 Broadway, Paterson
Scielzo, Nicholas F., 369 Park av., Paterson
Scribner, Chas. H., Hamb'g Tnpk., R. D. 1, Pr'kness
Shapiro, Louis G., 375 Broadway, Paterson
Shipman, Meyer P., 237 Broadway, Paterson
Shippee, James N., 648 Ringwood av., Wanaque
Shulman, Abraham, 528 E. 29th st., Paterson
Silverman, Irving A., 260 Dayton av., Clifton
Simkin, Abraham, 247 Broadway, Passaic
Simon, Julius J., 174 Columbia av., Passaic
Simon, Morris L., 174 Washington pl., Passaic
Simon, Philip H., 174 Columbia av., Passaic
Siveke, John, 106 Lexington av., Passaic
Slaff, Florence, 16 Grove st., Passaic
Sloan, Samuel L., 182 Belmont av., Paterson
Smith, Carroll D., 320 Broadway, Paterson
Smith, Elroy W., 39 Circle rd., Passaic
Smith, Leon A., 655 Main av., Passaic
Sobel, I. Jerome, 136 Broadway, Passaic
Spickers, William, 6 Church st., Paterson
Stark, Jacob, 645 Broadway, Paterson
Stein, Harry M., 227 W. Broadway, Paterson
Steinberg, Benjamin L., Singac
Stern, Morris H., 709 Main av., Clifton
Stinson, Richard, 641 E. 18th st., Paterson
Stokes, James S., 85 Park av., Paterson
Stoltz, Raymond R., 23 Passaic av., Passaic
Stouter, Francis L., 29 17th av., Paterson
Sucoff, Moses C., 158 Hamilton av., Passaic
Sullivan, William M., Jr., 43 Passaic av., Passaic
Summerill, Frederick, 424 Terhune av., Passaic
Surgent, Geo. W., 168 Clifton av., Clifton
Sutherland, William W., 400 Broadway, Paterson
Szymanski, John J., 616 Main av., Passaic
Taber, Leslie, R., 266 Van Houten st., Paterson
Tellman, Daniel H., 120 Lexington av., Passaic
Temple, Arthur H., 164 Jefferson st., Passaic
Terhune, Percy H., 358 Owen av., Fairlawn-Radburn
Thomas, Irene O., 275 Lafayette av., Hawthorne
Thorne, Wm. P., 254 Main st., Butler
Thron, Leopold E., 586 E. 29th st., Paterson
Todd, Francis H., 83 Auburn st., Paterson
Tomkins, Wm., 105 Fairmount rd., Ridgewood
Tuers, George E., 418 Park av., Paterson
Tweddel, George K., 239 Broadway, Paterson
Udinsky, Hyman J., 29 Passaic av., Passaic
Vanderbeck, James J., 281 Park av., Paterson
Vanderbeek, Andrew B., 174 Broadway, Paterson
Vanderbeek, Frank B., 407 Park av., Paterson
Vander Clock, Cornelius, 23 Passaic av., Passaic
Van Eerde, Albert, 339 Lafayette av., Hawthorne
Van Riper, A. Ward, 607 Main av., Passaic
Van Schott, Gerard J., Jr., 245 Lex'gton av., Passaic
Van Urk, Frederick T., 422 Lexington av., Clifton
Van Winkle, John S., 297 Broadway, Paterson
Vermeulen, Abram, 344 Haledon av., Prospect Park
Vosburgh, Fred, 61 Passaic av., Passaic
Vreeland, Clarence LeF.,516W'n'que av., Pmptn.Lks.
Vreeland, Ralph J., 266 Van Houten st., Paterson
Walker, Harold G., Everett av., Wyckoff
Wallace, Marc J., 165 Lakeview av., Clifton
Walton, Gordon G., 17 Church st., Paterson
Warburton, Jack C., 333 Park av., Paterson
Ward, Albert H., 404 Totowa av., Paterson
Warren, David E., 154 Broadway, Passaic
Warren, Earl L., 266 Van Houten st., Paterson
Warren, Jacob, 308 18th av., Paterson
Wassing, Hans, 695 Broadway, Paterson
Weinert, Henry V., 128 Market st., Passaic
Weintraub, Wm. L., 400 Broadway, Paterson
Westerhoff, Peter, 51 Highland av., Midland Park
Wethers, Wm. A., 171 Market st., Passaic
White, Richard E., 303 Crooks av., Paterson
Williams, Hiram, 230 Lexington av., Passaic
Winters, Walter M., 288 Broadway, Paterson
Wishnack, Meyer, 318 Broadway, Paterson
Wolfson, Harry, 324 Broadway, Paterson
Wry, Dean A., 234 Dayton av., Clifton
Yachnin, Samuel C., 32 Ridge rd., Lyndhurst
Yager, J. Allen, 420 Broadway, Paterson
Yates, John S., 414 Ellison st., Paterson
Yolken, Harry, 246 E. 31st st., Paterson
Zalewski, Irene J., 125 Market st., Passaic

Number of Active Members and basis of representation, 363, on March 15, 1940.

Associate Members

Ackerhalt, Martin J., 543 Clifton av., Clifton
Allen, Edwin J., 266 Van Houten st., Paterson
Conserva, Peter V., 215 Dayton av., Clifton
Farkas, Gustav, 95 Jackson st., Passaic
Gurnee, Quinby D., 268 Diamond Br. av.,Hawth'rne
Monaloy, Morris A., 24 Day st., Clifton
Romano, Michael J., 468 Union av., Paterson
Shechtman, Abraham, 261 Main av., Passaic
Wilson, Talmadge, 111 E. 38th st., Paterson
Zuckerman, David E., 345 Broadway, Paterson

Courtesy Member

Trilling, Leonard J., 423 Broadway, Paterson

Transferred

Keating, Joseph M., from Bergen County Med. Soc.
MacMillan, C. Wright, to Essex County Med. Soc.
Reading, H. Eugene, from New York Co. Med. Soc.

SALEM COUNTY (17)

Society organized May 4, 1880. Meets on the third Friday of each month, September to May, inclusive. Annual Meeting in April. Social Meeting in May.

Active Members

Bramble, Halsey S., Front & Chestnut sts., Elmer
Caggiano, John D., 165 W. Main st., Pennsgrove
Chesler, Maurice, 124 W. Broadway, Salem
Church, Franklin H., 86 W. Broadway, Salem
Davison, C. Spencer, 7 Chestnut st., Salem
Davison, Wilbur S., 13 N. Broadway, Pennsville
Dunn, John S., 75 Market st., Salem
Eisemann, Jerome S., Alloway
Evans, Edgar E., 12 Ziegler Tract, Pennsgrove
Fleming, Chas. L., 42 W. Main st., Pennsgrove
Green, David W., 69 Market st., Salem
Hilliard, William T., 105 Market st., Salem
Hummel, Lee C., 109 W. Broadway, Salem
James, William H., 50 Main st., Pennsville
Jirouch, Edwin A., 18 Ziegler Tract, Pennsgrove
Lipkin, Isadore, 157 W. Main st., Pennsgrove
Lummis, Clarence P., 40 Delaware av., Pennsgrove
Mackes, Claude B., 48 N. Main st., Woodstown
Miller, Lewis H., 37 S. Main st., Woodstown
Miller, Wm. H., 37 S. Main st., Woodstown
Norwood, Wm. D., 164 First st., Carney's Point
Perry, Frank L., 39 East av., Woodstown
Prigger, Edward R., 39 W. Main st., Pennsgrove
Rankin, Stewart L., 315 Riverside Walk, Pennsgrove
Silverman, R. Louis, 3 Franklin st., Pennsgrove
Suter, Harry F., 49 W. Main st., Pennsgrove
Sutherland, Robert C., 95 S. Broad st., Pennsgrove
Thomas, Claude W., 28 East av., Woodstown
Weigel, Charles F. B., 328 E. Broadway, Salem
Zappala, John, 47 W. Main st., Pennsgrove

Number of Active Members and basis of representation, 30, on March 15, 1940.

SOMERSET COUNTY (18)

Society organized May 21, 1816. Meets on second Thursday evening of each month except July, August and September. Annual Meeting in June.

Active Members

Adams, Rayford K., Lakeside Lodge, Skillman
Albrecht, Wm. J., 25 N. Bridge st., Somerville
Allegrante, Anthony J.,W'sh'gt'n Val.rd.,Martinsville
Ambrose, Robert R., 124 Hamilton av., Bound Brook
Barbour, George E., 118 W. High st., Somerville
Beekman, John B., Bedminster
Bendix, Gerhard M., 56 E. Somerset st., Raritan
Blank, Sam'l, N. J. State Village Epileptics, Skillm'n
Borow, Benjamin, 574 Watchung av., Bound Brook
Borow, Henry, 507 Church st., Bound Brook
Borow, Louis S., 507 Church st., Bound Brook
Borow, Maurice, 509 Church st., Bound Brook
Brittain, Elmore G., 4 E. High st., Bound Brook
Cooper, J. Howard, East Millstone
Craig, Henry A., 315 William st., Somerville
Crawford, John W., Main st., Bedminster
Day, Hayward F., 37 Craig pl., N. Plainfield
Douglass, Wm. C., 15 Olcott av., Bernardsville
Edelberg, Sidney S., 403 E. High st., Bound Brook
Ely, Lancelot, 128 W. High st., Somerville
Falcone, Nicholas A., 68 Watchung av., N. Plainfield
Field, Frank L., Far Hills
Flint, Edgar T., 44 E. Somerset st., Raritan
Flynn, Thomas H., 41 W. High st., Somerville
Fritts, Lewis C., 62 E. High st., Somerville
Gray, W. Burritt, 121 Somerset st., N. Plainfield
Greenberg, George A., 195 W. High st., Somerville
Guertin, Diomede, State Village, Skillman
Hamblin, Donald O., Calco Chemical Co., Bound Br'k
Hegeman, Runkle F., 161 W. High st., Somerville
Heminway, Norman L., 40 Grove st., Somerville
Hird, Emerson F., 118 E. Maple av., Bound Brook
Husted, Samuel H., Neshanic Station
Kay, Clarence R., Peapack
Kibbe, Milton H., 698 W. 7th av., Plainfield
Klompus, Irving, 17 W. Union av., Bound Brook
Knight, Augustus S., Far Hills
Lawton, A. Anderson, 15 N. Bridge st., Somerville
Levy, Abram, Bound Brook
Loeb, Wm. A., Veteran's Adm., Lyons
Long, William H., 40 S. Bridge st., Somerville
Lovejoy, James L., 224 Somerset st., Bound Brook
Mangelsdorff, Arthur F., Calco Chem. Co., B'dBrook
McConaughy, Francis, 1 E. High st., Somerville
Pearson, Theodore A., White House
Pigott, Albert W., Skillman
Pitman, Mason W. H., 17 W. Cliff st., Somerville
Pogoloff, Samuel H., Manville
Reale, Frank P., Brook's Blvd., Manville
Reale, Nicholas P., Brook's Blvd., Manville
Renner, Clara C., N. J. State Village, Skillman
Russo, Dominick T., 51 E. Somerset st., Raritan
Smalley, Mahlon C., Gladstone
Snyder, Howard P., 6 E. Union av., Bound Brook
Spaldo, John L., State Village, Skillman
Thomas, Mary L., Village for Epileptics, Skillman
Wallach, Bernard, 74 Watchung av., No. Plainfield
Wild, Frederick A., 111 E. High st., Bound Brook
Young, James L., 68 Mountain av., Somerville

Number of Active Members and basis of representation, 59, on March 15, 1940.

Transferred

Heffner, George, to Kanawha Med. Soc., W. Va.
Sokal, H. B., to Kings Co. Med. Soc., N. Y.

SUSSEX COUNTY (19)

Society organized August 22, 1829. Meets at call of President. Annual Meeting on second Tuesday in May.

Active Members

Aitken, Herbert M., Ogdensburg
Braun, David C., 216 Spring st., Newton
Burn, Victor E., Newton
Coleman, Joseph G., Hamburg
Drake, Leo B., 47 Main st., Franklin
Eddy, Lester R., 40 Bank st., Sussex
Groeschel, August H., 31 Bank st., Sussex
Hawke, Edw. K., 113 Main st., Newton
Johnson, George F., Branchville
Kirschner, Martin I., Vernon
Landes, Edwin W., Stillwater
Longnecker, John E., Jr., Sparta
Lushear, Frank H., Branchville
McCall, Jesse, 12 Church st., Newton
McVeigh, Charles J. D., Netcong
Morrison, Frederick H., Newton
Pellet, Thomas L., Hamburg
Roy, Bert W., 25 Hamburg av., Sussex
Schmidt, Clifford M., 81 Main st., Newton
Scott, Frederick J., 1 Oak st., Franklin
Smith, Warren H., 91 Main st., Newton
Spencer, James H., Jr., 23 Hospital rd., Franklin
Spurgeon, Dorsett L., 19 Church st., Newton
Vermes, Leslie, 172 Main st., Franklin

Number of Active Members and basis of representation, 24, on March 15, 1940.

Transferred

Schmidt, Clifford, from Kootena Co. Med. Soc., Idaho

UNION COUNTY (20)

Society organized June 7, 1869. Meets on second Wednesday of September, November, January, March, April, and May. Annual Meeting in April.

Active Members

Abel, Henri E., 339 Union av., Elizabeth
Abramson, Solomon, 1587 Irving st., Rahway
Ackerman, Arthur F., 129 Summit av., Summit
Anson, Leon J., 314 Center st., Garwood
Armstrong, Lorrimer B., 121 S. Euclid av., Westfield
Arthur, Frances H., 138 Westfield av., Elizabeth
Austin, Thomas R., 19 Holly st., Cranford
Babbitt, Hugh M., Jr., 950 Park av., Plainfield
Bailey, Harmon J., 116 Summit av., Summit
Baker, Raymond DeW., 52 De Forest av., Summit
Baron, Leo E., 727 N. Wood av., Linden
Baruch, Hilde, 202 Stiles st., Elizabeth
Baruch, Rudolf J., 202 Stiles st., Elizabeth
Beisler, Lawrence G., 1528 N. Broad st., Hillside
Bensley, Maynard G., 129 Summit av., Summit
Berenson, Samuel J., 1012 E. Jersey st., Elizabeth
Berman, Leonard M., 155 Summit av., Summit
Berman, Sol., 61 De Hart pl., Elizabeth
Bernstein, Benedict J., 434 E. Front st., Plainfield
Berry, C. Hartley, 129 Summit av., Summit
Birrell, Russell G., 554 Westminster av., Elizabeth
Bishop, Carl, 831 Madison av., Plainfield
Black, Max S., 1320 St. George av., Elizabeth
Blair, Thomas D., 414 Park av., Plainfield
Blatt, David, 960 Madison av., Elizabeth
Bloch, Harry, 613 N. Broad st., Elizabeth
Blumberg, Jack, 504 Westminster av., Elizabeth
Blythe, Rowland P., 30 Springfield av., Cranford
Bolanowski, Kasimier J., 145 Marshall st., Elizabeth
Booth, Walter S., 318 Grier av., Elizabeth
Boozan, Wm. E., 1139 E. Jersey st., Elizabeth
Bourns, Edward G., 126 Harrison av., Westfield
Bowles, Harry H., 36 Woodland av., Summit
Boyd, Robert P., 120 Martine av., Fanwood
Boyes, James G., 1326 Chetwynd av., Plainfield
Breslow, Alexander E., 930 Pierpont st., Rahway
Brokaw, Chris. A., 1405 North av., Elizabeth
Brown, L. Greeley, 173 Madison av., Elizabeth
Brown, William H., 29 Third st., Elizabeth
Bunting, P. DuBois, 712 N. Broad st., Elizabeth
Burritt, Norman W., 30 Beechwood rd., Summit
Butenas, Jos. J., 300 First av., Elizabeth
Callahan, Edward J., 124 St. Paul st., Westfield
Canright, Cyril M., 34 Springfield av., Cranford
Cantini, Raphael S., 1133 Stilford av., Plainfield
Card, Charles F., 144 W. Milton av., Rahway
Cardinale, Pasquale F., 654 E. Jersey st., Elizabeth
Carlisle, James M., 550 Hillcrest av., Westfield
Carman, John H., 602 Crescent av., Plainfield
Carpenter, Cedric C., 129 Summit av., Summit
Carsley, Sidney H., 19 Holly st., Cranford
Casilli, Arturo R., 618 Newark av., Elizabeth
Chaiken, Louis H., Winfield Scott Hotel, Elizabeth
Chapman, Otis P., 125 Broad st., Elizabeth
Childers, Robert J., 604 Park av., Plainfield
Cole, Walter H., Jr., 1060 E. Jersey st., Elizabeth
Comunale, Anthony R., 1709 Irving st., Rahway
Conway, Jas. V., 428 Elmora av., Elizabeth
Coplin, George J., 510 E. Jersey st., Elizabeth
Corbusier, Harold D., 612 Park av., Plainfield
Cox, Wm. T. R., 115 Princeton rd., Elizabeth
Crabtree, Loren H., 142 Bellevue st., Elizabeth
Crane, Norman T., 147 E. Seventh st., Plainfield
Cronin, Francis J., 730 South st., Elizabeth
Currie, Norman W., 508 Central av., Plainfield
Dalberg, Walter, 757 N. Broad st., Elizabeth
Davidson, E. Norwell, 102 E. Elm st., Linden
Davidson, Maurice M., 128 Grant av., E. Roselle Pk.
Davis, F. Cleveland, 129 Summit av., Summit
Davis, James T., 1169 Elizabeth av., Elizabeth
Davis, Stanton H., 212 E. 7th st., Plainfield
Day, Willis B., 407 E. 7th st., Plainfield
DeCesare, Ferdinand J., 500 Walnut st., Roselle Pk.
Decker, Charles T., 275 Orchard st., Westfield
Dengler, Henry P., 260 Morris av., Springfield
Deutsch, Nathan S., 300 W. 7th st., Plainfield
Diamond, J. George, 512 W. Front st., Plainfield
Disbrow, G. Ward, 126 Mountain av., Summit
Doggett, E. Hugh, 916 Park av., Plainfield
Drury, Alfred J., 268 E. Third av., Roselle
duBusc, L. C. Victor, 399 Westfield av., Elizabeth
Dunn, H. Irving, 610 Salem av., Elizabeth
Durrah, Fred F., 310 Plainfield av., Plainfield
Dwoyer, Leon C., 420 N. Wood av., Linden
Eason, Samuel W., 48 De Forest av., Summit
Edgar, Malcolm S., 129 Summit av., Summit
Ehrlich, Max, 379 Elmora av., Elizabeth
Esty, Geoffrey W., 629 E. Broad st., Westfield
Feleppa, Edward E., 4 Summit av., Summit
Fitch, Thomas S. P., 916 Park av., Plainfield
Fort, William B., 147 E. 7th st., Plainfield
Foster, Frank L., 320 Springfield av., Cranford
Franklin, Jos. E., 127 Westfield av., Elizabeth
Franklin, Lewis J., 149 Jean Terrace, Union
Freeman, Ray M., 1021 Stiles st., Linden
Friedburg, Geo. H., 1108 Anna st., Elizabeth
Frohwein, Ida H., 125 Morristown rd., Elizabeth
Gadomski, Casimir F., 331 So. Broad st., Elizabeth
Gallaway, George E., 163 W. Milton av., Rahway
Gannon, Joseph M., 1137 Park av., Plainfield
Geary, Paul, 909 Park av., Plainfield
Gelber, Isaac, 2052 Morris av., Union
Gerendasy, Julius, 956 E. Jersey st., Elizabeth
Gibb, Alice S., 339 Union av., Elizabeth
Giglio, Alphonsus S. V., 626 Elizabeth av., Elizabeth
Gilpin, Fletcher, 118 North av. W., Cranford
Gittelman, Morton, 426 Westminster av., Elizabeth
Glaser, Emanuel, 360 Linden av., Elizabeth
Glass, Benjamin E., 609 Watchung av., Plainfield
Glass, Harry L., 1009 Park av., Plainfield
Glassner, Frank, 308 Chestnut st., Roselle
Glasston, Hyman M., 628 N. Wood av., Linden
Golden, William M., 236 W. Milton av., Rahway
Goldfield, Harold H., 225 E. Jersey st., Elizabeth
Goldgraben, Seymour, 407 Central av., Plainfield
Goldmacher, Herman B., 113 Elmora av., Elizabeth
Goldstein, Herman H., 318 W. Jersey st., Elizabeth
Gonczy, Edw. J., 538 Jersey av., Elizabeth
Grant, William E., 1370 Morris av., Union
Greenberg, Max, 29 W. Henry st., Linden
Gregory, Roy A., 726 Watchung av., Plainfield
Griesemer, Z. Lawrence, 1143 E. Jersey st., Elizab'h
Griswold, Merton L., Jr., 947 Park av., Plainfield
Guidi, Guido M., 212 Christine st., Elizabeth
Hackett, Edw. J., 597 Westfield av., Westfield
Hall, Winthrop H., 400 Elm st., Westfield
Hallock, Wilton J., 650 Springfield av., Summit
Hanrahan, James M., 678 N. Broad st., Elizabeth
Hansen, Harry, 916 Park av., Plainfield
Hanson, Carl G., 38 Springfield av., Cranford
Harrison, Joseph B., 302 E. Broad st., Westfield
Haseltine, Sherwin L., 125 Broad st., Elizabeth
Herrington, Lee R., 605 E. Broad st., Westfield
Hill, Clarence T., 116 E. Hazelwood av., Rahway

Hipple, Percy L., 230 Walnut st., Roselle
Hnat, Frederick, 624 Newark av., Elizabeth
Hoffman, Charles A., 302 E. 7th st., Plainfield
Holland, Reuben J., 1026 Chandler av., Linden
Holmes, Grace A., 1077 E. Jersey st., Elizabeth
Holt, Evelyn, 261 Springfield av., Summit
Holtzman, Michael, 167 Second st., Elizabeth
Hoover, Alden R., 721 N. Broad st., Elizabeth
Horoschak, Anne, 974 Park av., Plainfield
Horre, George W. H., 203 W. Jersey st., Elizabeth
Hubbard, Harry H. V., 121 E. 7th st., Plainfield
Hughes, Frederic J., 706 Park av., Plainfield
Humphrey, Hubert G., 430 Downer st., Westfield
Hunt, Thomas F., 528 Monroe av., Elizabeth
Hutton, Frederick T., 1012 Park av., Plainfield
Imbleau, J. E. Lorrain, 2106 Morris av., Unionville
Jacobs, Alan L., 2130 Morris av., Unionville
Johnson, Harold F., 734 Park av., Plainfield
Jones, Herbert E., 47 Elm st., Elizabeth
Jones, Lewis H., 139 E. Grant av., Roselle Park
Kaplan, Samuel D., 149 Bailey av., Hillside
Kapp, Carl G., 440 Westminster av., Elizabeth
Karshmer, Ernest E., 927 S. Wood av., Linden
Keeney, Cadwell B., 137 Summit av., Summit
Kemper, Harry T., 224 Monmouth rd., Elizabeth
Klein, Henry L., Merck and Co., Rahway
Knauer, George, 930 Elizabeth av., Elizabeth
Konzelman, Henry J., 65 King st., Hillside
Kralik, J. J., 555 Market st., Newark
Kramer, Douglas W., 1019 Park av., Plainfield
Krans, Clara DeH., 920 Park av., Plainfield
Krans, Edward S., 920 Park av., Plainfield
Kreutz, Paul J., 363 Union av., Elizabeth
Kuchlewski, Edward J., 224 E. Jersey st., Elizabeth
Kushner, Alexander, 208 W. Milton av., Rahway
Labow, Joseph J., 1063 E. Jersey st., Elizabeth
Ladas, George, 305 Cherry st., Elizabeth
Laird, George S., 127 Central av., Westfield
Lance, Elton W., 125 W. Milton av., Rahway
Larrabee, Callie H., 24 Hobart av., Summit
Lathrop, Frederic W., 909 Park av., Plainfield
Laurie, Andrew L., 664 Newark av., Elizabeth
Lawrence, Wm. H., 129 Summit av., Summit
Leggett, Lindley H., Jr., 330 E. Broad st., Westfield
Leggett, Thomas H., Jr., 937 Oakwood pl., Plainfield
Lepree, Jos. A., 371 Morris av., Elizabeth
Lerman, Irving, 1024 E. Jersey st., Elizabeth
Lewis, Albert, 41 Retford av., Cranford
Lieberman, David P., 597 Westminster av., Elizab'h
Lieberman, Milton L., 101 Pershing av., Roselle P'k
Lilien, Milton M., 152 Clark st., Hillside
Linke, James J. P., 245 E. Front st., Plainfield
Livengood, Horace R., 587 Westminster av., Elizab'h
Llull, Gabriel J., 266 Morris av., Springfield
Losada, Camella A., 19 Prospect st., Summit
Lowell, Milton E., 434 Summit av., Westfield
Lowenstein, Ernest C., 1492 Main st., Rahway
Lufburrow, Chas. B., 441 W. Front st., Plainfield
Lyerly, James M., 121 E. 7th st., Plainfield
Lynch, Edward T., 748 Livingston rd., Elizabeth
MacBrayer, Reuben A., 560 Morris av., Summit
Maggio, Ross J., 550 Carlton rd., Westfield
Malatesta, Chas. S., 1203 Martine av., Plainfield
Marone, Carmine R., 648 1st av., Elizabeth
Maroney, James H., 129 Summit av., Summit
Marts, George H., 956 Park av., Plainfield
McCallion, Wm. H., 722 Westminster av., Elizabeth
McClintock, Elsie, 1439 Maple av., Hillside
McGeary, John A., 712 N. Broad st., Elizabeth
McGinn, Wm. J., 1913 Westfield av., Scotch Plains
Meeker, John L., 6 De Barry pl., Summit
Meineke, William C., 818 Chestnut st., Roselle
Merlo, Francis A., 210 Murray st., Elizabeth
Merlo, Francis V., 39 3rd st., Elizabeth
Miller, Robt. M., 382 Springfield av., Summit
Milligan, Robert S., 42 Elm st., Summit
Mills, Stephen D., 132 S. Euclid av., Westfield
Minnella, Thos. J., 132 Morris av., Summit
Moister, Roger W., 7 Norwood av., Summit
Montfort, Robert J., 1051 E. Jersey st., Elizabeth
Morris, Thos. M., 505 Park av., Plainfield
Morris, Watson B., 193 Morris av., Springfield
Munger, Ray T., 727 Watchung av., Plainfield
Murphy, Albert T., 1108 Anna st., Elizabeth
Murphy, Herschel S., 320 Chestnut st., Roselle
Murray, Norman L., 129 Summit av., Summit
Naidorff, Saul A., 404 W. 7th st., Plainfield
Newbury, Graham C., 209 Holly st., Cranford
Nittoli, Rocco M., 660 E. Jersey st., Elizabeth
Novello, Joseph A., 641 Second av., Elizabeth
Nussbaum, Joseph, 321 Elmora av., Elizabeth
Obester, Gabriel E., 640 N. Broad st., Elizabeth
Oderr, Charles, 659 Glen av., Westfield
Orton, Foster, 196 Elm av., Rahway
Orton, George L., 196 Elm av., Rahway
Osher, Morris M., 157 North av., Fanwood
Owen, Philip, 1273 Stuyvesant av., Union
Paulson, Arch M., 160 E. 7th st., Plainfield
Pearl, Sydney S., 545 Rahway av., Elizabeth
Peters, Richard C., 963 Park av., Plainfield
Phelan, Walter F., 124 Chilton st., Elizabeth
Poleshuck, Ruben, 127 Hollywood av., Hillside
Polk, Charles C., 114 E. 7th av., Roselle
Prout, Thos. P., 19 Prospect st., Summit
Read, Jessie D., 519 Lenox av., Westfield
Reich, Jerome J., 1410 Maple av., Hillside
Reiner, Jacob, 811 N. Broad st., Elizabeth
Relyea, George McD., 129 Summit av., Summit
Ripps, Maurice L., 410 Elmora av., Elizabeth
Robertson, Grace M., 650 W. 7th st., Plainfield
Rose, Abraham, 212 So. Broad st., Elizabeth
Rosenstein, Saivel L., 2120 Springfield av., Vauxhall
Rubin, David, 200 E. Jersey st., Elizabeth
Runnells, John E., Bonnie Burn Sana., Scotch Plains
Sadoff, Joseph, 116 Elmora av., Elizabeth
Salvati, Leo H., 275 Orchard st., Westfield
Samuels, S. Lawrence, 219 W. 7th st., Plainfield
Satulsky, Emanuel M., 652 Park av., Elizabeth
Schenk, Jos. R., 1177 Park av., Plainfield
Schiller, Edwin, 449 Westminster av., Elizabeth
Schiller, Rosa O., 449 Westminster av., Elizabeth
Schilling, Anthony B., 727 Jefferson av., Elizabeth
Schlein, David, 416 No. Wood av., Linden
Schlichter, Chas. H., 556 N. Broad st., Elizabeth
Schwartz, Samuel H., 1044 Park av., Plainfield
Sell, Frederick W., 167 W. Emerson av., Rahway
Senerchia, Fred F., Jr., 604 Westminster av., Eliza.
Seybold, Arthur D., 1080 Rahway road, Plainfield
Seymour, George A., 253 Orchard st., Elizabeth
Shangle, Milton A., 34 Prince st., Elizabeth
Sherman, Samuel H., 81 Elmora av., Elizabeth
Shirrefs, Russell A., 348 Elmora av., Elizabeth
Silverman, Theo. M., 105 Elmora av., Elizabeth
Sims, Richard V., Jr., 21 Morris av., Summit
Singer, Bella, 406 Elmora av., Elizabeth
Sly, John L., 382 Springfield av., Summit
Spirito, Michael W., 1071 Elizabeth av., Elizabeth
Spivack, David, 376 Elmora av., Elizabeth
Stanton, Nathaniel B., 734 Park av., Plainfield
Staub, E. Milton, 531 E. Broad st., Westfield
Steele, Stephen, 10 West Gibbons st., Linden
Stein, Emil, 607 Park av., Elizabeth
Stein, George H., 406 Elmora av., Elizabeth
Stein, Isadore, 210 Elizabeth av., Elizabeth
Stein, Martin H., 60 Elmora av., Elizabeth
Steinberg, Werner, 912 Washington av., Linden
Stephenson, Gordon A., 145 Summit av., Summit
Steuart, David F. R., 11 De Barry pl., Summit
Stillwell, Harry C., 51 W. Milton av., Rahway
Strauss, Clifton J., 960 Springfield av., N. Providence

Strelinger, Alexander, 650 N. Broad st., Elizabeth
Strickland, George W., 123 West First av., Roselle
Strom, Abraham, 410 W. 7th st., Plainfield
Stuart, James E., 552 E. 2nd st., Plainfield
Stybel, Joseph, 806 W. Front st., Plainfield
Suffness, Gustave, 1081 E. Jersey st., Elizabeth
Taranto, Michael, 635 N. Wood av., Linden
Tator, Arthur E., 57 DeForest av., Summit
Terrell, Edward E., 16 Alden st., Cranford
Tidaback, John D., 382 Springfield av., Summit
Townsend, Leslie M., 37 Grant av. E., Roselle Park
Tyndall, Alice E., 329 Mountain av., Westfield
Tyndall, Martha W., 329 Mountain av., Westfield
Vinciguerra, Michael, 604 Westminster av., Elizab'h
Vitale, Dominic V., 681 Newark av., Elizabeth
Vitolo, Ralph E., 934 Orchard ter., Linden
Vogel, H. Austin, 1060 E. Jersey st., Elizabeth
Wade, Simon F., 555 Newark av., Elizabeth
Wagner, Otto, 111 Stiles st., Elizabeth
Wagner, Richard, 43 S. Broad st., Elizabeth
Walsh, Ronald J., 118 E. 5th av., Roselle
Walsh, Thomas J., 335 S. Broad st., Elizabeth
Ward, Leo J., 137 W. Jersey st., Elizabeth
Warncke, Frank H., 523 Westfield av., Elizabeth
Webb, Eleanor A., 30 Elm st., Summit
Wegryn, Louis S., 257 Elizabeth av., Elizabeth
Weigel, Edgar W., 970 Park av., Elizabeth
Weigel, Elmer P., 727 Watchung av., Plainfield
Weissman, M. T., 947 E. Jersey st., Elizabeth
Western, Frederic B., 1227 Morris av., Townley
Whitken, Albert I., 1056 North av., Elizabeth
Williams, Frank A., 324 W. Jersey st., Elizabeth
Williams, Leonard D., 915 Park av., Plainfield
Wolff, Jerome M., 1414 Martine av., Plainfield
Wolgin, Philip L., 445 Elmora av., Elizabeth
Woody, McIver, 454 Union av., Elizabeth
Wuester, William O., Eliza. Gen. Hosp., Elizabeth
Yagol, Benjamin, Bonnie Burn Sana., Scotch Plains
Yellin, Charles H., 525 E. Second av., Roselle
Yood, Raphael, 401 Grant av., Plainfield
Young, Franklin C., 120 Summit av., Summit
Yuckman, Robert O., 224 W. Jersey st., Elizabeth
Yuckman, William, 701 Madison av., Elizabeth
Zeitlin, Herman H., 943 N. Wood av., Linden
Zingales, J. A., 101 Holly st., Cranford

Number of Active Members and basis of representation, 329, on March 15, 1940.

WARREN COUNTY (21)

Society organized February 15, 1826. Meets on third Tuesday of January, April, July and October, the last being the Annual Meeting.

Active Members

Baldauf, Herman, Jr., Front st., Belvidere
Bloom, Lawrence H., 8 Market st., Phillipsburg
Bossard, Harry B., R. D. No. 2, Phillipsburg
Bostwick, Wallace R., Main st., Blairstown
Brasefield, Edgar N., 218 Chamber st., Phillipsburg
Buchanan, Ralph McK., 131 S. Main st., Phillipsb'g
Cummins, George W., 202 Mansfield st., Belvidere
Domine, Anthony Z., Blairstown
Drake, Paul F., 85 Summit av., Phillipsburg
Dresel, Irmgard, Far Hills
Gordon, Frank S., Blairstown
Hackett, Leon W., 173 Belvidere av., Washington
Humbert, Joseph C., Jr., Stewartsville
Kassow, Philip B., North Blvd., Alpha
Krausz, Emery, 577 S. Main st., Phillipsburg
Marlett, Neumann C., 230 Greenwich st., Belvidere
McMurtrie, William A., 20 Franklin st., Morristown
Patton, Paul B., Blairstown
Shimer, Floyd A., 88 Lewis st., Phillipsburg
Smith, Clyde F., 167 W. Washington av., Wash'gt'n
Smith, J. Meredith, 212 Grand av., Hackettstown
Spillane, Timothy H. P., 379 S. Main st., Phillipsb'g
Vail, William P., Blairstown
Varney, William H., 122 Belvidere av., Washington
West, Guernsey F., 109 So. Main st., Phillipsburg
Wolf, Frank A., 494 S. Main st., Phillipsburg
Zuck, Arthur C., 22 Broad st., Washington

Number of Active Members and basis of representation, 27, on March 15, 1940.

NUMBER OF MEMBERS ON THE OFFICIAL LIST, MARCH 15, 1940

	Active Members	Associate Members
Atlantic	120	
Bergen	274	17
Burlington	49	
Camden	187	
Cape May	29	
Cumberland	54	
Essex	959	71
Gloucester	45	
Hudson	449	
Hunterdon	24	
Mercer	234	22
Middlesex	129	21
Monmouth	132	1
Morris	108	
Ocean	30	
Passaic	363	10
Salem	30	
Somerset	59	
Sussex	24	
Union	329	
Warren	27	
Total	3655	142

SUMMARY

	March 15, 1939	March 15, 1940
Active	3473	3655
Associate	139	142
Total	3612	3797

Increase in Number of Members 185
Deaths of Members During the Year ... 46

MEETINGS OF THE COUNTY SOCIETIES

Atlantic County.—Meets second Friday evening monthly, except in June, July, August and September. Annual Meeting in May.

Bergen County.—Meets on second Tuesday of each month except July and August. Annual Meeting in May.

Burlington County.—Meets second Thursday evening of each month except June, July and August. Annual Meeting in November.

Camden County.—Meets on first Tuesday of each month, October to May inclusive, with an outing in June. Annual Meeting in May.

Cape May County.—Four regular meetings each year. Meets on first Tuesday of April and October. Annual Meeting in November. Semi-annual meeting in April. Other two meetings at call of the President.

Cumberland County.—Meets on the second Tuesday of October, December, February, April and June. Annual Meeting in April.

Essex County.—Meets second Thursday of each month, October to May, inclusive. Annual Meeting second Thursday in May.

Gloucester County.—Regular meetings on the third Thursday of each month except June, July and August. Annual Meeting in May. Annual Social Session in October.

Hudson County.—Meets first Tuesday evening of each month, October to May, inclusive. If a legal holiday, the meeting to be held on the next day. Annual Meeting in May.

Hunterdon County.—Meets on the fourth Tuesday of January, April, July and October, April being the Annual Meeting.

Mercer County.—Meets on the second Wednesday of each month, except July, August and September, at 8:30 p. m., in the Trenton Country Club. Annual Meeting in December. Annual Banquet in November.

Middlesex County.—Meets on third Wednesday of each month, October to June inclusive. Annual Meeting in December.

Monmouth County.—Meets on the fourth Wednesday of each month from September to June, inclusive. Annual Meeting in April.

Morris County.—Meets on the third Thursday of each month from October to June, inclusive. Annual Meeting in June.

Ocean County.—Meets on second Wednesday of each month except June, July, August and September. Annual Meeting in May.

Passaic County.—Meets on the second Thursday evening of each month, except June, July and August. Annual Meeting in May.

Salem County.—Meets on the third Friday of each month, September to May inclusive. Annual Meeting in April. Social Meeting in May.

Somerset County.—Meets on the second Thursday evening of each month except July, August and September. Annual Meeting in June.

Sussex County.—Meets at call of President. Annual Meeting on second Tuesday in May.

Union County.—Meets on second Wednesday of September, November, January, March, April, and May. Annual Meeting in April.

Warren County.—Meets on third Tuesday of January, April, July and October, the last named being the Annual Meeting.

An Alphabetical List of the Members of the Medical Society of New Jersey

COMPILED MARCH 15, 1940

The figures in parenthesis refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

*Deceased.

A

ACTIVE MEMBERS

Abel, Arthur R., 144 Harrison st., East Orange (7)
Abel, Henri E., 339 Union av., Elizabeth (20)
Abey, Wm. J. H., 21 E. Delaware av., Pcn'gton (11)
Abrams, Abram B., 299 Clinton av., Newark (7)
Abrams, Henry, 195 Nassau st., Princeton (11)
Abramson, Solomon, 1587 Irving st., Rahway (20)
Ackerman, Arthur F., 129 Summit av., Summit (20)
Ackermann, Edward, 5 Richards av., Dover (14)
Ackley, David B., 21 N. Clinton av., Trenton (11)
Adams, Geo. B. McC., 304 Monm'th st.,Glouccster(4)
Adams, Rayford K., Lakeside Lodge, Skillman (18)
Adelman, Benjamin B., 190 Clinton av., Newark (7)
Adler, Joseph, 933 Ave. C, Bayonne (9)
Africano, Julius V., 4242 Hudson Blvd., Union C'y(9)
Agayoff, John D., 127 S. Wash'gt'n av.,B'rgenf'd(2)
Agnew, Hobart McV., 17 Plymouth st., Montclair (7)
Agolia, Michael W., 441 Palisade av., Union City(9)
Ainsley, H. Bryson, 246 Union st., Jersey City (9)
Aitken, Frank J., 119 N. Pearl st., Bridgeton (6)
Aitken, Herbert MacG., Ogdensburg (19)
Albano, Edwin H., 144 S. Harrison st., E. Orange(7)
Albano, Joseph, 535 N. 7th st., Newark (7)
Albrecht, Wm. J., 25 N. Bridge st., Somerville (18)
Albright, Louis F., 118 Madison av., Spring Lake(13)
Alexander, Samuel, 12 Main st., Park Ridge (2)
Alexander, Walter G., 48 Webster pl., Orange (7)
Alford, Ralph I., 83 Park st., Montclair (7)
Allaben, Anna L., 165 South st., Morristown (14)
Allan, James S., 144 Harrison st., East Orange (7)
Allegrante, Anthony J., W'sh't'nVal.rd.,M'rt'sv'le(18)
Allen, Arthur A., 365 Park av., Paterson (16)
Allen, Chester B., Jr., 254 Midland av., Montclair(7)
Allen, G. Herbert, 181 Roseville av., Newark (7)
Allen, Isaac L., 521 Palisade av., Union City (9)
Allen, James M., 657 Main av., Passaic (16)
Allen, Raymond N., 144 Harrison st., E. Orange (7)
Alling, Frederic A., 15 Washington st., Newark (7)
Allman, David B., 104 St. Charles pl., AtlanticC'y(1)
Alpert, Edward, 661 Jersey av., Jersey City (9)
Alpren, Bernard F., 34 Auburn st., Paterson (16)
Alter, Nicholas M., 410 Fairmount av., Jersey C'y(9)
Altman, Charles D., 301 Highland av., Newark (7)
Altschul, Frank J., 177 Garf'd av., Long Branch(13)
Ambrose, Anthony, 71 Congress st., Newark (7)
Ambrose, Robert R., 124 Hamilton st.,BoundBr'k(18)
Amdur, Louis A., 2540 Boulevard, Jersey City (9)
Anderson, John F., 195 College av., New Bruns. (12)
Anderson, Reuben M., 408 Main st., Hackens'k (2)
Anderson, Richard D., 465 High st., Burlington (3)
Anderson, Robert C., 519 Sanford av., Newark (7)
Anderson, Wm. M., 20 Kings Hwy. W.,Haddonf'd(4)
Andrews, Clarence L., 1616 Pacific av., Atl. City (1)
Andrus, David L., 805 Cooper st., Camden (4)
Angelillis, Paul, 76 State st., Hackensack (2)
Angelillo, Marc C., 169 Bloomfield av., Newark (7)
Angelo, Joseph A., 10 Centre av., Secaucus (9)
Anrig, Grace E., 133 Summit av., Union City (9)
Anson, Leon J., 314 Center st., Garwood (20)
Antonius, Nicholas A., 27 W. Market st., Newark (7)
Antopol, Wm. A., 201 Lyons av., Newark (7)
Anuario, Chas. B., 283 S. Centre st., Orange (7)
Applebaum, Irving L., 152 Clinton av., Newark (7)
Applegate, Edw. T. R., 1125 Grecnw'd av.,Tr'nt'n(11)
Applestein, Robert, 568 E. State st., Trenton (11)
Appold, Geo. D., 60 E. Church st., Bergenfield (2)
Apter, Abraham H., 528 E. 29th st., Paterson (16)
Arbeit, Sidney R., 2521 Boulevard, Jersey City (9)
Areson, Wm. H., 153 Bellevue av., Up. Montclair(7)
Aria, Michael H., 31 Glenwood av., Jersey City (9)
Armstrong, Lorrimer B., 121 S.Euclid av.,W'stf'd(20)
Armstrong, Robt. R., 114Pennington av.,Passaic (16)
Arndt, Frank R., 960 Bergenline av., N. Bergen (9)
Aronis, Harry R., 239 E. Hanover st., Trenton (11)
Aronowitz, Harry T., 932 Ave. C, Bayonne (9)
Artaserse, Geo. V., 185 Bergen av., Jersey City (9)
Arthur, Frances H., 138 Westfield av.,Elizabeth(20)
Ash, Arthur F., 710 Boulevard, E., Weehawken (9)
Ash, Frank W., 180 Carroll st., Paterson (16)
Ash, Samuel, 25 Johnson av., Newark (7)
Asher, Maurice, 186 Clinton av., Newark (7)
Ashley, Harmon H., 192 W. State st., Trenton (11)
Assante, Mario H., Gibbsboro rd., Clementon (4)
Aszody, Paul, 340 Waverly av., Newark (7)
Athey, Kenneth L., 3616 Westfield av., Camden (4)
Atkinson, John M., 93 Greenwood av., Madison (14)
Atkinson, James Q., State Colony, New Lisbon (3)
Atkinson, James W., 603 S. Maple av.,GlenRock(16)
Atwell, David R., 920 Hudson st., Hoboken (9)
Atwood, Edward A., 360 Park av., Paterson (16)
Auriemma, Michele, 419 Adams st., Hoboken (9)
Austin, Thomas R., 19 Holly st., Cranford (20)
Averbach, Jacob, 435 Clifton av., Clifton (16)
Avery, Philip S., 546 Central av., Bound Brook (12)
Avidan, Maurice S., 30 Stratford pl., Newark (7)
Axford, W. Homer, Chester (9)
Axilrod, Maurice H., 2620 Pacific av., Atlantic C'y(1)

ASSOCIATE MEMBERS

Ackerhalt, Martin J., 543 Clifton av., Clifton (16)
Albano, Frank J., 535 N. 7th st., Newark (7)
Albert, Perry, 2780 S. Broad st., Trenton (11)
Allen, Edwin J., 266 Van Houten st., Paterson (16)
Anderson, Wm. A., 1255 Broad st., Bloomfield (7)

B

ACTIVE MEMBERS

Babbitt, Hugh M., Jr., 950 Park av., Plainfield (20)
Bachmann, Wm., 87 Hillcrest ter., East Orange (7)
Bacon, Mary, 278 E. Commerce st., Bridgeton (6)
Bacote, Ernest F., 78 Barclay st., Newark (7)
Baeseman, R. Winfield, 501 Grand av., Asb.P'k(13)
Bahnson, Conrad M., 170 Bowers st., Jersey C'y(9)
Bailey, Chas. P., 439Timberlake rd.,Up.Darby,Pa.(13)
Bailey, Harmon J., 116 Summit av., Summit (20)
Bailyn, Emanuel, 331 16th st., West New York (9)
Baiocchi, Pascal J., 203 Hunterdon st., Newark (7)
Baker, Augustus L., 389 W. Blackwell st., Dover(14)
Baker, Banks S., 618 Benson st., Camden (4)
Baker, Charles F., 198 Clinton av., Newark (7)
Baker, Clifford, 800 Elmer st., Vineland (6)
Baker, Elsworth F., State Hospital, Marlboro (13)
Baker, Hugh W., 8th & Elmer sts., Vineland (6)
Baker, Maclyn M., 638 Stuyvesant av., Irvington(7)
Baker, Maurice E., 1149 Kaighn av., Camden (4)
Baker, Philip W., High Bridge (10)
Baker, Raymond D., 52 DeForest av., Summit (20)
Baketel, H. Sheridan, 155VanWagenen av.,Jer.C'y(2)
Baldauf, Herman, Jr., Front st., Belvidere (21)
Baldwin, John F., 1474 Windsor rd., W.Englew'd(2)
Baldwin, Samuel H., 626 Clinton av., Newark (7)
Ballinger, Reeve L., 659 Kearny av., Arlington (9)
Balogh, Wm. A., 315 Dunellen av., Dunellen (12)
Balze, Henry R., 147 Christie st., Leonia (2)
Bambara, Aurelius J., Flemington (10)
Banks, Winifred D., 6 N. Munn av., E. Orange (7)
Banta, Raymond E., 118 E. Clinton av., Tenafly (2)
Bar, Samuel, 54 Main st., Englishtown (13)
Barb, Kirk B., 1303 Princess av., Camden (4)
Barbarito, Wm. N., 135 Bentley av., Jersey City (9)
Barbash, Roslyn H. W., 835 Red rd., Teaneck (2)
Barbash, Samuel, 1902 Pacific av., Atlantic City (1)
Barbour, George E., 118 W. High st., Somerville (18)
Barishaw, Samuel B., 5 Bentley av., Jersey City (9)
Barkhorn, Charles W., 223 Roseville av., Newark(7)
Barkhorn, Henry C., 45 Johnson av., Newark (7)
Barlow, Frank A., 965 Madison av., Paterson (16)
Barlow, G. Barton, 157 Engle st., Englewood (2)
Barnard, Frank G., 65 N. Fullerton av., Montclair(7)
Barnes, William J., 155 Engle st., Englewood (2)
Barnshaw, Harold D., 406 Cooper st., Camden (4)
Barolsky, Benjamin, 306 Broadway, Paterson (16)
Baron, Leo E., 727 N. Wood av., Linden (20)
Barone, Francis A., 135 Bergen av., Jersey City (9)
Barr, Joseph, 975 Madison av., Paterson (16)
Barrett, John E., 635 Summer av., Newark (7)
Barrett, Joseph F., 230 Parker av., Maplewood (7)
Barroway, James N., 2626 Federal st., Camden (4)
Barrows, Arthur M., 440 Hamilton av., Trenton (11)
Barrows, Victor I., 316 N. Broadway, Pitman (8)
Barry, R. Grant, 908 W. State st., Trenton (11)
Bartlett, Clara K., 4301 Atlantic av., Atlantic C'y(1)
Baruch, Hilde, 202 Stiles st., Elizabeth (20)
Baruch, Rudolf J., 202 Stiles st., Elizabeth (20)
Bass, Rose D., 54 Lyons av., Newark (7)
Bassett, Lavern C., 320 New Market rd.,Dunell'n(12)
Bassett, Norman H., 1616 Pacific av., Atl. City (1)
Baum, Felix, 765 S. 10th st., Newark (7)
Baum, Samuel, 10 Osborne ter., Newark (7)
Bauman, Everett O., 17 Hillside av., Newark (7)
Bauman, Kenneth R., 213 N. 3rd av., Millville (6)
Bauman, Rush C., 92 High st., Nutley (7)
Bayne, Joseph K., 12 Princeton av., Princeton (11)
Beairsto, Everett B., 178 W. State st., Trenton (11)
Beatty, Hannah J., Clinton Farms, Clinton (10)
Beaver, Jennie D., 44 Elm st., Morristown (14)
Becker, C. Frederick, 620 Benson st., Camden (4)
Becker, Frederick W., 14 Clinton pl., Newark (7)
Becker, George L., 646 E. 28th st., Paterson (16)
Becker, Sidney D., 140 Maple pl., Keyport (13)
Becket, George C., 350 Springdale av., E.Orange(7)
Beekman, John B., Bedminster (18)
Beideman, Casper M., 116 E.Maple av.,Merch'tv'le(4)
Beir, Ily R., 3900 Atlantic av., Atlantic City (1)
Beisler, Lawrence G., 1528 N. Broad st., Hillside (20)
Belafsky, Henry A., 150 Greene st., W'dbridge (12)
Belfer, Jacob J., 1235 Chambers st., Trenton (11)
Belford, Ralph J., 90 Nassau st., Princeton (11)
Beling, C. Abbott, 111 Clinton av., Newark (7)
Beling, Christopher C., 111 Clinton av., Newark (7)
Bell, Horace O., Essex Co. Hosp., Belleville (7)
Bell, Thomas, 340 Belmont av., Newark (7)
Bellak, Ellis R., Leesburg (6)
Bellis, Horace D., 437 E. State st., Trenton (11)
Belting, Arthur W., 836 W. State st., Trenton (11)
Ben-Asher, Solomon, 260 Bergen av., Jersey City(9)
Bender, Max, 327 23rd st., Union City (9)
Bender, Theodore, 666 Broadway, Paterson (16)
Bendix, Gerhard M., 56 E. Somerset st., Raritan (18)
Benjamin, Harold C., 59 Crescent av., Jersey City(9)
Benjamin, Jos. F., 203 Godwin av., Ridgewood (16)
Bennett, Samuel D., 118 Pine st., Millville (6)
Bennett, Wm. F., Essex Mt. Sanatorium, Verona(7)
Bensley, Maynard G., 129 Summit av., Summit (20)
Bentley, David F., Jr., 406 Cooper st., Camden (4)
Berardinelli, Carmine G., 92 8th av., Newark (7)
Berenson, Sam'l J., 1012 E. Jersey st., Elizabeth(20)
Beres, Albert J., 492 Wood Ridge av.,WoodRidge(2)
Berg, Samuel, 156 Roseville av., Newark (7)
Berger, Harry, 921 S. Clinton av., Trenton (11)
Berger, Wm. A., 346 Roseville av., Newark (7)
Bergin, Joseph V., 315 Broadway, Paterson (16)
Bergman, Meyer W., 31 Lincoln Park, Newark (7)
Bergmeyer, Josef T., 422 20th st., W. New York (9)
Berk, M. David, 33 Bartholf av., Pompton Lks. (16)
Berke, Raynold N., 430 Union st., Hackensack (2)
Berkhout, Peter G., 106 Haledon av., Prosp't P'k(16)
Berkow, Samuel G., 138 Market st., P .Amboy (12)
Berkowitz, Benjamin, 20 Bank st., Bridgeton (6)
Berlin, Joseph I., 2600 Hudson Blvd., Jersey City(9)
Berman, H. Robert, 286 Roseville av., Newark (7)
Berman, Jacob J., 409 Market st., Trenton (11)
Berman, Leonard M., 155 Summit av., Summit (20)
Berman, Sol, 61 DeHart pl., Elizabeth (20)
Bernhard, Wm. G., 142 Clinton av., Newark (7)
Bernheisel, Louis E., Reading av., Tuckahoe (5)
Bernstein, Arthur, 330 Belmont av., Newark (7)
Bernstein, Benedict J., 434 E. Front st.,Plainf'd(20)
Berry, C. Hartley, 129 Summit av., Summit (20)
Bertha, Nicholas A., 301 S. Main st., Wharton (14)
Beshlian, Hagop K., 7 Lee pl., Paterson (16)
Betancourt, Raul R., 406 Cooper st., Camden (4)
Betcher, Albert M., 21 Highland av., Jersey City (9)
Beveridge, Wm. W., 1000 Grand av., Asbury P'k(13)
Bew, Richard C., 1217 Pacific av., Atlantic City (1)
Beyer, Othmar J., 42 Laurel av., Irvington (7)
Beyer, Wm., 612 Undercliff av., Edgewater (2)
Bianchi, Angelo R., 184 Hunterdon st., Newark (7)
Bickner, Alvah W., 84 Park av., Rutherford (2)
Biczak, Arkad K., 311 Lexington av., Clifton (16)
Bien, Frank A., 999 Clinton av., Irvington (7)
Bierach, Jules L., Water st., Toms River (15)
Bigelow, Elizabeth F., 120 Prospect st., S.Orange(7)
Bigelow, Nelson S., 120 Prospect st., S. Orange (7)
Bigliani, Urban R., 526 36th st., North Bergen (9)
Binder, Joseph, 101 Third av., Long Branch (13)
Bingham, Arthur W., 144 Harrison st., E.Orange(7)
Bird, Frank L., Main st., Netcong (14)
Birdsall, Clarence A., 9 Smull av., Caldwell (7)

Birely, M. Franklin, 170 Ridgew'd av., Ridgew'd(16)
Birrell, Russell G., 554 Westminster av.,Elizab'h(20)
Bishop, Carl, 831 Madison av., Plainfield (20)
Bissett, John V., 29 Hawthorne av., East Orange (7)
Bitten, Robt. M., 33 Romaine av., Jersey City (9)
Black, LeRoy W., 33 W. Passaic av., Rutherford (2)
Black, Max, 1302 St. George av., Elizabeth (20)
Blackburne, George, 490 Central av., Newark (7)
Blackwell, Enoch, 28 W. State st., Trenton (11)
Blair, Thomas D., 414 Park av., Plainfield (20)
Blaisdell, C. Byron, 489 Broadway, Long Branch(13)
Blakey, Abram P., 155 Wegman Pkwy., Jer. City (9)
Blanchard, Charles L., 28 E. Blackwell st., Dover(14)
Blanchard, Kenneth, 25 S. Munn av., E. Orange (7)
Blank, Sam'l, N. J. St. Vil. Epileptics, Skillman(18)
Blatt, David, 960 Madison av., Elizabeth (20)
Blaugrund, Samuel, 190 W. State st., Trenton (11)
Blaustein, Maurice L., 37 Hillside av., Newark (7)
Blauvelt-Wells, Grace B., 76 Heights rd.,Ridgew'd(2)
Bleasby, Charles B., 136 Passaic st., Garfield (2)
Bleiberg, Jacob, 31 Lincoln Park, Newark (7)
Bleick, Theodore E., 61 Van Ness pl., Newark (7)
Blenkle, Victor A., 140 Chadwick rd., Teaneck (2)
Bloch, Harry, 613 N. Broad st., Elizabeth (20)
Block, Marcus T., 177 Bloomfield av., Newark (7)
Block, Max, 48 N. Fullerton av., Montclair (7)
Block, Milton, 711 Chancellor av., Irvington (7)
Bloom, Lawrence H., 8 Market st., Phillipsburg (21)
Blum, Joseph M., 128 Mill st., Trenton (11)
Blumberg, A. William, New Egypt (15)
Blumberg, Jack, 504 Westminster av., Elizabeth (20)
Blythe, Rowland P., 30 Springfield av., Cranford(20)
Bobadilla, Juan E. B., 2 Mercer st., Dover (14)
Bocchini, Joseph A., 366 S. 12th st., Newark (7)
Bohl, Louis J., 320 Broadway, Paterson (16)
Boland, Lucy E., 27 Washington av., Arlington (9)
Bolanowski, Kasimier J., 145Marshall st.,Eliz'b'h(20)
Bolton, Bernard, 291 Osborne ter., Newark (7)
Bonanno, Peter J., 500 35th st., North Bergen (9)
Bongiorno, Henry D., 516 River st., Paterson (16)
Bonynge, Henry A., 123 Prospect st., Ridgewood(16)
Bookrajian, Edward N., 5459 Boulevard,N.Bergen(9)
Bookstaver, Barnet S., 193 Norma rd., Teaneck (2)
Booth, George R., 219 Highland av., Westville (8)
Booth, Walter S., 318 Grier av., Elizabeth (20)
Booth, William K., 304 William st., Boonton (14)
Boothby, I. Roland, Clinton (10)
Boozan, Wm. E., 1139 E. Jersey st., Elizabeth (20)
Bornstein, David, 80 Carroll st., Paterson (16)
Borow, Benjamin, 574 Watchung av., BoundBr'k(18)
Borow, Henry, 507 Church st., Bound Brook (18)
Borow, Louis S., 507 Church st., Bound Brook (18)
Borow, Maurice, 509 Church st., Bound Brook (18)
Borrella, Dominic D., 476 Hamilton av., Trenton(11)
Borrone, Milton G., 2695 Boulevard, Jersey City (9)
Borshaw, Hyman, 108 Bentley av., Jersey City (9)
Borsher, Irving P., 249 Broad st., Bloomfield (7)
Bortone, Frank, 2765 Boulevard, Jersey City (9)
Bosch, Taeke, Goffle Hill rd., Wyckoff (2)
Boselli, Emile H., 614 15th st., Union City (9)
Bossard, Harry B., R. D. No. 2, Phillipsburg (21)
Bossert, Chas. L., 4021 Atlantic av., Atlantic City(1)
Bostwick, Delazon S., Cumberl'd Hotel,Bridgeton(6)
Bostwick, Wallace R., Main st., Blairstown (21)
Botbyl, Burt W., 927 Madison av., Paterson (16)
Botti, John A., 236 Summit av., Jersey City (9)
Bourns, Edward G., 126 Harrison av.,Westfield(20)
Bove, Joseph, 306 Lincoln av., Orange (7)
Bowers, F. Clyde, Mountain av., Mendham (14)
Bowersox, Clarence A., 509 N. Broad st.,Woodb'ry(8)
Bowles, Harry H., 36 Woodland av., Summit (20)
Bowman, Ned O., 1001 Georges rd., New Bruns. (12)
Bowyer, Franklin F., 50 Gifford av., Jersey City (9)
Boyd, John B., 141 Broad st., Red Bank (13)
Boyd, Robert P., 120 Martine av., Fanwood (20)
Boyer, Charles G., Annandale (10)
Boyes, James G., 1326 Chetwynd av., Plainfield (20)
Boylan, Lawrence B., 630 Main st., Paterson (16)
Boysen, Theo. H., 100Philad'lphia st.,EggHrbr.C'y(1)
Brackett, Elizabeth R., 371 Franklin av., Nutley (7)
Bradford, Stella S., 16 Seymour st., Montclair (7)
Bradley, Robert A., 1616 Pacific av., Atlantic City(1)
Bradshaw, John H., 27 High st., Orange (7)
Brady, Thomas S., 678 Ave. C, Bayonne (9)
Brady, William A., 412 44th st., Union City (9)
Braitman, Max, 412 16th st., West New York (9)
Brakeley, Elizabeth, 71 Myrtle av., Montclair (7)
Bramble, Halsey S., Front & Chestnut sts.,Elmer(17)
Brancato, Peter, 17 Church st., Paterson (16)
Branch, W. Harold, 190 Duncan av., Jersey City (9)
Brandenburg, Leo W., 4260 Blvd., Union City (9)
Brandman, Otto, 83 Johnson av., Newark (7)
Branin, Howard S., 200 W. Main st., Millville (6)
Branon, Mark E., 16 W. Passaic av., Rutherford (2)
Brasefield, Edgar N., 218 Chamber st., Phil'psb'g(21)
Brauer, Selig L., 234 Bergen av., Jersey City (9)
Braun, David C., 216 Spring st., Newton (19)
Braun, Gustav A., 221 S. Orange av., Newark (7)
Braun, Wm., 4307 W. Maple av., Merchantville (4)
Braunstein, Sigmund C., 424 13th st., W.NewY'k(9)
Braunstein, Wm. P., 1 Bellevue av., Weeh'wk'n (9)
Bregman, Alexander, 2 Dempsey av., Edgewater (2)
Brennan, Charles L. S., 14 S.Br'dw'y,Glouc'st'rC'y(4)
Brennan, John P., 429 Cooper st., Camden (4)
Brennock, Thos. McG., 3 Webster av., Jersey C'y(9)
Breslow, Alexander E., 930 Pierpont st., Rahway(20)
Breslow, Samuel, 157 Market st., Perth Amboy (12)
Brevoort, Henry H., 54 Main st., Lodi (16)
Brick, George J., 43 Cottage st., Jersey City (9)
Brien, William M., 449 Main st., Orange (7)
Briggs, Henry, 144 Harrison st., East Orange (7)
Brignola, Gerald C., 634 Bloomfield st., Hoboken (9)
Brim, Anne S., Hotel Edgemere, E. Orange (7)
Brindle, Harry R., 501 Grand av., Asbury Park (13)
Brittain, Elmore G., 4 E. High st., Bound Brook(18)
Broadnax, Mary E., 140 Roseville av., Newark (7)
Brodkin, Eva T., 365 Osborne ter., Newark (7)
Brodkin, Henry A., 365 Osborne ter., Newark (7)
Brody, Morton S., 67 Paterson st., New Bruns. (12)
Brogan, Francis B., 84 Ward st., Paterson (16)
Brokaw, Christopher A., 1405 North av., Eliz'b'h(20)
Bromberg, Chas. B., 107 Lexington av., Passaic (16)
Brooke, Charles R., 50 Thomas st., Newark (7)
Brooks, George M., Cape May Court House (5)
Brooks, Sidney, 380 12th av., Paterson (16)
Brophy, Francis X., 55 Gifford av., Jersey City (9)
Broselow, Benjamin G., Delsea dr., Franklinville(8)
Brotman, Harry, 783 S. 10th st., Newark (7)
Brotman, Morton M., 90 Avon av., Newark (7)
Brown, Chester R., 22 Midland av., Arlington (7)
Brown, Chester T., Prudential Ins. Co., Newark (7)
Brown, Edith L., 332 Woodland av., Avon (13)
Brown, Fred'k L., 67 Liv'gst'n av.,NewBrunsw'k(12)
Brown, Harold W., 27 S. Fullerton av., Montclair(7)
Brown, Harvey S., 5 Club pl., Freehold (13)
Brown, J. Carlisle, 101 S. Indiana av., Atl. City (1)
Brown, John L., 647 Anderson av., Grantwood (2)
Brown, Kenneth G., 501 Grand av., Asbury Park(13)
Brown, L. Greeley, 173 Madison av., Elizabeth (20)
Brown, Leonard, 190 Park st., Ridgefield Park (2)
Brown, Lewis W., 160 Roseville av., Newark (7)
Brown, Richard J., 105 Ridgewood rd., S. Orange (7)
Brown, Stanley L., Glen av.&Loc'st st.,L'relSpr'gs(4)
Brown, Wm. H., 29 Third st., Elizabeth (20)
Browning, W. Kempton,120N.C'ntre st.,M'rch'tv'le(4)
Browning, Wm. J., 134 N. Centre st., Merch'tv'le(4)
Brozdowski, John J., 554½ Jersey av., Jersey C'y(9)
Bruning, Richard H., 372 Wyoming av.,Maplew'd(7)
Buchanan, Ralph M. L., 131 S.Main st.,Phil'psb'g(21)
Buckley, J. L., 666 Franklin av., Nutley (7)

Buckley, Paul J., 159 Palisade av., Bogota (2)
Buckley, Rich'd T., Jr., Peddie Sch'l, Hightst'n (11)
Budd, J. Reuben, 379 Clifton av., Clifton (16)
Budington, Walter I., 24 Commerce st., Newark (7)
Buermann, Robert, 206 Madison av., Lakewood (15)
Bugbee, Frederick C., 802 E. 5th st., Tucson, Ariz.(7)
Bull, Louis M., 92 Heller Parkway, Newark (7)
Bull, Robert I., 361 Lafayette st., Newark (7)
Bull, William J., 98 Park st., Montclair (7)
Bullen, Victor E., 148 Hamilton av., Paterson (16)
Bullwinkel, Fred'k, Oc'n Blvd&4th av.,At.H'hl'ds(13)
Bump, Samuel C., 65 N. Maple av., Ridgewood (2)
Bunnell, Fred'k N., 22 S. Main st., Barnegat (15)
Bunting, P. DuBois, 712 N. Broad st., Elizabeth (20)
Burbidge, J. Raym'd, Is'bellaMcCoshInf.,Pr'nct'n(11)
Burke, Stephen E., 212 First av., Newark (7)
Burkett, J. Paul, 215 Delaware st., Woodbury (8)
Burkett, Wendell J., 16 W. Holly av., Pitman (8)
Burn, Victor E., 27 Trinity st., Newton (19)
Burne, John J., 17 Gould av., Newark (7)
Burnett, Chas. B., 109 Main st., South River (12)
Burnham, Lyman, 229 Engle st., Englewood (2)
Burns, Geoffrey C. H.,County rd.&So.st.,Demarest(2)
Burns, Joseph R., 46 S. Olden av., Trenton (11)
Burns, Wilmer F., 267 White HorsePike,Audubon(4)
Burpeau, Wm. P., 144 Harrison st., E. Orange (7)
Burritt, Norman W., 30 Beechwood rd., Summit(20)
Burroughs, Edmund W., 701 W.State st.,Trenton(11)
Burstein, Frank, 402 Clinton av., Newark (7)
Busansky, Samuel T., Circle drive, Browns Mills (3)
Busch, Herman, 38 Johnson av., Newark (7)
Bush, Archer C., 40 Union st., Montclair (7)
Bush, Ralph K., 131 E. Park av., Merchantville (4)
Busicco, Philip S., 131 Liberty rd., Englewood (2)
Butcher, Charles, Heislerville (6)
Butenas, Joseph J., 300 First av., Elizabeth (20)
Butler, Eustace C., 249 Bloomfield av., Caldwell (7)
Butler, Vincent P., 33 Bentley av., Jersey City (9)
Butterfield, Arey A., 135 Aycrigg av., Passaic (16)
Buvinger, Chas. W., 50 Washington st., E.Orange(7)
Buzby, B. Franklin, 414 Cooper st., Camden (4)
Byck, Louis, 114 Lyons av., Newark (7)
Byer, M. Yale, 827 E. State st., Trenton (11)
Byers, Clarence W., 176 Union av., Rutherford (2)
Byrne, James A., 16 Elm st., Morristown (14)
Bythewood, Alton E., Jr., 145W.Market st.,New'k(7)

ASSOCIATE MEMBERS

Barbella, Joseph D., 498 N. 13th st., Newark (7)
Baron, Herbert A., 272Columbus av.,Hasbr'kHgts.(2)
Bennett, Robt. E., N. J. State Hospital, Trenton(11)
Bergmann, Ewald H., 376 N. Main st., Milltown (12)
Besson, Franklin J., 999 Clinton av., Irvington (7)
Bonnet, W.Laurence,2791N't'gh'm way,M'rc'rv'le(11)
Butan, Louis, 579 Valley rd., West Orange (7)

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ACTIVE MEMBERS

Cacciarelli, Robt. A., 517 Roseville av., Newark (7)
Caggiano, Anthony P., 237 Grove st., Montclair (7)
Caggiano, John D., 165 W. Main st., Pennsgrove(17)
Cahill, Laurence A., 361 Lafayette st., Newark (7)
Calabrese, D. John, 139 Rochelle av., RochelleP'k(2)
Calasibetta, Chas. J., 37 Longfellow av.,Newark(7)
Caldwell, Donald M., Prudential Ins. Co., Newark(7)
Caldwell, Julius A., 45 S. Mountain av.,Montclair(7)
Callahan, Edward J., 124 St. Paul st., Westfield(20)
Callery, Wm. T., 10 Columbia ter., Weehawken (9)
Calligaro, Egildo A., 75 Clifton av., Clifton (16)
Calvert, Wm. C., 225 Gregory av., W. Orange (7)
Calvin, Chas. H., 80 Commerce st., Perth Amboy(12)
Camche, Leo J., 250 Renner av., Newark (7)
Cameron, C. Paul, 401 Atlantic av., Ocean City (5)
Cameron, Edwin A., 186 S. Burnett st., E. Orange(7)
Campbell, James M., 101 S. Central av., Ramsey (2)
Campbell, William, 144 Harrison st., East Orange(7)
Campbell, Wm. K., 96 Third av., Long Branch (13)
Campo, A. Guy, 200 Broadway, Westville (8)
Candio, Vincent P., 347 Ridge rd., Lyndhurst (2)
Cannon, Edward A., 5360 Hudson Blvd.,N.Bergen(9)
Canright, Cyril M., 34 Springfield av., Cranford (20)
Cantini, Raphael S., 1133 Stilford av., Plainfield (20)
Caprio, Orlando G., 105 Third av., Newark (7)
Caputo, Anthony R., 151 Wash'gt'n av.,Belleville(7)
Carabelli, A. Albert, 306 Hamilton av., Trenton (11)
Carberry, Edward T., 67 S. Main st., Wharton (14)
Carbone, Francesco N., 440 Central av., Orange (7)
Carbone, Ralph, 501 Marlboro rd., Wood Ridge (2)
Card, Chas. F., 144 W. Milton av., Rahway (20)
Cardinale, Pasquale F., 654 E. Jersey st.,Elizab'h(20)
Cardwell, Edgar P., 47 Central av., Newark (7)
Carey, David S., 11 E. Main st., Freehold (13)
Caridi, Salvator, 465 Bergenline av.,W.NewYork(9)
Carlander, Oswald R.,1972Br'wning rd.,M'rch'tv'le(4)
Carlisle, James M., 550 Hillcrest av., Westfield (20)
Carlisle, John H., 129 Prospect st., Passaic (16)
Carlisle, Paul E., 763 Broad st., Newark (7)
Carlough, David J., 426 Ellison st., Paterson (16)
Carman, Fletcher F., 31 Lincoln Park, Newark (7)
Carman, John H., 602 Crescent av., Plainfield (20)
Carmona, L. Roberto, 141 Wood st., Tuckerton (15)
Carpenter, Cedric C., 129 Summit av., Summit (20)
Carpenter, Wm. H., 39 Aberdeen pl., Woodbury (8)
Carr, Mary B., 1 Astor pl., Jersey City (9)
Carrigan, Francis P., 140 Roseville av., Newark (7)
Carrington, Wm. J., 905 Pacific av., Atlantic C'y(1)
Carroll, C. Walter, 125 Centre st., Trenton (11)
Carroll, Thos. R., 754 Anderson av., Cliffside Park(2)
Carroll, William V., 211 Academy st., Trenton (11)
Carsley, Sidney H., 19 Holly st., Cranford (20)
Carter, Joseph F. S., 142 Atkins av., Asbury P'k(13)
Cartnick, Louis C., 228 Hillcrest av., W'd Ridge (2)
Caruso, Paul F., 196 Hackensack st., Wood Ridge(2)
Casale, John B., 359 Bloomfield av., Newark (7)
Casciano, Adolph D., 42 Ridgefield av.,Ridgef'dP'k(2)
Casilli, Arturo R., 618 Newark av., Elizabeth (20)
Casselman, Arthur J., 301 N. 2nd st., Camden (4)
Cassidy, John McM., 1913 Hudson Blvd., Jer.City(9)
Castellano, Martin G., Essex Mt. Sana., Verona (7)
Catanzaro, Francesco, 151 Jefferson st., Passaic (16)
Cater, Douglas A., 57 S. Harrison st., E. Orange (7)
Cella, Charles F., 359 Hamilton av., Trenton (11)
Cerone, Daniel M., 309 First av., Newark (7)
Cestone, Canio, 521 Pompton av., Cedar Grove (7)
Cetrulo, Gerald I., 234 Mt. Prospect av., Newark (7)
Chaiken, Louis H., Winfield Scott Hotel,Elizab'h(20)
Chalfant, W. Paxson,Jr.,7003Ventnor av.,Ventnor(1)
Chamberlain, Aims R., 30 Lenox pl., Maplewood (7)
Chamberlain, Richard R., 30 Lenox pl., Maplew'd (7)
Champlin, Paul M., 43 S. Arlington av., E.Orange(7)
Chapman, Ellis J., 203 Danforth av., Jersey City (9)
Chapman, Otis P., 125 Broad st., Elizabeth (20)

Chapman, Robert W., 835 Bergen st., Newark (7)
Chapnick, Maurice M., 117 Paterson st.,Paters'n(16)
Charbonneau, Eugene G., 111 S.Harrison st.,E.Or.(7)
Charlton, C. Coulter, 124 S. Illinois av., Atl. City (1)
Chase, Kalman, Jr., 80 Sheridan av., Hohokus (2)
Chase, Wm. E., 137 Gregory av., Passaic (16)
Chayes, Sydney, 980 Ave. C, Bayonne (9)
Cherashore, Harry N., 363 Centre st., Nutley (7)
Chernus, Jack, 443 Belmont av., Newark (7)
Cherry, Homer H., Valley View Sana., Paterson (16)
Chesler, Maurice, 124 W. Broadway, Salem (17)
Chesner, William A., 1111 Hamilton av., Trenton(11)
Chester, Saul W., 634 Broadway, Paterson (16)
Chianese, C. Chester, 464 Hamilton av., Trenton(11)
Childers, Robert J., 604 Park av., Plainfield (20)
Chilton, Forrest S.,Nwk.-Pmptn.Tpk.,Pmpton.Pl.(16)
Chimacoff, Hyman, 171 Elizabeth av., Newark (7)
Chipley, Bascomb L., Valley ViewSana.,Paterson(16)
Chmelnik, Abraham G., 299 Clinton av., Newark (7)
Christman, Irving, 408 Ellison st., Paterson (16)
Christensen, Alexander H., Lebanon (10)
Christian, Albion C., 1080 Clinton av., Irvington (7)
Christian, Henry A., 111 Fairview av., Jer. City (9)
Church, Franklin H., 86 W. Broadway, Salem (17)
Ciampa, Ralph P. E., 383 Bath av., Long Branch(13)
Ciccone, Anthony C., 389 Grand st., Paterson (16)
Cieri, Daniel S., 315 Central av., Union City (9)
Ciliberti. Frank J., Jr., 713 S. 5th st., Camden (4)
Clarie, D'Arcy C., 558 Broad av., Ridgefield (2)
Clark, Alice L., 206 W. State st., Trenton (11)
Clark, Charles C., 461 New York av., Union City(9)
Clark, Chas. E., N. J. State Hospital, Trenton (11)
Clark, Ernest W., 209 Haddon av., Westmont (4)
Clark, Frank G., White House Station (10)
Clark, John C., 501 Grand av., Asbury Park (13)
Clark, S. Worth, 152 S. No. Carolina av.,Atl.C'y(1)
Clarke, Edw. W., 435 Warwick av., W. Englew'd(2)
Clarke, Francis M., 116 New st., New Brunsw'k (12)
Clarken, Joseph A., 43 Lincoln Park, Newark (7)
Claus, C. Hermann, 776 S. 19th st., Newark (7)
Clay, Thomas A., 351 Totowa av., Paterson (16)
Cleary, Joseph P., Minotola (1)
Clement, Baxter L., 15 Washington st., Newark (7)
Clement, Lavinia B., 124 KingsHghwy.W.,H'd'nf'd(4)
Clinton, Joseph A., 339 Park av., Newark (7)
Clock, Ralph O., 20 Ridgecrest W., Scarsdale,N.Y.(2)
Close, Byron H., Hamburg Tnpk., Bloomingdale (16)
Cloud, Albert W., Hugenot av., Englewood (2)
Coburn, J. Wesley, 111 N. OratonPkwy.,E.Orange(7)
Cochrane, Cleland D., Main st., Closter (2)
Coe, Richard, 156 Clinton av., Newark (7)
Coffin, Henry F., 116 N. 9th st., Newark (7)
Cogan, Henry, 616 Tacoma av., Buffalo, N. Y. (16)
Coghlan, Jasper, 540 Parker st., Newark (7)
Cohan, Charles C., 217 W. Hanover st., Trenton (11)
Cohen, Herman, 489 Jersey av., Jersey City (9)
Cohen, Herman, 1301 Hamilton av., Trenton (11)
Cohen, Herman N., 714 Park av., Hoboken (9)
Cohen, Julian, 475 Park av., Paterson (16)
Cohen, Louis, 257 Paulison av., Passaic (16)
Cohen, M. Marvin, 137 Graham av., Paterson (16)
Cohen, Maurice, 106 Valley rd., Montclair (7)
Cohen, Maurice B., Woolworth Bldg., Wildwood (5)
Cohen, Max, 60 Ridge rd., N. Arlington (7)
Cohen, Meyer J., 118 Johnson av., Newark (7)
Cohen, Nathan B., 232 State st., Perth Amboy (12)
Cohen, Oscar H., 115 Church st., Boonton (14)
Cohen, Paul, 500 State st., Camden (4)
Cohen, Samuel, 145 Harrison av., Jersey City (9)
Cohen, Samuel A., 477 Jersey av., Jersey City (9)
Cohen, Sidney A., 283 Clinton pl., Newark (7)
Cohen, Sidney L., 20 Avon av., Newark (7)
Cohen, Sidney P., 512 Franklin av., Nutley (7)
Cohen, William, 1007 Greenwood av., Trenton (11)
Cohn, Hermann, 393 Clinton av., Newark (7)
Cohn, Isidor, 231 Lexington av., Passaic (16)
Cohn, Royal M., 740 Clinton av., Newark (7)
Colavita, James J., 433 Princeton av., Trenton (11)
Colby, Maxwell X., 287 Westw'd av.,L'ngBranch(13)
Cole, L. Frank, 242 Broadway, Passaic (16)
Cole, Walter H., Jr., 1060 E. Jersey st., Elizabeth(20)
Coleman, Austin H., Clinton (10)
Coleman, Joseph G., Hamburg (19)
Coleman, Russell, 54 N. Clinton st., E. Orange (7)
Collier, Martin H., Camden Co.T.B.Hosp.,Gr'nl'ch(4)
Collier, Wm. S., 1000 S. Broad st., Trenton (11)
Collins, Henry J., 1160 Hamilton av., Trenton (11)
Collins, Laurence M., Greystone Park (14)
Collins, Louis K., 54 State st., Glassboro (8)
Colmer, M. Jonas, 31 Lincoln Park, Newark (7)
Colsh, LeRoy L., 612 Ridgewood rd., Maplewood (7)
Colton, Ethan T., Jr., 31 Park st., Montclair (7)
Comando, Harry N., 690 Clinton av., Newark (7)
Comeau, George W., 415Speedwell av.,MorrisPls.(14)
Comfort, John B., 50 S. Clinton av., Trenton (11)
Commini, Frank F.,Med.Blg.,R'bling'sPlt.,Roebl'g(11)
Comora, Herman C., 317 16th st., W. New Work (9)
Comunale, Anthony R., 1709 Irving st., Rahway (20)
Conaway, Walt P., 1723 Pacific av., Atlantic City(1)
Conlon, Philip J., 25 James st., Newark (7)
Connamacher, Harold S., 671 Springf'd av.,N'w'rk(7)
Connell, Emmet J., 2227 Boulevard, Jersey City (9)
Connell, John N., 26 Carlton av., Jersey City (9)
Connelly, John A., 212 W. State st., Trenton (11)
Connolly, John J., 180 Ballantine Pkwy.,Newark(7)
Connolly, Richard N., City Hospital, Newark (7)
Connolly, T. Vincent, 56 Hamilton st., Paterson (16)
Connolly, Thos. W., 921 Bergen av., Jersey City (9)
Connor, Clarence A., 1586 Center av., Fort Lee (2)
Conroy, John S., 122 E. Broad st., Burlington (3)
Conty, Anthony J., 318 48th st., Union City (9)
Conway, James V., 428 Elmora av., Elizabeth (20)
Cook, Hugh F., 21 Roseville av., Newark (7)
Cooke, H. Hamilton, 100 Prospect st., Ridgew'd (2)
Cooke, Wm. H., 303 Main st., East Orange (7)
Cooper, Howard M., 37 Ridge rd., Rutherford (2)
Cooper, Irving J., 116 Livingston av.,NewBruns.(12)
Cooper, J. Howard, East Millstone (18)
Cooper, Jules, Washington st., Woodbine (5)
Cooperman, William, 647 Market st., Newark (7)
Copleman, Hyman B., 111 Liv'gst'n av.,N'wBrns.(12)
Coplin, George J., 510 E. Jersey st., Elizabeth (20)
Coppola, Edward A., 22 Garretsee pl., Clifton (16)
Coppoletta, Joseph M., 452 Palisade av.,Cliff.P'k(2)
Corbusier, Harold D., 612 Park av., Plainfield (20)
Corio, George A., 307 S. Clinton av., Trenton (11)
Corn, David, 119 Park st., Ridgefield Park (2)
Cornish, Chas. H., 673 Prospect st., Maplewood (7)
Cornwell, Alfred, 265 N. Laurel st., Bridgeton (6)
Corrigan, Patrick H., 1720 S. Broad st., Trenton (11)
Corson, Allen, 824 Wesley av., Ocean City (5)
Corson, Filbert R., 101 S. Indiana av., AtlanticC'y(1)
Corson, Kenneth E., 25 S. Myrtle st., Vineland (6)
Cortese, Alvin E., 26 Ward st., Paterson (16)
Cosgrove, Samuel A., 254 Union st., Jersey City (9)
Costabile, Vincent, 150 Ridge rd., Lyndhurst (2)
Costello, Wm. F., 55 W. Blackwell st., Dover (14)
Cotton, Henry A., Jr., Station "A", Trenton (11)
Cotton, Norman T., 219 Graham av., Paterson (16)
Cottone, Rosario J., 683 Princeton av., Trenton (11)
Cottrell, Judson G., 159 Market st., Perth Amboy(12)
Coughlan, Ella A., 10 Oakwood av., Orange (7)
Coughlin, Frank J., 100 Magnolia av., Arlington (7)
Coughlin, John P., 160 Wegman Pkwy., Jer. City(9)
Coughlin, Joseph J., 840 Queen Ann rd., Teaneck(2)
Coultas, Aldo B., 1 Madison av., Madison (14)
Cowlbeck, Harry D., 224 W. State st., Trenton (11)
Cox, Harold C., 208 Stockton st., Hightstown (11)
Cox, John C., 55 Woodland rd., Maplewood (7)
Cox, Wm. T. R., 115 Princeton rd., Elizabeth (20)

Cox, Wm. W., 79 S. Fullerton av., Montclair (7)
Coxson, Harold P., Laurel rd., Stratford (4)
Crabtree, Loren H., 142 Bellevue st., Elizabeth (20)
Cracco, Frederick A., 51 Palisade av., Union City(9)
Craig, Henry A., 315 William st., Somerville (18)
Craig, Wm. C., 235 E. Ridgewood av., Ridgewood (2)
Crain, William E., 64 Cooper st., Woodbury (8)
Crandall, John K., 200 Main st., Fort Lee (2)
Crandell, Archie, N. J. State Hosp., Greyst'neP'k(14)
Crane, Bernard, 306 Pacific av., Atlantic City (1)
Crane, Charles G., 78 Farley av., Newark (7)
Crane, Norman T., 147 E. 7th st., Plainfield (20)
Crawford, Georgina U., 28 Carnegie av., E.Orange(7)
Crawford, John W., Main st., Bedminster (18)
Crecca, Anthony D., 76 Second st., Newark (7)
Crecca, William D., 111 Park av., Newark (7)
Cremens, John F., 144 Carroll st., Paterson (16)
Crescente, Fred J., 827 Madison av., Paterson (16)
Crist, Walter A., 725 Collings av., W. Collingsw'd(4)
Cronin, Francis J., 730 South st., Elizabeth (20)
Crooks, William J., III, Glen Gardner (10)
Cropsey, Chas. D., 168 Chestnut st., Rutherford (2)
Crossfield, Henry C., 144 Harrison st., E. Orange (7)
Crounse, David R., 84 Broadway, Passaic (16)
Crowe, Aldrich C., 735 Atlantic av., Ocean City (5)
Crowley, Joseph W., 4005 Westfield av., Camden (4)
Cryder, Millard C., Cape May Court House (5)
Crystell, Edward H., 4 Hawthorne av., Nutley (7)
Csema, Emery J., 153 Somerset st., New Bruns.(12)
Culver, S. Herbert, 75 Magnolia av., Jersey City (9)
Cummins, Geo. W., 202 Mansfield st., Belvidere (21)
Cunningham, Chas., 75 Wood st., Vineland (6)
Cunningham, Joel B., 801 Cooper st., Camden (4)
Cupaiuoli, Richard A., 734 Palisade av.,W.NewY'k(9)
Currie, Norman W., 508 Central av., Plainfield (20)
Curry, Marcus A., Greystone Park (14)
Curtis, Donald A., 241 Union st., Hackensack (2)
Curtis, Elbert A., 65 Central av., Newark (7)
Curtis, Grant P., 312 36th st., Union City (9)
Curtis, Howard C., 224 E. Main st., Moorestown (3)

ASSOCIATE MEMBERS

Charleroy, Durant K., 38Crosswicks st.,Bord'nt'n(11)
Christoph, Francis T., 483 Prospect st., Maplew'd(7)
Connors, John P., 596 Main st., Metuchen (12)
Conserva, Peter V., 215 Dayton av., Clifton (16)
Coulon, Albert E., Princeton Hosp., Princeton (11)

D

ACTIVE MEMBERS

D'Acierno, Pellegrino A., 346 P'lis'de av.,UnionC'y(9)
D'Addario, Anthony R., 108 Broadway, Newark (7)
D'Agostin, Henry, 243 Fulton ter., Cliffside (2)
Dalberg, Walter, 757 N. Broad st., Elizabeth (20)
D'Alessandro, Arthur J., 94 Boylan st., Newark (7)
Dalton, S. Eugene, 117 S. Illinois av., AtlanticC'y(1)
Daly, Edmund J., 921 Bergen av., Jersey City (9)
D'Amato, Charles R., 324 Hoboken rd.,E.Ruth'rf'd(2)
D'Ambola, Philip R., 21 S. 6th st., Harrison (7)
Dandois, George F., 220 E. Wildwood av.,Wildw'd(5)
Dane, Charles, 61 Scotland rd., South Orange (7)
Dane, John, 61 Scotland rd., South Orange (7)
D'Angelo, Jos. C., 330 Washington av., Belleville(7)
Danielson, John J., 977 Bergen Tnpk., N. Bergen(9)
Danzis, Louis, 863 18th av., Irvington (7)
Danzis, Maximillian, 31 Lincoln Park, Newark (7)
Darby, C. Eugene, Plymouth &Atl. avs.,OceanC'y(5)
D'Arcy, Walter E., 545 E. State st., Trenton (11)
Darden, Walter T., 149 W. Kinney st., Newark (7)
Darlington, Emlen P., New Lisbon (3)
Daron, Simeon, 31 Lincoln Park, Newark (7)
Davenport, Irwin P., 545 W. State st., Trenton (11)
Davenport, Peter B., 764 S. Orange av., Newark (7)
Davey, Thomas N., 41 W. 33rd st., Bayonne (9)
Davidson, E. Norwell, 102 E. Elm st., Linden (20)
Davidson, Harold S., 101 S. Indiana av., Atl. City(1)
Davidson, Henry A., 31 Lincoln Park, Newark (7)
Davidson, Louis L., 31 Lincoln Park, Newark (7)
Davidson, Maurice M., 128 Grant av.E.,Ros'leP'k(20)
Davies, George A., 53 Front st., Elmer (6)
Davies, George W., 35 Fairview av., Verona (7)
Davis, A. Hobson, Paterson Gen. Hosp.,Paterson(16)
Davis, Albert B., 511 Cooper st., Camden (4)
Davis, Daniel, 14 Webster av., Jersey City (9)
Davis, E. Vernon, 63 Mill st., Vincentown (3)
Davis, F. Cleveland, 129 Summit av., Summit (20)
Davis, Harold L., 178 W. State st., Trenton (11)
Davis, Jacob M., 1400 High st., Burlington (3)
Davis, James T., 1169 Elizabeth av., Elizabeth (20)
Davis, John E., Jr., N. J. State Hosp., Trenton (11)
Davis, John S., 527 Cooper st., Camden (4)
Davis, Louis, 825 S. 10th st., Newark (7)
Davis, Stanton H., 212 E. 7th st., Plainfield (20)
Davis, Thomas C., 30 Old Short Hills rd.,Millburn(7)
Davis, W. Cole, 109 S. Portland av., Ventnor (1)
Davis, Wm. J., 144 Harrison st., E. Orange (7)
Davison, C. Spencer, 7 Chestnut st., Salem (17)
Davison, Royden W., 205 W. State st., Trenton (11)
Davison, Wilbur S., 13 N. Broadway, Pennsville (17)
Dawson, Harry, 618 E. 24th st., Paterson (16)
Day, Grafton E., Frazer & N. J. avs., Collingsw'd (4)
Day, Hayward F., 37 Craig pl., N. Plainfield (18)
Day, Samuel T., Main st., Port Norris (6)
Day, Willis B., 407 E. 7th st., Plainfield (20)
Dayton, Spencer T., 86 W. Demarest av.,Englew'd(2)
Dean, Guy K., Jr., Princeton rd., Plainsboro (11)
Deary, Louis E., 88 W. 39th st., Bayonne (9)
DeBell, Peter J., 239 Burgess pl., Passaic (16)
DeBiaso, Cornelius V., 9 W. Park pl., Rutherford(2)
DeCesare, Ferdinand J., 500 Walnut st.,Ros'leP'k(20)
Decker, Charles T., 275 Orchard st., Westfield (20)
Decker, Frederick H., Frenchtown (10)
Decker, Henry B., 527 Penn st., Camden (4)
Decker, John G., 216 Blvd., Hasbrouck Heights (2)
DeFronzo, Morando, 180 Fairmount av., Newark (7)
DeFuccio, Chas. P., 12 Duncan av., Jersey City (9)
DeFusco, G. Thos., 330 Newark av., Jersey City (9)
Degenhardt, Ira H., 51Livingston av.,NewBruns.(12)
DeGrace, Francis H., 344 Gregory av., Passaic (16)
deHellebranth, Roland T., 104S.Fr'kf't av.,V'ntn'r(1)
Deibert, Irvin E., 538 Cooper st., Camden (4)
Deibert, Kirk R., 159 Elm av., Woodlynne (4)
Deich, Samuel R., 162 Lexington av., Passaic (16)
Deignan, William L., 257 Dodd st., E. Orange (7)
Deitz, Joseph R., 320 Centre st., Trenton (11)
Delanty, Katherine, 55 Tonnele av., Jersey City (9)
Delairo, Anthony J., 294 Broadway, Paterson (16)
Del Deo, Nicholas V., 49 State st., Newark (7)
Del Duca, Vincent P., 527 Cooper st., Camden (4)
Del Guercio, Olindo, 365 Bloomfield av., Newark (7)
Della Fera, Lucien F., 206 First av., Newark (7)
Del Mauro, Alphonse, 460 Park av., Paterson (16)

De Luca, Donato, 40 Rowland st., Newark (7)
Demarest, J. Willis, 124 Elm av., Hackensack (2)
De Mattia, Michael, 71 Ward st., Paterson (16)
Dembinski, T. Henry, 1238 S.Clinton av.,Trenton(11)
DeMeritt, Chas. L., 4622 Boulevard, Union City (9)
De Michele, Roland V., 103 N. 10th st., Newark (7)
Dempsey, J. Harvey, Washington av., Berlin (4)
Denbo, Elic A., 596 Benson st., Camden (4)
Denelsbeck, J. Otis, 878 E. State st., Trenton (11)
Denes, Oscar. 402 Centre st., Nutley (7)
Dengler, Henry P., 260 Morris av., Springfield (20)
DePalma, Anthony F., 242 Clifton av., Newark (7)
dePons, Isabel S. C., 501 Grand av., Asbury Park(13)
DeRosa, Armand, 290 Union Blvd.,TotowaBor'gh(16)
DeRosa, John. 150 Fair st., Paterson (16)
DeRosa, Louis, Main av., Stirling (14)
Dershimer, Fred'k W., 546 Bergen av., Jersey C'y(9)
DeSantis, Orazio J., Millville (6)
DeSanto,Anth'nyM.,S'm't av.,cor.Es'x st.,H'k'ns'k(2)
Desmet, Victor F., 324 Broadway, Paterson (16)
De Troia, Frederick C., 40 12th av., Newark (7)
Deutel, Oscar R., 283 Franklin st., Bloomfield (7)
Deutsch, Nathan S., 300 W. 7th st., Plainfield (20)
De Vincentis, Henry, 285 Henry st., Orange (7)
DeVita, Anthony J., Ft. Monmouth (13)
Devlin, Hugh J., 72 Thomas st., Newark (7)
Dewis, Edwin G., 21 Westra st., Interlaken (13)
Dexter, Harriet E. T., 903 Ave. C, Bayonne (9)
DeYoe, Leon E., 602 Broadway, Paterson (16)
Dezer, Chas. N., Jr., 210 Main st., Hackensack (2)
Diamond, David I., Oceanport av., Oceanport (13)
Diamond, J. George, 512 W. Front st., Plainfield(20)
Dias, Joseph L., 17 Lombardy st., Newark (7)
Dickson, John D., 202 Larch av., Bogota (2)
Dickson, T. Bruce, 408 Main st., Riverton (3)
Dieffenbach, Richard H., 570 Mt. Pr'sp't av.,Nwk.(7)
Dieker, Howard E., 78 Main st., South River (12)
DiFino, Felix J., 88 Jefferson st., Newark (7)
DiGiacomo, Wm. H., 223 Fairmount av., Newark (7)
Dilger, Frederick G., 210 Main st., Hackensack (2)
Dillingham, Willis I., 431 15th st., W. New York (9)
DiMarino, Anthony J., 735 Delaware st.,Paulsboro(8)
Dimun, John T., 960 S. Broad st., Trenton (11)
Dinge, Ferdinand C., 67 S. Munn av., E. Orange (7)
Dingman, Norman M., 330 Broadway, Paterson (16)
Disbrow, G. Ward, 126 Mountain av., Summit (20)
Diskan, Samuel M., 1904 Pacific av., Atlantic City(1)
Diverty, Henry B., 38 Cooper st., Woodbury (8)
Dochtermann, Warren P., 268 Main st.,Chatham(14)
Dodd, Edward L., 157 Forest st., Belleville (7)
Dodd, Wm. E., Ocean st. & Bay av., BeachHaven(15)
Dodge, James T., 1819 S. Broad st., Trenton (11)
Dodson, Louis W., 592 Jersey av., Jersey City (9)
Doggett, E. Hugh, 916 Park av., Plainfield (20)
Doktor, David, 288 Hamilton av., Paterson (16)
Dolganos, Moses, 268 Palisade av., Jersey City (9)
Domine, Anthony Z., Blairstown (21)
Donahue, William J., 71 S. 9th st., Newark (7)
Donlan, Francis A., 267 Amboy av., Metuchen (12)
Donnelly, Joseph E., 445 Market st., Paterson (16)
Donnelly, Jos. P., 58 Kensington av., Jersey City(9)
Donnelly, Wm. A., 1616 Pacific av., Atlantic City (1)
Donohoe, Lucius F., 140 W. Eighth st., Bayonne (9)
Donovan, Jos., N. J. State Hosp., Greystone P'k(14)
Doody, Wm. M., 19 Bentley av., Jersey City (9)
Doran, Ralph J., 200 11th st., Hoboken (9)
Doran, Wm. G., 921 Bergen av., Jersey City (9)
Doranz, Harold K., 491 Centre st., Trenton (11)
Doremus, Widmer E., 375 Mt. Prospect av., Nwk.(7)
Dorn, Elliott I., 267 Vassar av., Newark (7)
Dougherty, Daniel D., 1006 Garden st., Hoboken (9)
Douglass, Stephen A., ValleyViewSana.,Paters's(16)
Douglass, Wm. C., 15 Olcott av., Bernardsville (18)
Dow, Robert F., 592 E. 29th st., Paterson (16)
Dowd, Ambrose F., 239 Broadway, Newark (7)
Downing, Perley E., Sedgwick st., Jamesburg (12)
Downs, Louis S., 141 Roosevelt av., Carteret (12)
Downs, Roscius I., 40 Scott st., Riverside (3)
Doyle, John J., 426 Fairmount av., Jersey City (9)
Draesel, Chas., 5681 Hudson Blvd., N. Bergen (9)
Dragonetti, Elvige N., 177 Clifton av., Newark (7)
Drake, Daniel E., Union Valley rd.,Newfoundl'nd(16)
Drake, Leo B., 47 Main st., Franklin (19)
Drake, Paul F., 85 Summit av., Phillipsburg (21)
Dranow, Paul, 233 Franklin av., Nutley (7)
Drapkin, Berta, 31 Lincoln Park, Newark (7)
Dresel, Irmgard, Far Hills (21)
Dreskin, Jacob L., 172 Lyons av., Newark (7)
Drezner, Henry L., 507 S. Warren st., Trenton (11)
Driscoll, Chas. D.,Gr'nt st.&Wt.Hrs.Pk.,W.Clgswd.(4)
Driscoll, Raymond S., 919 Boulevard, Bayonne (9)
Drury, Alfred J., 268 E. Third av., Roselle (20)
DuBois, Morris G., 769 High st., Newark (7)
duBusc, L. C. Victor, 399 Westfield av.,Elizabeth(20)
Duckett, Warren J., 21 Carlton av., Jersey City (9)
Dukes, Howard R., 220 Kearny av., Kearny (9)
Dulin, Everett V., 144 Harrison st., E. Orange (7)
Duncan, Owsley B., 606 E. 26th st., Paterson (16)
Dunn, H. Irving, 610 Salem av., Elizabeth (20)
Dunn, John S., 75 Market st., Salem (17)
Dunn, Theodore B., 35 Park pl., Bloomfield (7)
Dunning, Walter L., 533 River st., Paterson (16)
Durham, Robert B., 5404 Ventnor av., Ventnor (1)
Durham, Royal E., 130 S. Illinois av., AtlanticC'y(1)
Durrah, Fred F., 310 Plainfield av., Plainfield (20)
Duvall, Albert I., N. J. State Hosp., Marlboro (13)
Dwoyer, Leon C., 420 N. Wood av., Linden (20)
Dwyer, Henry E., 261 Madison av., Passaic (16)
Dwyer, Wm. A., 99 Park av., Paterson (16)
Dyer, Edward H., 102 S. Victoria av., Ventnor (1)

ASSOCIATE MEMBERS

Dailey, Edward S., 485 Park av., Orange (7)
Dante, Pasquale, 393 Millburn av., Millburn (7)
DeGerome, James H., 10Ridgewood av.,GlenRidge(7)
De Hart, George K., 132 Sunset av., Verona (7)
Del Negro, Albert E., 402 Roseville av., Newark (7)
De Phillips, Benedict R., 43 Park av., Newark (7)
Deuell, William D., 430 Union st., Hackensack (2)
Devlin, Arthur D., 617 Broadway, Newark (7)
DiGiacomo, Harry E., 2 Prospect pl., Newark (7)
Durchlag, E. Nelson, 12 Myrtle av., Irvington (7)
Duschock, EdwardF.,188Wash'gt'n av.,P'hAmb'y(12)

E

ACTIVE MEMBERS

Eagleton, Wells P., 15 Lombardy st., Newark (7)
Eames, Wm. N., 1871 Pennington rd., Trenton (11)
Earp, Ruth, 15 Olcott av., Bernardsville (14)
Eason, Samuel W., 48 DeForest av., Summit (20)
East, Isaac C., State Home for Boys,Jamesburg(12)
Eaton, Arthur T., 201 4th av., Haddon Heights (4)
Ebenfeld, Samuel W., 344 High st., Newark (7)
Ebner, Paul G., 719 Cooper st., Camden (4)

Echikson, Jos. I., 31 Lincoln Park, Newark (7)
Eckhardt, Ralph A., 50 GreenVillage rd.,Madison(14)
Eddy, Lester R., 40 Bank st., Sussex (19)
Edelberg, Sidney S., 403 E. High st., Bound Br'k(18)
Edelen, James J., 280 S. Clinton st., East Orange(7)
Edelson, Samuel, 1141 Corlies av., Neptune (13)
Edgar, Jos. A., 71 Congress st., Jersey City (9)
Edgar, Malcolm S., 129 Summit av., Summit (20)
Edlkraut, Edward C., 129 Highland av., Passaic(16)
Edwards, J. Bennett, 144 Wood Ridge pl., Leonia(2)
Edwards, Lena F., 358 Pacific av., Jersey City (9)
Ehrenfeld, Edward, 185 Lexington av., Passaic (16)
Ehrenfeld, Irving, 185 Lexington av., Passaic (16)
Ehrlich, Max, 379 Elmora av., Elizabeth (20)
Ehrlich, William E., 31 Lincoln Park, Newark (7)
Eichler, Bernard B., 221 Midland av., Montclair (7)
Eigen, Louis A., 511 Valley rd., West Orange (7)
Ein, William B., 31 Lincoln Park, Newark (7)
Eisemann, Jerome S., Alloway (17)
Eisenberg, David S., 31 Lincoln Park, Newark (7)
Ekings, Frank P., 221 Broadway, Paterson (16)
Elias, Elmer J., 474 Greenwood av., Trenton (11)
Ellenson, Solomon S., 507 4th av., Asbury Park (13)
Elliott, Frazier J., 10 N. Second st., Hammonton (1)
Ellis, Alexander, 513 Broadway, Camden (4)
Ellis, Arthur J., 282 Broad st., Newark (7)
Ellis, Moury I., 177 S. Clinton st., E. Orange (7)
Ellmers, Basil J., 230 New Milford av., N'w Milf'd(2)
Elsasser, Theodore H., 906 Park av., N. Bergen (9)
Elwell, Alfred M., 407 Cooper st., Camden (4)
Ely, Lancelot, 128 W. High st., Somerville (18)
Emerson, Linn, 303 Park av., Orange (7)
Emmer, S. Wolfe, 31 Lincoln Park, Newark (7)
Engelhart, Ferdinand K., 701St'yv's't av.,Tr'nt'n(11)
Englander, Chas., 41 Hillside av., Newark (7)
English, John T., 110 Yale av., Irvington (7)
English, Samuel B., Glen Gardner (10)
Enright, Jas. G., 25 Kensington av., Jersey C'y (9)
Epler, Don A., 45 Hillside av., Newark (7)
Epstein, Harry B., 31 Lincoln Park, Newark (7)
Epstein, Rubie, 606 Perry st., Trenton (11)
Epstein, William M., 31 Lincoln Park, Newark (7)
Erler, Eugene W., 360 Irving av., S. Orange (7)
Ernest, Richard B., 240 W. State st., Trenton (11)
Ervin, Millard B., 572 Prospect st., Maplewood (7)
Essertier, Edward P., 273 State st., Hackensack (2)
Esty, Geoffrey W., 629 E. Broad st., Westfield (20)
Etheridge, Chas. H., 433 Prospect st., E. Orange (7)
Evans, Charles H., 144 Harrison st., E. Orange (7)
Evans, David P., 144 Harrison st., E. Orange (7)
Evans, Edgar E., 12 Ziegler tract, Pennsgrove (17)
Evans, Edgar J., Hinchman av., Denville (14)
Evans, J. Lawrence, 893 Park av., Woodcliff (9)
Ewens, Arthur E., 3600 Pacific av., AtlanticCity(1)
Ewing, Harvey M., 31 Trinity pl., Montclair (7)
Ewing, Leslie H., 10 Broad st., Berlin (4)
Eynon, Harold K., 579 Haddon av., Collingsw'd (4)
Eynon, James R., 700 Haddon, Collingswood (4)

ASSOCIATE MEMBERS

Ehrlich, Edward, 79 Shanley av., Newark (7)
Einhorn, Samuel E., 241 16th av., Newark (7)
English, Harrison F.,III,10M'ningside dr.,Tr'nt'n(11)
Erdman, George L., 142 Clinton av., Newark (7)
Evans, J. L'wr'nce, Jr., 254ChristieHts. st.,Leonia(2)

F

ACTIVE MEMBERS

Faber, Edward, 154 Berger av., Jersey City (9)
Fabian, Paul L., 520 Princeton av., Trenton (11)
Facciolo, Francesco, 562 Boulevard, Bayonne (9)
Fadden, F. J., Jr., 275 Engle st., Englewood (2)
Fagan, James L., 51 Bayard st., New Brunsw'k (12)
Fager, Rudolph O., 53 Park pl., Bloomfield (7)
Fahrenbruch, Fred'k D., 101 Garden st., Mt.Holly(3)
Failing, Brayton E., 31 Lincoln Park, Newark (7)
Failmezger, Theodore R., 60 Green av., Madison(14)
Fairbanks, Warren H., 27 Broadway, Freehold (13)
Faison, John B., 45 Glenwood av., Jersey City (9)
Falcone, Nicholas A., 68 Watchung av.,N.Pl'nf'd(18)
Falkinburg, LeRoy W., Forked River (15)
Falvello, Nicholas A., 28 Wetmore av., Mor'st'n(14)
Fanburg, Sol J., 31 Lincoln Park, Newark (7)
Fanelli, Antonio, 471 Laurie st., Perth Amboy (12)
Farden, Joseph L., 342 Roseville av., Newark (7)
Farmer, Vincent, 288 State st., Hackensack (2)
Farmer, Walter D., 28 S. Main st., Allentown (11)
Farr, Irving L., 214 Walnut st., Montclair (7)
Farr, John C., 75 10th st., Hoboken (9)
Farr, Walter J., 288 Griggs av., Teaneck (2)
Farrell, Edgar A. H., 25 Kings Hwy. W., Had'nf'd(4)
Fattel, Henry C., 5508 Hudson Blvd., N. Bergen (9)
Faughnan, Rose C., 97 High st., Passaic (7)
Faulkingham, Ralph J., 61Liv'gst'n av.,N.Bruns.(12)
Featherston, Daniel F., 506 4th av., Asbury P'k (13)
Fechner, F. J., 846 Garrison av., Teaneck (2)
Fechner, Julius, 362 Clinton av., Newark (7)
Federer, John J., 69 Columbia ter., Weehawken (9)
Fee, Elam K., Main st., Lawrenceville (11)
Feher, Ladislas A. M., 177 Somers't st.,N'wBrns.(12)
Feigenoff, Israel, 655 Broadway, Paterson (16)
Fein, Bernard, 585 Elizabeth av., Newark (7)
Feinberg, Harry D., 384 2nd av., Long Branch (13)
Feinstein, Louis, 410 Pacific av., Atlantic City (1)
Feldman, Frank H., 137 Court st., Newark (7)
Feleppa, Edward E., 4 Summit av., Summit (20)
Felitti, Vincent J., 6 31st st., North Bergen (9)
Fell, Alton S., Municipal Colony, Trenton (11)
Feller, Wm., 283 Bergen av., Jersey City (9)
Fellman, Morris, 907 Summit av., Jersey City (9)
Feman, J. George, 141 Main st., Keansburg (13)
Fendrick, Edward, 17 Watson av., E. Orange (7)
Fenimore, Edward D., 3663 Hudson Blvd., Jer.C'y(9)
Fenster, Morton N., 211 Lexington av., Passaic (16)
Fenton, Tennant E., 320 Ludlow av., SpringLk.(13)
Ferguson, William E., 22 James st., Newark (7)
Fermaglich, Harry B., 881 Garrison av., Teaneck (2)
Fern, Samuel S., 122 Elizabeth av., Newark (7)
Ferrari, Andrew F., 110Hackensack st.,E.R'th'rf'd(2)
Ferrary, Paul B., 232 Totowa rd., Totowa Boro (16)
Ferriss, Ruth B., 51 Maple av., Morristown (14)
Fessler, A. James, 1544 S. Broad st., Trenton (11)
Fessler, William, 31 Knox av., Grantwood (2)
Fessman, John W., Clements Br. rd., Runnemede(4)
Feuer, Joseph A., 654 Elm st., Arlington (7)
Fewsmith, Joseph L., 120 Second av., Newark (7)
Ficke, Sylvia A., 884 Summit av., Jersey City (9)
Field, Frank L., Far Hills (18)
Fiering, Abraham M., Pmptn. Tnpk.,M'tainView(16)
Fifer, William T., 746 Ave. C, Bayonne (9)
Filkins, Cedric E., 418 White Horse Pk.,Audubon(4)
Fine, Hyman P., 151 Market st., Perth Amboy (12)
Fine, Irvin J., 256 State st., Perth Amboy (12)
Fine, M. James, 65 Girard pl., Newark (7)

Fine, Sydney G., 868 Stuyvesant av., Trenton (11)
Fineberg, Jacob C., 50 Glenwood av., Jersey City(9)
Finegan, Paul J., 200 W. State st., Trenton (11)
Finesilver, Edward M., 53 Lincoln Park, Newark (7)
Finger, Frederick A., 938 Ave. C, Bayonne (9)
Fink, Irving E., 129 Lyons av., Newark (7)
Finke, Chas. H., 317 York st., Jersey City (9)
Finke, George W., 237 State st., Hackensack (2)
Finke, John H. D., 19 Hudson st., Hackensack (2)
Finkel, Joshua, 368 Clinton av., Newark (7)
Finkelstein, Abe S., 670 Clinton av., Newark (7)
Finkle, Lester J., 225 Perry st., Trenton (11)
Finkler, Rita V. S., 35 Leslie st., Newark (7)
Finn, Frederick A., 2729 Blvd., Jersey City (9)
Finn, Henry R. W., 84 Lembeck av., Jersey City (9)
Finnerty, Urban R., 71 Park st., Montclair (7)
Fiorello, Joseph R., 689 Princeton av., Trenton (11)
Fischman, Harold H., 326 Avon av., Newark (7)
Fish, Clyde M., 7 W. Washington av., Pl's'ntv'le(1)
Fishbein, Elliot, 71 12th av., Paterson (16)
Fisher, James A., 501 Grand av., Asbury Park (13)
Fisher, Percy C., 145 Franklin av., Ridgewood (2)
Fisher, Samuel, 808 Madison av., Paterson (16)
Fisher, Stella C., 4401 Westfield av., Camden (4)
Fisler, Charles F., 140 Maple st., Clayton (8)
Fissell, George McG., 530 Orange st., Newark (7)
Fitch, Thomas S. P., 916 Park av., Plainfield (20)
Fithian, George W., 266 High st., Perth Amboy (12)
Fitzhugh, Wm. F., 190 Euclid av., Ridgefield P'k(2)
Fitzpatrick, Edw. F., 546 W. Market st., Newark (7)
Fitzpatrick, Leo J., 134 Bergen av., Ridgefield P'k(2)
Flanagan, John J., 173 Roseville av., Newark (7)
Fleming, Chas. L., 42 W. Main st., Pennsgrove (17)
Flichtenfeld, Morris, 283 4th st., Jersey City (9)
Flicker, David J., 342 Kearny av., Kearny (9)
Fliegel, Wm. M., 85 W. Passaic st., Maywood (2)
Flint, Edgar T., 44 E. Somerset st., Raritan (18)
Flitcroft, William, 510 River st., Paterson (16)
Flower, Morrie A., 39 Lincoln Park, Newark (7)
Fluck, David A., 626 W. State st., Trenton (11)
Fluck, Paul H., 73 North Union st., Lambertville(10)
Flynn, Edward A., 161 Washington av., Belleville(7)
Flynn, Thomas H., 41 High st., Somerville (18)
Foley, James F., 331 N. Grove st., East Orange (7)
Fooder, Horace M., 110 Main st., Williamstown (8)
Forbes, John S., Jr., Cedar st., Basking Ridge (14)
Ford, Theodore R., 144 Harrison st., E. Orange (7)
Forer, Robert, 247 Centre st., Trenton (11)
Forney, Norman N., Sr., 94 N. Main st., Milltown(12)
Forsyth, Kenneth C.,Box822,Sta.B.,Ott'wa,Canada(7)
Fort, J. Irving, 306 Roseville av., Newark (7)
Fort, Wm. B., 147 E. 7th st., Plainfield (20)
Forte, F. Chester, 65 Hudson st., Hackensack (2)
Forte, Frank S., 318 Roseville av., Newark (7)
Fortunato, Samuel J., 345 Walnut st., Newark (7)
Fost, Wm. H., 107 Franklin st., Belleville (7)
Foster, Frank L., 320 Springfield av., Cranford (20)
Foster, Herbert W., 2 Erwin Park, Montclair (7)
Foster, Wm. S., 233 Mt. Prospect av., Newark (7)
Fowler, Royale H., 744 Broad st., Newark (7)
Fox, Wm. W., 101 S. Indiana av., Atlantic City (1)
Frank, Morris, 920 Ave. C, Bayonne (9)
Frank, Myrtile, 227 Philadelphia av., Egg Harbor(1)
Frank, Nathan, 186 Bowers st., Jersey City (9)
Frank, Reuben, Hanover&H'mpt'n sts.,Pembert'n(3)
Franklin, Frank A., 304 Central av., Orange (7)
Franklin, I. Harold, 191 Palisade av., Jersey City(9)
Franklin, Jos. E., 127 Westfield av., Elizabeth (20)
Franklin, Lewis J., 149 Jean ter., Union (20)
Franklin, Sidney I., 163 Washington av., Ft.Lee(2)
Franzoni, Andrew E., 938Brunswick av.,Trenton(11)
Frazee, Wm. H., Jr., 513 Main st., Toms River (15)
Freedman, Harold H., 63 W. Main st., Freehold (13)
Freedman, Jacob S., 178 Hamilton av., Passaic (16)
Freeland, Frank, 281 State st., Hackensack (2)
Freeman, George C., Prudential Ins. Co.,Newark(7)
Freeman, Joseph, 146 W. 32nd st., Bayonne (9)
Freeman, Ray M., 1021 N. Stiles st., Linden (20)
Freinkel, Jacob, 2 Hillside av., Newark (7)
French, Frank S., 284 Morris av., Mountain Lks.(14)
Fridrich, Harry E., 4172 Federal st., Camden (4)
Friedburg, George H., 1108 Anna st., Elizabeth (20)
Friedland, Arnold J., Woodbine (5)
Friedman, Abraham I., 280 State st., Hackensack(2)
Friedman, Harry, 721 S. 16th st., Newark (7)
Friedman, Hyman, 1096 Sanford av., Irvington (7)
Friedman, Max, 493 Chambers st., Trenton (11)
Friedman, Meyer H., 526 N. Clinton av., Trenton(11)
Friedman, Milton, 31 Lincoln Park, Newark (7)
Friedmann, Leonard L.,484Princeton av.,Trent'n(11)
Friedrich, Adam H., 424 Lafayette st., Newark (7)
Frieman, Hyman, 744 Ave. C, Bayonne (9)
Fritts, Lewis C., 62 E. High st., Somerville (18)
Fritz, John F., Jr., 95 Main st., Flemington (10)
Froelich, Joseph C., 74 Ingraham pl., Newark (7)
Frohwein, Ida H., 125 Morristown rd., Elizabeth(20)
Frost, Inglis F., 181 South st., Morristown (14)
Frundt, Oscar C., 92 Bartholdi av., Jersey City (9)
Frutig, Harold C., 508 36th st., N. Bergen (9)
Fuchs, Jacob N., 1267 S. Broad st., Trenton (11)
Fuhrmann, Barclay S., 10 Main st., Flemington (10)
Fulper, Theodore B., Hampton (10)
Furman, Benj. A., 31 Roseville av., Newark (7)
Furst, Nathan J., 299 Clinton av., Newark (7)

ASSOCIATE MEMBERS

Fader, Ferdinand, 3 S. Grove st., East Orange (7)
Farkas, Gustav, 95 Jackson st., Passaic (16)
Fazio, Vincent J., 360 Main st., S. Amboy (12)
Feinsod, Samuel N., 1305 Clinton av., Irvington (7)
Fietti, Vincent G., 15 Ridge rd., Lyndhurst (2)
Finkelstein, Herman, 184 Eagle Rock av.,Rosel'd(7)
Fischbein, Martin M., 817 Chancellor av.,Irv'gt'n(7)
Fischer, David D., 356 Millburn av., Millburn (7)
Fleischmann, Viola G., 341 16th av., Irvington (7)
Fleming, Joseph A., 247 Claremont av., Montcl'r(7)
Forney, Norman N., Jr., 114VanLieu av.,Millt'wn(12)
Forte, Daniel L., 545 Central av., Orange (7)
Frame, Dorothy L., 395 Franklin st., Bloomfield (7)
Friedenthal, Bernard, 111 Bayard st.,N'wBruns.(12)

G

ACTIVE MEMBERS

Gadomski, Casimir F., 331 S. Broad st., Elizab'h(20)
Gairdner, Thos. M., 319 W. Broad st., Gibbstown (8)
Gallardo, Augustin, 61 Lakeside av., Pmptn.Lks.(16)
Gallaway, George E., 163 W. Milton av.,Rahway(20)
Gallo, James S., 32 Zabriskie st., Haledon (16)
Gamba, Joseph, 388 Fairmount av., Newark (7)
Gamon, Robert S., 527 Cooper st., Camden (4)
Gamsu, George, 2 Stratford pl., Newark (7)
Ganley, Arthur J., 390 Park av., East Orange (7)
Gannon, Joseph M., 1137 Park av., Plainfield (20)

Ganot, Frank I., 392 Ridge st., Newark (7)
Gantz, Emma O., 215 N. Grove st., East Orange (7)
Gardam, Joseph W., 16 Longfellow av., Newark (7)
Gardner, Kenneth E., 45 Fremont st., Bloomfield(7)
Garibaldi, Louis J., 1016 Hudson st., Hoboken (9)
Garrison, Walter S., Main st., Cedarville (6)
Gatti, Joseph D., 285 State st., Hackensack (2)
Gauch, William, 177 Ellwood av., Newark (7)
Gaumer, George W., 422 First st., Lakewood (15)
Gauzza, Valentine P., 505NewBr'nsw'k av.,Fords(12)
Geary, Daniel J., 40 Maple av., Morristown (14)
Geary, Paul, 909 Park av., Plainfield (20)
Geiger, Harold C., West Milford (16)
Gelb, Jerome, 84 W. Alpine st., Newark (7)
Gelber, Isaac, 2052 Morris av., Union (20)
Gelman, Sidney, 579 Broadway, Paterson (16)
Gennell, Ernest, 298 Parker st., Newark (7)
George, Melbourne E. W., 744 Broad st., Newark (7)
Gerard, Patrick D., 364 Roseville av., Newark (7)
Gerendasy, Julius, 956 E. Jersey st., Elizabeth (20)
German, George B., 429 Cooper st., Camden (4)
Gerne, Timothy A., 972 Summit av., Jersey City (9)
Gershenfeld, David B., 20 Hillside av., Newark (7)
Gershman, Joseph G., 185 E. Madison av.,Dumont(2)
Gessner, Gerard R., 28 S. 3rd av., Highland Park(12)
Gesswein, Carl A., 35 Church st., Matawan (13)
Ghee, Euclid P., 115 Claremont av., Jersey City (9)
Ghee, Peter F., 734 Ocean av., Jersey City (9)
Giacalone, Vincent, 649 Landis av., Vineland (6)
Giambra, Sante M., 666 Broadway, Paterson (16)
Giannetti, Ernest D., 180 Glen Ridge av., Mtclr. (7)
Giardina, John S., 341 Walnut st., Newark (7)
Gibb, Alice S., 339 Union av., Elizabeth (20)
Gibb, W. Blake, 26 Maple av., Morristown (14)
Gibbins, Albert L., 119 5th st., Newark (7)
Gibson, Augustus, 635 Valley rd., Up. Montclair (7)
Gidding, Samuel S., 154 E. Spicer av., Wildwood (5)
Giffoniello, Arthur A., 200 Fairmount av.,Newark(7)
Gifford, Wm. R., 247 Park av., East Orange (7)
Giglio, Alphonsus S. V., 626Elizabeth av.,Eliz'b'h(20)
Gilady, Raphael, 205 Union st., Hackensack (2)
Gilbert, Philip D., Cooper Hospital, Camden (4)
Gilbertson, Robert L., 55 Maple av., Morristown (14)
Gille, Hugo, 149 Congress st., Jersey City (9)
Gillis, Alfred G., 19 W. Maple st., Clayton (8)
Gillson, Hugh V., 21 Lee pl., Paterson (16)
Gillson, John T., 170 Broadway, Paterson (16)
Gilman, Charles M. B., 59 Seeley av., Arlington (7)
Gilpin, Fletcher, 118 North av. W., Cranford (20)
Gilson, John A., Jr., 220 8th av., Haddon Heights (4)
Ginsberg, George, 624 Bloomfield st., Hoboken (9)
Ginsberg, Leon, Essex Co. Hosp., Cedar Grove (7)
Ginsburg, Samuel, 227 Paulison av., Passaic (16)
Gittelman, Morton, 426 Westminst'r av.,Elizab'h(20)
Gittelsohn, Isador, 896 Kind'rk'm'k rd.,RiverEdge(2)
Giuffra, Frank, 99 Valley rd., Montclair (7)
Glaser, Emanuel, 360 Linden av., Elizabeth (20)
Glasgow, Thomas M., 120 Passaic av., Passaic (16)
Glass, Benjamin E., 609 Watchung av., Plainf'd(20)
Glass, Harry L., 1009 Park av., Plainfield (20)
Glass, Oscar, 838 S. 12th st., Newark (7)
Glass, Wm. H., 144 Harrison st., East Orange (7)
Glasser, Benjamin F., 316 George st., NewBruns.(12)
Glassner, Frank, 308 Chestnut st., Roselle (20)
Glasston, Hyman M., 628 N. Wood av., Linden (20)
Glazebrook, Francis H., 37 Ogden pl.,Morristown(14)
Glazer, Edward, 501 Grand av., Asbury Park (13)
Glazier, Jesse T., 670 Sanford av., Newark (7)
Gleeson, William J., 640 Bergen av., Jersey City (9)
Glover, Lawrence L., 53 King's Hwy.,W.,Had'nf'd(4)
Gluckman, Saul K., 78 Johnson av., Newark (7)
Gochman, Harry M., 166 Hamilton av., Paterson(16)
Godfrey, Alan O., 220 Roseville av., Newark (7)
Godlin, David R., 610 36th st., N. Bergen (9)
Goeller, Jacob D., 1165 W. Clinton av.,Irvington(7)
Goffman, Emanuel, 316 Claremont av., Montclair(7)
Goldberg, Benjamin M., 1156 E.State st.,Trenton(11)
Goldberg, David, 7 Bogert pl., Westwood (2)
Goldberg, Harold H., 814 S. 10th st., Newark (7)
Goldberg, Harry C., 135 Market st., PerthAmboy(12)
Goldberg, Louis E., 31 Lincoln Park, Newark (7)
Goldberg, Samuel A., 169 Gregory av., W.Orange(7)
Goldberg, Samuel M., 353 Washington av.,Bellv'le(7)
Golden, Clement H., 347 16th av., Irvington (7)
Golden, Wm. M., 236 W. Milton av., Rahway (20)
Goldenberg, Raphael R., 588 E. 27th st.,Paterson(16)
Goldfarb, Abraham, 52 Chestnut st., Rutherford (2)
Goldfield, Harold H., 225 E. Jersey st., Elizabeth(20)
Goldgraben, Seymour, 407 Central av., Plainfield(20)
Golding, Harry N., 180 Carroll st., Paterson (16)
Goldmacher, Herman B., 113Elmora av.,Elizab'h(20)
Goldman, Jerome, 299 Clinton av., Newark (7)
Goldman, Leo L., 325 Market st., Trenton (11)
Goldman, Lester M., 53 Leslie st., Newark (7)
Goldman, Samuel, 7th & State sts., Camden (4)
Goldman, Solomon, 43Paterson st.,NewBrunsw'k(12)
Goldowsky, Ira, 23 Warner av., Jersey City (9)
Goldsmith, Alfred S., 240 29th st., North Bergen (9)
Goldstein, Abraham, 404 Madison av., Lakewood(15)
Goldstein, Henry Z., 31 Lincoln Park, Newark (7)
Goldstein, Herman H., 318 W.Jersey st.,Elizab'h(20)
Goldstein, Hyman I., 1425 Broadway, Camden (4)
Goldstein, Joseph D., 2801 Boulevard, Jersey City(9)
Goldstein, Wm. H., 632 Belgrove dr., Kearny (7)
Goldstone, Karl H., 16 18th st., West New York (9)
Gonczy, Edward J., 538 Jersey av., Elizabeth (20)
Good, Richard, 949 Park av., Union City (9)
Goodfellow, Gordon P., 196 Prosp't st.,E. Orange(7)
Goodrich, Stewart L., 812 Ave. C, Bayonne (9)
Gordon, A. Julius, 351 Roseville av., Newark (7)
Gordon, Abel, 616 Main av., Passaic (16)
Gordon, Benjamin L., 1616 Pacific av., AtlanticC'y(1)
Gordon, Charles D., Mt. Arlington (14)
Gordon, Clark H., 808 E. State st., Trenton (11)
Gordon, Frank S., Blairstown (21)
Gordon, J. Berkeley, N. J. State Hosp.,Marlboro(13)
Gordon, Milton H., 12 N. 27th st., Camden (4)
Gordon, Samuel, 515 Broadway, Paterson (16)
Gordon, Sarah, 327 Cedar lane, Teaneck (2)
Gorenberg, Harold, 126 Gifford av., Jersey City (9)
Gormley, Cyrus M., 15 Kiel av., Butler (16)
Gorson, Samuel F., 2005 Pacific av., Atlantic City(1)
Gould, John H., 123 Prospect st., Ridgewood (16)
Graddick, Lester W., 22 Sussex av., Morristown(14)
Grady, Wm. F., 42 N. Fullerton av., Montclair (7)
Graham, Archibald F., 42 Park av., Paterson (16)
Graham, Ernest E., 4273 S. Broad st., Yardville(11)
Graham, Richard B., 575 Belgrove dr., Arlington (7)
Graham, Theodore K., 279 Park av., Paterson (16)
Gramsch, A. Louis, Bergen Pines Hosp., Oradell (2)
Granberry, D. Webb, 136 S. Main st., Orange (7)
Granelli, Humbert A., 213 Garden st., Hoboken (9)
Grant, Wm. E., 1370 Morris av., Union (20)
Grant, Wm. F., 309 Roseville av., Newark (7)
Graves, Chas. C., Jr., State Hosp., Marlboro (13)
Gray, Chas. M., 6th & Grape sts., Vineland (6)
Gray, John W., 142 Clinton av., Newark (7)
Gray, W. Buritt, 121 Somerset st., N. Plainfield(18)
Green, David W., 69 Market st., Salem (17)
Green, Morris, 234 48th st., Union City (9)
Green, Thomas J., New Egypt (15)
Greenberg, Geo. A., 195 W. High st., Somerville (18)
Greenberg, Max, 29 W. Henry st., Linden (20)
Greenberg, Philip, 1902 Hudson Blvd., Jersey City(9)
Greenberg, Samuel, 46 Johnson av., Newark (7)
Greenberg, Solomon, 52 Ave. B, Bayonne (9)
Greene, Albert D., 195 Palisade av., Union City (9)
Greenfield, Arthur W., 50 Anderson st.,H'ck'ns'k(2)
Greenfield, Bernard H., 691 Clinton av., Newark (7)

Greenfield, Leonard S., 691 Clinton av., Newark (7)
Greenfield, Wm. J., 50 Anderson st., Hackensack (2)
Greengrass, Jacob J., 146 Broadway, Paterson (16)
Greenwald, Theo. L., 44 Maple av., Morristown (7)
Greenwood, Wm. R., 118 Somerset st.,NewBruns.(12)
Greer, Melvin A., 190 Washington st., Bloomfield(7)
Gregorius, Ralph F., 120 Irvington av., S. Orange(7)
Gregory, Marie F., 50 Green Village rd.,Madison(14)
Gregory, Mildred G., 64 N. 9th st., Newark (7)
Gregory, Roy A., 726 Watchung av., Plainfield (20)
Greifinger, Marcus H., 200 Ferry st., Newark (7)
Greifinger, Wm., 619 Stuyvesant av., Irvington (7)
Grenhart, Geo. W., 430 Haddon av., Camden (4)
Grewal, Joseph S., 196 Broadway, Bayonne (9)
Grieco, Emil H., 196 Broadway, Bayonne (9)
Grier, Robt. M., 50 E. Wash'gt'n av.,Pl'santville (1)
Griesemer, Z. Lawrence, 1143 E. Jersey st.,Eliz.(20)
Griffey, Wm. C., 132 Haddon av., Westmont (4)
Griffin, Guy B., 197 S. Centre st., Orange (7)
Griffith, Roy, 11 Hill st., Newark (7)
Griscom, Lee E., 604 Broadway, Camden (4)
Griswold, Merton L., Jr., 947 Park av., Plainfield(20)
Groeschel, August H., 31 Bank st., Sussex (19)
Groff, Parker A., 159 Washington av., LittleFerry(2)
Grosfeld, Wm., Valley View Sana., Paterson (2)
Gross, Isidore, 60 Lakeside av., Verona (7)
Gross, Max, N. J. Sanatorium, Glen Gardner (10)
Grossblatt, Philip, 67 Baldwin av., Newark (7)
Grossman, Rubin, 377 Ave. C, Bayonne (9)
Grueninger, Edward F., 24Columbia av.,Grantw'd(2)
Gruhler, Jean A., 5407 Atlantic av., Ventnor (1)
Guertin, Diomede, State Village, Skillman (18)
Guglielmelli, Angelo D., 449Hamilton av.,Trent'n(11)
Guidi, Guido M., 212 Christine st., Elizabeth (20)
Guidotti, Frank P., 703 Hamilton av., Trenton (11)
Guillium, Wm. H., 505 Fourth av., Asbury Park (13)
Guion, Edward, Atlantic Co. Hosp., Northfield (1)
Gulick, James B., 144 S. Harrison st., E. Orange (7)
Gullord, Edward G., 284 Bellevue av., Up.Montcl'r(7)
Gurshman, Sol., 280 Amboy av., Metuchen (12)
Guthrie, Wilson G., 300 Summer av., Newark (7)
Gutmann, Erwin K., 229 Bowers st., Jersey City (9)
Gutowski, Jos. M., 433 Brace av., Perth Amboy (12)
Gutowski, Walter T., 104 Grove ter., Irvington (7)

ASSOCIATE MEMBERS

Gadek, Wm. V., 495 State st., Perth Amboy (12)
Garwood, Norman W., Main st., Crosswicks (11)
Gaylor, Earl L., Jr., 56 Church st., Montclair (7)
Gencher, Benjamin, 24 Ravine av., Caldwell (7)
Gereben, Arpad G., 511 Rahway av., Woodbridge(12)
Gindhart, John H., 1233 Hamilton av., Trenton (11)
Gitterman, David A., 519 Engle st., Englewood (2)
Gladstone, Albert L., 404 Hickory av., Paramus (2)
Gould, Werner, 219 Passaic st., Hackensack (2)
Greenfield, Herbert, 565 Bergen st., Newark (7)
Gurnee, Quinby D.,268DiamondBr.av.,Hawthorne(16)

H

ACTIVE MEMBERS

Hackett, Edward J., 597 Westfield av., Westfield(20)
Hackett, Leon W., 173 Belvidere av.,Washington(21)
Hadley, C. Frazer, 210 W. Maple av., Merch'tville(4)
Hadley, C. Frazer, Jr., 21 Haddon av.,Westmont(4)
Hadley, Elinor E., 5 Mountain av., Maplewood (7)
Hafetz, M. Morris, 114 Centre st., Trenton (11)
Hagen, Orville R., 266 Van Houten st., Paterson(16)
Haggerty, D. Leo, 227 N. Warren st., Trenton (11)
Hagman, Frank E., 131 Ridge rd., N. Arlington (7)
Hahn, Katherine B., 372 Thornden st.,S.Orange(7)
Hahn, William H., 15 Lombardy st., Newark (7)
Haight, Harry W., 118 Raritan av., HighlandP'k(12)
Haines, Edgar J., Medford (3)
Haines, Emerson S., 8th & Grand avs.,AsburyP'k(13)
Haines, Evelyn M., 1022 Greenw'd av., Trenton (11)
Haines, Mabel C. S., 600 WhiteHorsePk.,Audubon(4)
Haines, Willits P., 601 9th st., Ocean City (5)
Halbstein, Bernard M., 138 Bath av.,LongBranch(13)
Haldeman, Robert E., Mt. Holly (3)
Haley, Paul W., 719 Sanford av., Newark (7)
Hall, Perry O., 2553 Hudson Blvd., Jersey City (9)
Hall, Wayne W., 266 Van Houten st., Paterson (16)
Hall, Winthrop H., 400 Elm st., Westfield (20)
Hallett, Frederick S., 200 Passaic st.,Hackensack(2)
Halligan, Earl J., 254 Montgomery st., Jer. City (9)
Halligan, Harold J., 254 Montgomery st.,Jer.City(9)
Hallinger, Earl S., Sr., 517 Cooper st., Camden (4)
Hallock, Wilton J., 650 Springfield av., Summit (20)
Halnan, John J., Jr., 631 Madison av., Paterson (16)
Halperin, David, 590 Bergen av., Jersey City (9)
Halpern, Herman, 143 Engle st., Englewood (2)
Halpern, Melvin M., 493 Central av., Newark (7)
Halpern, Samuel, 504 Pacific av., Atlantic City (1)
Halpern, Sophia L., 271 Palisade av., Union City (9)
Halprin, Harry, 8 Washburn pl., Caldwell (7)
Halsey, Levi W., 61 Church st., Montclair (7)
Hamblin, Donald O., Calco Chem. Co.,BoundBr'k(18)
Hambright, Arthur M., Wyckoff av., Ramsey (16)
Hamilton, Robert G., 92 Main st., Orange (7)
Hammell, Frank M., 137 S. Main st., Allentown (11)
Hammett, Lee J., 760 N. 27th st., Camden (4)
Hampton, George R., Greystone Park (14)
Hanan, James T., 11 The Crescent, Montclair (7)
Hancock, Michael Q., 705 D st., Belmar (13)
Handler, Harry, 305 York st., Jersey City (9)
Haney, John J., 850 Hamilton av., Trenton (11)
Hanrahan, James M., 678 N. Broad st., Elizabeth(20)
Hansen, Harry, 916 Park av., Plainfield (20)
Hanson, Alfred S., 533 Monmouth st., Gloucester(4)
Hanson, Carl G., 38 Springfield av., Cranford (20)
Hantman, Harold, 196 Roseville av., Newark (7)
Harden, Albert S., 510 W. Market st., Newark (7)
Harden, Albert S., Jr., 551 Ridgew'd rd.,Maplew'd(7)
Hardy, John W., 53 Main st., Farmingdale (13)
Harhen, George E., 22 Brookside av., Caldwell (7)
Harley, Halvor L., 101 S. Indiana av., Atl. City (1)
Harman, Byron M., Essex Mt. Sana., Verona (10)
Harman, James R., 824 W. State st., Trenton (11)
Harman, William J., 740 W. State st., Trenton (11)
Harreys, Charles W., 714 Broadway, Paterson (16)
Harrington, J. Henry, 126 E. Main st.,Rockaway(14)
Harris, William G., Main st., Mullica Hill (8)
Harris, Wm. O., 32 N. New Jersey av., Atl. City (1)
Harrison, Joseph B., 302 E. Broad st., Westfield (20)
Harryman, Wm. K., 271 Union st., Hackensack (2)
Harter, Louis F., 174 Bowers st., Jersey City (9)
Hartman, Luther M., 111 E. Main st., MapleShade(3)
Hartwell, H. Ameroy, 777 Blvd. East,Weehawken(9)
Harvey, John W., 818 Ave. C, Bayonne (9)
Harvey, Robt. K., 711 Kearny av., Arlington (7)
Harvey, Thomas W., Jr., 59 Main st., Orange (7)
Haseltine, Sherwin L., 125 Broad st., Elizabeth (20)

Hasking, Arthur P., 318 Montgomery st.,Jer.City(9)
Hasney, Frederick A., 292 Main st., W. Orange (7)
Hatch, Harold S., Shonghum Mt.Sana.,Morrist'n(14)
Hatcher, George A., Essex Co. Hosp., Cedar Gr. (7)
Hatem, Elias J., 1046 Main st., Paterson (16)
Hauber, Eugene A., 6 Quaid st., Sayresville (12)
Hauck, Lydia R. B., 644 Stuyvesant av.,Irvington(7)
Hauck, Wm. H., 644 Stuyvesant av., Irvington (7)
Haury, Victor G., 206 Cedarcroft av., Audubon (4)
Hausman, Samuel W., 50 W. Front st., Red B'k(13)
Haussling, Francis R., 661 High st., Newark (7)
Haven, Samuel C., 14 Elm st., Morristown (14)
Hawes, Vernon L., 63 Church st., Ramsey (2)
Hawke, Edward K., 113 Main st., Newton (19)
Hawkes, E. Zeh, 84 Washington st., Newark (7)
Hawkes, Stuart Z., 84 Washington st., Newark (7)
Hayes, Gerald W., 86 Hawthorne av., E. Orange (7)
Hays, Roy G., 567 Haddon av., Collingswood (4)
Haywood, Henry, 49 Paterson st., NewBrunsw'k(12)
Heatley, Wm., 23 Monmouth st., Red Bank (13)
Hegeman, Runkle F., 161 W. High st.,Som'rville(18)
Heil, Alva A., Milford (10)
Heineken, Theodore S., 17 Park pl., Bloomfield (7)
Hekimian, Jacob H., 468 Palisade av.,Weehawk'n(9)
Helff, Joseph R., 1367 Teaneck rd., W. Englew'd (2)
Heller, Abraham R., 10 Kearny av., Kearny (7)
Heller, George, 100 E. Palisade av., Englewood (2)
Heller, Nathan B., 31 Lincoln Park, Newark (7)
Heminway, Norman L., 40 Grove st., Somerville (18)
Hemphill, Everett H., 232 Kings Hwy.,E.,H'd'nf'd(4)
Henderson, Kenneth P., Ansley Park,Pl's'ntville(1)
Henle, Carye-Belle, 671 Springfield av., Newark (7)
Hennig, Paul F., 688 Stuyvesant av., Irvington (7)
Henriksen, J. Bruce, 422 River av., P't Pl'sant (15)
Henry, Frank C., Jr., 220 Smith st., PerthAmboy(12)
Henry, George, 33 Mine st., Flemington (10)
Hensle, Otto S., 5 Pangborn pl., Hackensack (2)
Herbener, Eugene G., 423 Third st., Lakewood (15)
Hermann, John H., 197 S. Centre st., Orange (7)
Herndon, Lewis S., 144 S. Harrison st., E.Orange(7)
Herold, Harvey T., 850 S. 13th st., Newark (7)
Herradora-Ubeda, Juan R., 2787 Blvd., Jersey C'y(9)
Herrington, Lee R., 605 E. Broad st., Westfield (20)
Herrman, Wm. G., 501 Grand av., Asbury Park (13)
Hersh, David H., 658 Springfield av., Newark (7)
Hersohn, Wm. W., 116 S. Illinois av., Atl. City (1)
Hess, George A., River rd., Titusville (11)
Hess, Louis E., 19 E. Bolton av., Absecon (1)
Hessert, Edmund C., 417 Cooper st., Camden (4)
Hewson, George F., 21 Roseville av., Newark (7)
Hexamer, Fred, 50 Lyons av., Newark (7)
Heyman, Arthur, 79 Baldwin av., Newark (7)
Heyman, Ernest, 345 Broad st., Red Bank (13)
Hicks, Alfred M., 65 Park st., Montclair (7)
Hiden, Joseph C., 199 Nassau st., Princeton (11)
Higgins, Gerald L., 125 Lembeck av., Jer. City (9)
Higgins, John T., 145 Highland av., Jersey City (9)
Higgins, Thos. A., 2616 Hudson Blvd., Jersey C'y(9)
Higi, Joseph E., 529 Park av., Orange (7)
Hiler, Stuart A., 62 Rockaway av., Rockaway (14)
Hilker, George F., 258 Maple st., Perth Amboy (12)
Hill, Clarence T., 116 E. Hazelwood av., Rahway(20)
Hill, James O., 84 Barclay st., Newark (7)
Hill, John A., 511 Cedar av., Allenhurst (13)
Hill, Robert H., 339 Parker st., Newark (7)
Hill, William F., 104 Grand st., Jersey City (9)
Hillel, Joseph, 1394 Park av., Hudson Heights (9)
Hilliard, William T., 105 Market st., Salem (17)
Hillman, Frederick C., 64 Hamilton st., Paterson(16)
Hillsman, Robert B., 268 Vandelinda av., Teaneck(2)
Hinton, Samuel H., 123 Main st., Sayreville (12)
Hipple, Percy L., 230 Walnut st., Roselle (20)
Hird, Emerson F., 118 E. Maple av., Bound Br'k(18)
Hirschfield, Bernard A.,438Hamilton av.,Trenton(11)
Hirschberg, Samuel, 615 High st., Newark (7)
Hirst, E. Reed, 634 Federal st., Camden (4)
Hitzemann, Louis A., 30 E. Passaic st., Maywood(2)
Hnat, Frederick, 624 Newark av., Elizabeth (20)
Hobart, Richard T., 454 Park st., UpperMontcl'r(7)
Hodas, Sidney M., N. J. State Hosp., Marlboro (13)
Hofer, Clarence J. M., 463 Main st., Metuchen (12)
Hoffman, Charles A., 302 E. 7th st., Plainfield (20)
Hoffman, Florentine M., 91 Bayard st., N'wBrns.(12)
Hoffman, Harry S., 3302 Pacific av., Atlantic City(1)
Hogan, James J., New Egypt (15)
Hogan, Marshall D., 311 W. Main st., Boonton (14)
Hoheb, Albert S., 5 Lincoln av., Rutherford (2)
Holland, John A., 1219 W. State st., Trenton (11)
Holland, Moses H., 482 Palisade av.,Weehawken(9)
Holland, Reuben J., 1026 Chandler av., Linden (20)
Holler, Henry G., 234 Montclair av., Newark (7)
Hollingshead, Lyman B., Pemberton (3)
Hollingsworth, H. Hale, 86 First st., Clifton (16)
Hollinshed, Beulah S., 600 Benson st., Camden (4)
Hollinshed, Ralph K., 351 Broadway, Westville (8)
Hollywood, Jas. L., 219 Danforth av., Jersey City(9)
Holman, Francis W., 123 Broad st., Keyport (13)
Holmes, George J., 17 Elizabeth av., Newark (7)
Holmes, Grace A., 1077 E. Jersey st., Elizabeth (20)
Holmes, H. David, 1813 Arctic av., Atlantic City (1)
Holmes, Thos. J. E., 151 Fair st., Paterson (16)
Holoman, M. Browne, 1 N.Haverford av.,Margate(1)
Holster, Stephen G., 951 Madison av., Paterson (16)
Holt, Edward Z., 4100 Atlantic av., Atlantic City(1)
Holt, Evelyn, 261 Springfield av., Summit (20)
Holt, Herman H., 256 Graham av., Paterson (16)
Holters, Otto R., 1002 Emory st., Asbury Park (13)
Holtz, Harry M., 56 Johnson av., Newark (7)
Holtzman, Michael, 167 2nd st., Elizabeth (20)
Hoops, Harold J., 2203 Boulevard, Jersey City (9)
Hooton, Thomas C., 31 Trinity pl., Montclair (7)
Hoover, Alden R., 721 N. Broad st., Elizabeth (20)
Horhovitz, George I., 324 S. Broad st., Trenton (11)
Horn, Harry, 622 Stuyvesant av., Irvington (7)
Horn, Max, 94 Lyons av., Newark (7)
Hornberger, J. Howard, 4th & Main sts., Roebling(3)
Hornstine, Harry H., 4015 Pacific av., Wildwood (5)
Horoschak, Anne, 974 Park av., Plainfield (20)
Horowitz, Herman J., 872 Broad av., Ridgefield (2)
Horre, George W. H., 203 W. Jersey st., Elizab't(20)
Horsford, Frederick C., 305 Broadway, Newark (7)
Hosp, Paul H., 842 S. 12th st., Newark (7)
Houck, Wm. J., 207 Mt. Prospect av., Newark (7)
Howard, Jas. W., 87 Midland av., Montclair (7)
Howard, J. Edgar, 67 King's Hwy., W., Had'nf'd(4)
Howeth, John L., 14 Duncan av., Jersey City (9)
Howley, Bartholomew M.,419George st.,N'wBrns.(12)
Hubach, Maximilian F.,Jr.,307M'tg'm'ry st.,Blmfd.(7)
Hubbard, Fayette E., 65 Church st., Montclair (7)
Hubbard, Harry H. V., 121 E. 7th st., Plainfield (20)
Hubbard, Robert Y., 942 Sanford av., Irvington (7)
Huber, Wm. H., 587 Prospect st., Maplewood (7)
Huberman, John, 853 S. 12th st., Newark (7)
Hubert, Antonio O., 131 E. Main st., Rockaway (14)
Hudson, Howard S., 34 E. Main st., MaysLanding(1)
Hudson, Woodburn J.,123W.W'h'gt'n av.,Pl'ntv'le(1)
Huff, Edmund N., 1635Bedford rd.,SanMarino,Cal.(2)
Hughes, Frank R., Col'mbia av.&Oc'n st.,CapeM'y(5)
Hughes, Frederic J., 706 Park av., Plainfield (20)
Hughes, J. Vernon, 150 Prospect st., Passaic (16)
Hughes, Joseph F., 116 N. Broad st., Woodbury (8)
Hughes, Lee W., 965 Broad st., Newark (7)
Hughes, Sam'l B., Pine & Pacific avs.,Wildwood(5)
Hulett, Albert G., 20 Hawthorne av., E. Orange (7)
Hull, Donald B., 88 W. Ridgewood av.,Ridgewood(2)
Humbert, Joseph C., Jr., Stewartsville (21)
Hummel, Ernest G., 414 Cooper st., Camden (4)
Hummel, Lee C., 109 W. Broadway, Salem (17)
Hummel, Merwin L., 135N.Centre st.,Merch'ntv'le(4)

Humphrey, Hubert G., 430 Downer st., Westfield (7)
Humphries, Robert E., 637 Central av.,E.Orange(7)
Hunt, Melvin M., 140 Jackson st., South River (12)
Hunt, Thomas F., 528 Monroe av., Elizabeth (20)
Hunter, Edward R., 321 Union av., Delanco (3)
Hunter, Floyd D.,3620Not'gh'm way,Hamilt'nSq.(11)
Hunter, Harold H., 114 W. Broad st., Paulsboro (8)
Hurff, J. Wallace, 86 Washington st., Newark (7)
Husserl, Siegfried, 777 Clinton av., Newark (7)
Husted, Gerald W., 803 Station av., Haddon Hgts.(4)
Husted, Samuel H., Neshanic Station (18)
Hutchinson, A. Dunbar, 913 W.State st.,Trenton(11)
Hutchinson, Geo. F., 55 Mercer st., Hamilton Sq.(11)
Hutton, Frederick T., 1012 Park av., Plainfield (20)
Hyman, Charles, 2619 Pacific av., Atlantic City (1)
Hymowitz, Ben, 519 Belmont av., Newark (7)

ASSOCIATE MEMBERS

Hagen, Walter H., 85 Harrison st., E. Orange (7)
Halpern, Jesse O., 135 E. Madison st., Dumont (2)
Halpern, Wm., 179 Washington av., Millburn (7)
Haschec, Walter, 690 S. 19th st., Newark (7)
Hesseltine, Clair E., 269 Bordent'n av.,S.Amboy(12)
Hoffman, Charles W., 216 Henry st., S. Amboy (12)
Howley, Barth, Jr., 419 George st., New Bruns.(12)

I

ACTIVE MEMBERS

Iams, Samuel H., 245 Library pl., Princeton (11)
Ianacone, John A., 310 Fifth av., Paterson (16)
Ill, Carl H., 188 Clinton av., Newark (7)
Ill, Edgar A., 1004 Broad st., Newark (7)
Ill, Edmund W., 188 Clinton av., Newark (7)
Ill, Edward J., 1004 Broad st., Newark (7)
Ill, Herbert M., 188 Clinton av., Newark (7)
Imbleau, Joseph E. L., 2106Morris av.,Unionville(20)
Imhoff, John G., 55 Lincoln st., Jersey City (9)
Imhoff, Robert E., 29 E. Main st., Moorestown (3)
Infield, Gerald L., 1401 Shore rd., Northfield (1)
Inge, Hutchins F., 205 S. Orange av., Newark (7)
Ingling, Harry W., 51 W. Main st., Freehold (13)
Introcaso, Dominick A., 45 Crescent av., Jer. City(9)
Iraggi, James V., 79 Broadway, Passaic (16)
Ireland, Allen G., 28 W. State st., Trenton (11)
Ironside, Paul A., 571 Benson st., Camden (4)
Irvin, John S., 1910 Pacific av., Atlantic City (1)
Irving, Albert S., 318 Howard av., Fairlawn (16)
Irwin, James R., 330 Washington av., Belleville (7)
Irwin, John H., 51 Tenafly rd., Englewood (2)
Ishkhanian, Nouri I., 656Palisade av.,W.N'wYork(9)
Israeloff, Howard H., 1044 Clinton av., Irvington (7)
Ives, Edwin I., 24 Stevens av., Little Falls (16)
Ivins, William C., 214 E. Hanover st., Trenton (11)
Ivory, Harry S.,cor.Richm'd&F'rm'n avs.;Pt.Plst.(15)
Izenberg, David, 104 Carroll st., Paterson (16)

J

ACTIVE MEMBERS

Jablonski, John J., 100 Main st., Sayreville (12)
Jack, H. Wesley, 538 Cooper st., Camden (4)
Jacks, Oscar, 476 Mercer st., Jersey City (9)
Jackson, Albert F., 225 Hillside av., Nutley (7)
Jackson, Charles H., 1250 Park Blvd., Camden (4)
Jackson, Elmer C., 98 Washington st., E. Orange(7)
Jackson, George H., 2092 Morris av., Union (7)
Jacobs, Alan L., 2130 Morris av., Unionville (20)
Jacobs, William, 1013 Clinton av., Irvington (7)
Jacobson, J. Joseph, 1616 Pacific av., AtlanticCity(1)
Jacobson, Murray B., 138 Market st., P'h Amboy(12)
Jaffe, Benjamin, 566 Bergen av., Jersey City (9)
Jaffe, Hyman, 149 Broadway, Passaic (16)
Jaffe, Herman M., 2600 Blvd., Jersey City (9)
Jaffin, Abraham E., 41 Emory st., Jersey City (9)
Jahn, Albert G., 657 Main av., Passaic (16)
James, Bart M., 31 Lincoln Park, Newark (7)
James, J. Thomas, 199 Nassau st., Princeton (11)
James, William H., 50 Main st., Pennsville (17)
James, William L., 31 Lincoln Park, Newark (7)
Jamison, Wm. F., 501 Grand av., Asbury Park (13)
Jani, Frank F., 297 Lexington av., Passaic (16)
Janifer, Clarence S., 208 Parker st., Newark (7)
Janoff, Henry, 626 Perry st., Trenton (11)
Jarecki, Max M., 527 Bangs av., Asbury Park (13)
Jarmulowsky, Harry, 181 E. 33rd st., Paterson (16)
Jarrett, Harry, 925 Broadway, Camden (4)
Jaso, James V. Di, 710 Varsity rd., So. Orange (7)
Jaspan, Samuel C., 820 Division st., Trenton (11)
Jedel, Meyer, 125 Fourth st., Newark (7)
Jehl, Joseph R., 305 Clifton av., Clifton (16)
Jenkins, Alvah R., 40 Armory st., Englewood (2)
Jennings, Edw. C., Mt. Ahto Hosp., Wash'g'n,D.C.(5)
Jennings, Robert E., 143 Park st., East Orange (7)
Jentz, John H., 63 Sherman pl., Jersey City (9)
Jessurun, Samuel H., 613 High st., Newark (7)
Jirouch, Edwin A., 18 Ziegler Tract,Pennsgrove(17)
Joelson, Morris S., 577 Broadway, Paterson (16)
Joffe, Philip M., 556 E. 28th st., Paterson (16)
Joffe, Sidney H., 556 E. 28th st., Paterson (16)
Johnsen, Sigurd W., 49 Passaic av., Passaic (16)
Johnson, George F., Branchville (19)
Johnson, G. Leonard, 390 Booth av., Englewood (2)
Johnson, Harold F., 734 Park av., Plainfield (20)
Johnson, John F., 203 Abernethy dr., Trenton (11)
Johnson, V. Earl, 101 S. Indiana av., Atlantic C'y(1)
Johnston, Julian F., 17 Van Doren av., Chatham(14)
Johnston, Rufus O., Parkside rd., Harrington P'k(2)
Johnston, Sidney F., 365 Rochelle av.,RochelleP'k(2)
Jonas, August, 218 E. Pine av., Wildwood (5)
Jones, Clement M., 438 Boulevard, Bayonne (9)
Jones, Granville L., N. J. State Hosp., Marlboro(13)
Jones, Herbert E., 47 Elm st., Elizabeth (20)
Jones, John C., 805 Princeton av., Camden (4)
Jones, J. Morgan, Valley rd., R.F.D., Oakland (9)
Jones, Lewis H., 139 E. Grant av., Roselle Park(20)
Jones, Rhys, 33 S. Fullerton av., Montclair (7)
Jonitz, Robert, 153 S. Grove st., East Orange (7)

Jordan, Alexander D., 238 E. Main st., Manasq'n(13)
Jordan, Joseph C., 238 E. Main st., Manasquan (13)
Jordan, Walter L., 145 Engle st., Englewood (2)
Joseph, Benjamin M., 2771 Hudson Blvd., Jer.C'y(9)
Joseph, Morris, 271 Lexington av., Passaic (16)
Joyce, Leo H., 259 Madison st., Passaic (16)
Judd, Wilbur M., N. J. State Hosp.,GreystoneP'k(14)
Judge, John F., 33 Hazelwood av., Newark (7)
Judson, G. Vernon, Jr., 316 9th av., Haddon Hgts.(4)
Jukofsky, Isidore D., 32 Union pl., Ridgefield P'k(2)
Just, Francis, 564 High st., Newark (7)
Justin, Arthur W., 41 Fulton st., Weehawken (9)

ASSOCIATE MEMBER

Jones, Elwood K., 82 S. Harrison st., East Orange(7)

K

ACTIVE MEMBERS

Kachdorian, Vartan, 930 Brunswick av., Trenton(11)
Kaderabek, Erwin J., 144 S.Harrison st.,E.Orange(7)
Kahn, Leo, 32 States av., Atlantic City (1)
Kahrs, Grace M., 140 Roseville av., Newark (7)
Kaighn, Charles B., 905 Pacific av., Atlantic City (1)
Kain, Thomas M., 403 Cooper st., Camden (4)
Kakascik, Emil J., 206 Palisade av., Garfield (2)
Kalb, Samuel W., 416 Clinton pl., Newark (7)
Kalter, George E., 640 Prospect st., Maplewood (7)
Kanning, Fred'k R., 57 W. Allendale av.,Al'ndale(2)
Kanses, Edmund S., 82 Bingham av., Rumson (13)
Kaplan, Benjamin E., 695 Clinton av., Newark (7)
Kaplan, Herman B., 324 44th st., Union City (9)
Kaplan, S. Bernard, 846 S. 12th st., Newark (7)
Kaplan, Samuel D., 149 Bailey av., Hillside (20)
Kapp, Carl G., 440 Westminster av., Elizabeth (20)
Karshmer, Ernest E., 927 S. Wood av., Linden (20)
Karshmer, Nathan, 92 Carroll pl., NewBrunsw'k(12)
Kassow, Philip B., North Blvd., Alpha (21)
Kastler, Franz, 54 Ames av., Rutherford (2)
Katz, Herbert I., 278 Park av., Paterson (16)
Katz, Jacob D., 115 Belmont av., Jersey City (9)
Katzin, Eugene M., 50 Baldwin av., Newark (7)
Kauffmann, Louis J., 228 N. 2nd st., Millville (6)
Kaufman, Jerome G., 299 Clinton av., Newark (7)
Kaufman, Michael J., 103 Lyons av., Newark (7)
Kavanaugh, Daniel E., 556 Mt. Prosp't av., New'k(7)
Kay, Clarence R., Peapack (18)
Kazmann, Harold A., 406 Broadway, LongBr'nch(13)
Kearney, Edw. P. J., 83 S. Fullerton av.,Mntclr.(7)
Keating, Chas. A., 177 Ellison st., Paterson (16)
Keating, Joseph M., 275 Passaic av., Passaic (16)
Keegan, Thomas D., 8 Gifford av., Jersey City (9)
Keeney, Cadwell B., 137 Summit av., Summit (20)
Keeney, James C., 1201 Park av., Hoboken (9)
Keim, William F., 25 Roseville av., Newark (7)
Keir, Floyd E., 310 Engle st., Englewood (2)
Keller, Franklin J., 297 Diam'dBr.av.,Hawthorne(16)
Keller, Michael L., 673 E. 27th st., Paterson (16)
Keller, Paul, 60 Berkeley av., Newark (7)
Kelley, Chas. B. P., 921 Bergen av., Jersey City (9)
Kelly, Bernard S., 1954 Boulevard, Jersey City (9)
Kelly, Harry R. J., 311A Brown st., Union City (9)
Kelly, Leo J., 343 Barclay st., Perth Amboy (12)
Kemper, Harry T., 224 Monmouth rd., Elizabeth(20)
Kennedy, A. Andrew, 6 Eagle av., Paterson (16)
Kennedy, Eugene T..413W'n'que av., Pmptn.Lks.(16)
Kennedy, Paul A., 147 Tenafly rd., Englewood (2)
Kenney, John A.,AndrewHosp.,TuskegeeInst.,Ala.(7)
Keppler, Chas., Jr., 723 Allwood rd., Clifton (16)
Kerdasha, George S., 131 31st st., N. Bergen (9)
Kerdasha, Richard F., 622 Benson st., Camden (4)
Kern, E. Clarence, 45 Park st., Montclair (7)
Kerns, Francis J., 526 W. Market st., Newark (7)
Kessell, John S., 643 Central av., East Orange (7)
Kessler, Edward I., N. J. StateHosp.,Gr'yst'neP'k(14)
Kessler, Henry B., 666 Clinton av., Newark (7)
Kessler, Henry H., 53 Lincoln Park, Newark (7)
Keyser, David, 1518 Baird av., Camden (4)
Kibbe, Milton H., 698 W. 7th av., Plainfield (18)
Kiely, Eugene M., 800 Hudson st., Hoboken (9)
Kilduffe, Robt. A., Atlantic City Hosp., Atl. City (1)
Kiley, John E., 94 Park st., Montclair (7)
Kim, Gay B., 703 Main st., Paterson (16)
Kimmel, Chas., 488 Broad st., Bloomfield (7)
Kimmel, M. Leonard, 142 Manhattan av., Jer. C'y(9)
King, Alden P., 400 W. Blackwell st., Dover (14)
King, Chester A., 412 Kinderkam'k rd., Oradell (2)
Kingslow, George L., 346 1st st., Hackensack (2)
Kinkead, Hilda, 51 Highland av., Madison (14)
Kinney, Albert G., 917 Haddon av., Collingsw'd (4)
Kinney, Burton O., 41 Lincoln av., Little Falls (16)
Kirkby, Cyril S., 128 Broad st., Bloomfield (7)
Kirkman, Leroy G., 176 Roseville av., Newark (7)
Kirkwood, Allan S., 53 Union st., Montclair (7)
Kirschner, Martin I., Vernon (19)
Kissinger, Donald J., 120 E. Madison av.,Dumont(2)
Kleiber, Estelle E., 131Livingston av.,N'wBruns.(12)
Klein, Alexander, 328 High st., Perth Amboy (12)
Klein, Andrew J. V., 209 Littleton av., Newark (7)
Klein, Edward C., Jr., 209 Littleton av., Newark (7)
Klein, Edward F., 136 Market st., Perth Amboy (12)
Klein, Henry L., Merck & Co., Rahway (20)
Klein, William, 85 Bayard st., New Brunswick (12)
Kleinberger, Harry H., 59 Main st., Millburn (7)
Kleiner, Samuel, 162 Hamilton av., Paterson (16)
Klempner, Paul, 414 Market st., Trenton (11)
Klenk, Joseph P., 328 Belleville av., Bloomfield (7)
Kler, Joseph H., 151 Liv'gston av.,NewBrunsw'k(12)
Kline, George L., 310 Mt. Prospect av., Newark (7)
Kline, Herman, 2643 Pacific av., Atlantic City (1)
Kline, Oram R., 414 Cooper st., Camden (4)
Klompus, Irving, 403 High st., Bound Brook (18)
Klosk, Emanuel, 808 S. 12th st., Newark (7)
Knapp, Rich'd E., 25 Hudson st., Hackensack (2)
Knauer, George, 930 Elizabeth av., Elizabeth (20)
Knight, Augustus S., Far Hills (18)
Knight, Wm. T., 515 Oradell av., Oradell (2)
Knopf, Eduard, 343 Fairmont av., Jersey City (9)
Knowles, Frederick E., 103 Church st., Boonton(14)
Knowles, George M., 241 Main st., Hackensack (2)
Knowles, James S., 316 N. 2nd st., Millville (6)
Knox, Charles A., 138 Bergen av., Ridgefield Park(2)
Knox, Harriet L., 390 Union st., Hackensack (2)
Knox, Howard A., New Hampton (10)
Kobes, John J., 138 Kearny av., Kearny (7)
Koeck, George P., 625 Mt. Prospect av., Newark (7)
Koelsch, Fred'k J. E., 14 Kirkpatr'k st., N.Bruns.(12)
Koenig, Bertram, 306 Broadway, Paterson (16)
Koerber, George, 136 Prospect st., Passaic (16)
Kohn, Joseph J., 207 Calhoun st., Trenton (11)
Kohn, Ralph B., 207 Calhoun st., Trenton (11)
Kolb, John M., 725 10th st., Union City (9)
Kondor, Joseph S., 978 S. Broad st., Trenton (11)

Konzelman, Henry J., 65 King st., Hillside (20)
Kooperstein, Samuel I., 191 Palisade av., Jcr.C'y(9)
Koplin, A. Herman, 1239 Greenwood av.,Trenton(11)
Koplin, Nathaniel H., 142 W. State st., Trenton (11)
Koppel, Joseph A., 921 Bergen av., Jersey City (9)
Kosminsky, Louis, 30 W. Edsel Blvd., Pal. P'k.(2)
Kossmann, Walter J., Long Valley (14)
Kovaleski, Walter A., 154 Passaic st., Passaic (16)
Kovarsky, Albert E., 110 Market st., P'thAmboy(12)
Kovin, Abraham, 123 Lexington av., Passaic (16)
Kralik, J. J., 555 Market st., Newark (20)
Kraemer, Manfred, 31 Lincoln Park, Newark (7)
Kraemer, Samuel H., 309 Baldwin av., Jersey C'y(9)
Kraissl, Cornelius J., 393 Main st., Hackensack (2)
Kraker, David A., 31 Lincoln Park, Newark (7)
Kramer, Douglas W., 1019 Park av., Plainfield (20)
Kramer, Samuel E., 256 State st., P'th Amboy (12)
Krans, Clara DeH., 920 Park av., Plainfield (20)
Krans, Edward S., 920 Park av., Plainfield (20)
Kratka, Wm. H., 123 N. Pearl st., Bridgeton (6)
Krauss, Fletcher I., 201 Main st., Chatham (14)
Krausz, Emery, 577 S. Main st., Phillipsburg (21)
Kraut, Arthur M., 2801 Boulevard, Jersey City (9)
Krechmer, Abraham, 521 Pacific av., Atlantic C'y(1)
Kresch, Philip, 42 W. 22nd st., Bayonne (9)
Kreutz, Paul J., 363 Union av., Elizabeth (20)
Krohn, Marc, Campbell av., Belford (13)
Kroll, Adolph, Jr., 103 Van Buren st., Passaic (16)
Krone, William F., 31 Lincoln Park, Newark (7)
Kruger, Alfred L., 100 Clifton pl., Jersey City (9)
Kruger, William, 31 Lincoln Park, Newark (7)
Kuchlewski, Edward J., 224 E.Jersey st.,Elizab'h(20)
Kuder, Joseph M., 104 Garden st., Mt. Holly (3)
Kuhl, John P., 38 Main st., Butler (16)
Kuhlmann, Alvin E., 527 37th st., Union City (9)
Kuite, George B., 435 Speedwell av.,MorrisPl'ns(14)
Kummel, Max., 31 Lincoln Park, Newark (7)
Kun, Bertram, 135 Belmont av., Jersey City (9)
Kushner, Alexander, 208 W. Milton av., Rahway(20)
Kustrup, John F., 1418 S. Broad st., Trenton (11)
Kutner, Charles, 1005 S. 5th st., Camden (4)

ASSOCIATE MEMBERS

Kaplan, Henry L., 24 Johnson av., Newark (7)
Keith, Theodore R., 656 Bloomfield av., Nutley (7)
Kinczel, John A., 984 S. Broad st., Trenton (11)
Kline, Joseph J., 629 W. State st., Trenton (11)
Knauer, Charles H., Jr., 304 W. State st., Tr'nt'n(11)
Kornfeld, Werner, 183 William st., E. Orange (7)
Kosterlitz, Henry H., 1144 Clinton av., Irvington(7)
Kunz, Harold G., 82 W. Passaic av., Bloomfield (7)

L

ACTIVE MEMBERS

Laauwe, Harold W., 198 Haledon av., Paterson (16)
Labow, Joseph J., 1063 E. Jersey st., Elizabeth (20)
Ladas, George, 305 Cherry st., Elizabeth (20)
Lafferty, Elton B., 69 Orange av., Irvington (7)
Laird, George S., 127 Central av., Westfield (20)
Lakiszak, Roman T., 253 Stegman st., Jer. City (9)
Lamberto, Vito A., 422 Stuyvesant av., Lyndh'st(2)
Lance, Elton W., 125 W. Milton av., Rahway (20)
Landaw, Louis, 631 E. 26th st., Paterson (16)
Landes, Edwin W., Stillwater (19)
Landesman, William, 187 Kearny av., Kearny (7)
Landshof, Charles A., 50 Glenwood av., Jer.City(9)
Lane, Arthur G., Greystone Park (14)
Lane, Austin W., 98 Prospect st., East Orange (7)
Lane, Edgar W., 46 Main st., Bloomsbury (10)
Lane, Thomas F., 145 Garrison av., Jersey City (9)
Lange, Louis C., 50 Clifton ter., Weehawken (9)
Lapin, Louis P., 15 Crosswicks st., Bordentown (11)
Lapin, Samuel B., 542 W. State st., Trenton (11)
Largay, Arthur O., 937 Ave. C, Bayonne (9)
Larkey, Charles J., 700 Ave. C, Bayonne (9)
Larossa, Ernest A., 640 Federal st., Camden (4)
Larrabee, Callie H., 24 Hobart av., Summit (20)
Larson, Henry M., 35 Franklin st., Morristown (14)
Larsson, Evert A., N. J. State Hosp., Trenton (11)
Lasley, James M., N.J. State Hosp.,Greyst'ne P.(14)
Lathrop, Frederic W., 909 Park av., Plainfield (20)
Lathrope, George H., 965 Broad st., Newark (14)
Latona, Joseph A., 78 Main st., Lodi (2)
Laurie, Andrew L., 664 Newark av., Elizabeth (20)
Lavine, Barney D., 630 N. Clinton av., Trenton (11)
Lavine, Sidney B., 144 W. State st., Trenton (11)
Lawrence, Elias D., 365 Union av., Paterson (16)
Lawrence, Wm. H., 129 Summit av., Summit (20)
Lawsing, George C., 443 22nd st., W. New York(9)
Lawther, Boyd M., 1401 Shore rd., Northfield (1)
Lawton, A. Anderson, 15 N.Bridge st.,Somerville(18)
Lazow, S. Manlius, 199 Main st., Matawan (12)
Leach, John E., 372 Park av., Paterson (16)
Leaman, Granville M., 167 N. Grove st., E.Orange(7)
Le Bel, Louis J. B., 165 Grant av., Nutley (7)
Leber, Otto H., 56 Church st., Montclair (7)
Lee, Frederick P., 606 E. 27th st., Paterson (16)
Lee, John J., 309 Park av., Orange (7)
Lee, Stephen G., 55 Halsted st., East Orange (7)
Lee, Thomas B., 622 Cooper st., Camden (4)
LeFavor, Dean H., 619 Morgan av., Palmyra (3)
Lefkowitz, Jacob H., 445 20th st., W. New York (9)
Legato, Samuel F., 417 Palisade av., Cliffside P'k(2)
Leggett, Lindley H., Jr., 330 E.Broad st.,Westf'd(20)
Leggett, Thos. H., Jr., 937 Oakland pl.,Plainfield(20)
Lehmacher, Frank, 16 Central av., Lakewood (15)
Lehman, Irving J., 558 Central av., Newark (7)
Leibovitz, Altan C., 261 Lexington av., Passaic (16)
Leighton, Robert L., 401 Ludlow av.,SpringLake(13)
Leining, Albert, 1 4th st., Weehawken (9)
Leir, J. Krevin, 9 Garrison av., Jersey City (9)
Lemay, Albert T., 532 14th av., Paterson (16)
Lemmerz, Theodore H., 141 Magnolia av., Jer.C'y(9)
Lemmerz, Willard H., 184 Hackens'k st.,W.Ridge(2)
Leonard, Edward F., 771 Madison av., Paterson (16)
Leonard, George F., 63 N. 5th av., Highl'd Park(12)
Leonard, Isaac E., 2842 Atlantic av., AtlanticCity(1)
Leonard, Isaac E., Jr., 2842 Atlantic av.,Atl. City(1)
Leonard, Lothair L., 615 Asbury av., Asbury P'k(13)
Leonardis, James V., 94 Jefferson st., Newark (7)
Lepree, Joseph A., 371 Morris av., Elizabeth (20)
Lerman, Irving, 1024 E. Jersey st., Elizabeth (20)
Lesko, Stephen W., 234 Mt. Pleas't av.,Wall'gt'n(2)
Lettiere, Anthony J., 425 E. State st., Trenton (11)
Levendusky, Daniel E., 52 Market st., Passaic (16)
Levin, Jack, 45 E. Main st., Freehold (13)
Levin, Joseph, 831 S. 13th st., Newark (7)
Levin, Louis, 651 W. State st., Trenton (11)
Levine, David B., 647 Broadway, Paterson (16)
Levine, G. Irving, 2017 Hudson Blvd., Jersey City(9)
LeVine, Israel, 215 Broadway, Paterson (16)
Levine, Morris J., 2 N. Dover av., Atlantic City (1)

Levine, Philip, N'k Beth Israel Hosp., Newark (7)
Levine, Sidney C., 459 Park av., Paterson (16)
Levinsohn, Sandor A., 656 E. 29th st., Paterson(16)
Levinson, Louis J., 18 Stratford pl., Newark (7)
Levinson, Robert M., 859 S. 13th st., Newark (7)
Levitas, George M., 77 Fairview av., Westwod (2)
Levitas, Irving M., 77 Fairview av., Westwod (2)
Levitt, Jesse N., 26 Clinton pl., Newark (7)
Levy, Abram, Bound Brook (18)
Levy, Herman, 219 Lexington av., Passaic (16)
Levy, Irvin, 154 W. State st., Trenton (11)
Levy, Jack D., 191 Union st., Hackensack (2)
Levy, Julius, 19 Lyons av., Newark (7)
Lewandowski, Edmund E., 665 Grove st., Irv'gt'n(7)
Lewis, Albert, 41 Retford av., Cranford (20)
Lewis, Alice B., E. Saddle River rd.,E.SaddleRvr.(2)
Lewis, G. Rae, 458 Washington av., Belleville (7)
Lewis, Jacob, 43 Court st., Freehold (13)
Lewis, Thomas K., 47 S. 27th st., Camden (4)
Liana, Stephen M., 48 Market st., Passaic (16)
Liccese, Emanuel, 84 Jefferson st., Newark (7)
Licks, Fred'k C., 117 Irvington av., S. Orange (7)
Lieb, Saul, 337 Hawthorne av., Newark (7)
Lieberman, David P., 597 Westminster av.,Eliza.(20)
Lieberman, Milton L.,101Pershing av.,RoselleP'k(20)
Liefield, Walter L., 127 W.Passaic av.,Rutherford(2)
Lifland, Bernard D., 70 Shanley av., Newark (7)
Light, Arthur B.,Lawrencev'e Scl.,Lawrenceville(11)
Lihn, Barney, 611 Elmer st., Vineland (6)
Lilien, Bernard B., 730 Lyons av., Irvington (7)
Lilien, Milton, 88 Norwood pl., Newark (7)
Lilien, Milton M., 152 Clark st., Hillside (20)
Linares, A. Carfi, 208 Market st., Paterson (16)
Linden, Mortimer H., 45 Clendenny av., Jer. City (9)
Lindroth, Lawrence V., 4633 Hud.Blvd.,N.Bergen(9)
Linke, James J. P., 245 E. Front st., Plainfield (20)
Lipkin, Isadore, 157 W. Main st., Pennsgrove (17)
Lipshutz, Benjamin, 18 W. 22nd st., Bayonne (9)
Lipshutz, Charles, 804 Ave. C, Bayonne (9)
Lipstein, William, 845 Chancellor av., Irvington (7)
Lipton, Louis, 67 Passaic av., Passaic (16)
Little, Alonzo W., 120 Arlington av., Jersey City(9)
Little, Wm. R., 493 W. State st., Trenton (11)
Littwin, Chas., 950 Queen Anne rd., Teaneck (2)
Liva, Arcangelo, 5 Pangborn pl., Hackensack (2)
Liva, G. Abin, Madison & Franklin avs., Wyckoff(2)
Liva, Paul F., 280 Stuyvesant av., Lyndhurst (2)
Livengood, Baxter A., 64 Cooper st., Woodbury (8)
Livengood, Horace R., 587 Westminster av.,Eliz.(20)
Livingston, Paul, 299 Main st., East Orange (7)
Llull, Gabriel J., 266 Morris av., Springfield (20)
Lobban, Robert B., 2595 Boulevard, Jersey City (9)
Lobsenz, Nathan P., 294 Broadway, Paterson (16)
Loder, Joseph S., 924 S. 17th st., Newark (7)
Loeb, William A., Vets. Administration, Lyons (18)
Loeser, Lewis H., 31 Lincoln Park, Newark (7)
Loman, Samuel G., 130 Magnolia av., Cresskill (2)
Lomauro, James R., 145 Lexington av., Passaic (16)
Lombardi, Frank L., 25 E. Clinton av., Bergenf'd(2)
London, Jules R., 153 Jefferson st., Passaic (16)
London, Russell I., W.J.Homeopathic H., Camden(4)
London, William, 255 State st., Perth Amboy (12)
Londrigan, Jos. F., 535 Washington st., Hoboken(9)
Londrigan, Jos. F., II, 832 Bloomfield st., Hobok'n(9)
Long, Miles T., 2150 Boulevard, Jersey City (9)
Long, Pauline A., 22 Livingston av., N'wBruns.(12)
Long, Wm. H., 40 S. Bridge st., Somerville (18)
Longnecker, John E., Jr., Sparta (19)
Longshore, Walter E., Jr., 216 Oakw'd av.,Orange(7)
Loori, Wm. A., 549 Pavonia av., Jersey City (9)
Lord, C. Donald, 496 S. Maple av., Glen Rock (2)
Lore, Harry E., Main st., Cedarville (6)
Lorenzo, Michael J., 75 Riverside av., Red Bank (13)
Losada, Camella A., 19 Prospect st., Summit (20)
Lottridge, Dorothy, 43 S. Maple av., E. Orange (7)
Love, Elizabeth F., 142 E. Oak av., Moorestown (3)
Lovejoy, James L., 224 Somerset st., B. Brook (18)
Lovell, John F., 1011 Clinton av., Irvington (7)
Lovett, Irving K., 110 E. Front st., Red Bank (13)
Lovett, Jos. C., Municipal Hosp. Cont.Dis.,C'md'n(4)
Low, Donald B., 529 Broadway, Paterson (16)
Low, Victor, 50 Journal Sq., Jersey City (9)
Lowell, Milton E., 434 Summit av., Westfield (20)
Lowenstein, Ernest C., 1492 Main st., Rahway (20)
Lowenstein, Harry A., 96 Milford av., Newark (7)
Lowrey, James H., 79 Congress st., Newark (7)
Luban, Benjamin, 730 High st., Newark (7)
Lucent, S. Bell, 2 First st., Little Falls (16)
Luczynski, Edward W., 28 E. 22nd st., Bayonne
Lueddecke, Roland E.,216 Randolph av.,E.R'thf'd(2)
Lufburrow, Chas. B., 441 W. Front st., Plainf'd(20)
Luippold, Eugene J., 85 Columbia ter., W'hawk'n(9)
Luippold, E. J., Jr., 318 Washington st., Boonton(14)
Luksteid, Casimir J., 326 Park av., Paterson (16)
Lummis, Clarence P., 40 Delaware av., Pennsgr.(17)
Lund, John L., 267 High st., Perth Amboy (12)
Lundblad, Walter E., 75 Prospect st., E. Orange (7)
Luongo, Federico, 212 S. Centre st., Orange (7)
Lupin, Edward E., 727 Ave. C, Bayonne (9)
Luria, Sanford A., 249 Queen Anne rd., Bogota (2)
Lurie, Wolf, 493 Watchung av., Bloomfield (7)
Lushear, Frank H., Branchville (19)
Lutz, William M., 3 Southern Slope dr., Millburn(7)
Lyerly, James M., 121 E. 7th st., Plainfield (20)
Lynch, Albert E. O., 257 Orange rd., Montclair (7)
Lynch, Donald C., 178 W. State st., Trenton (11)
Lynch, Edward T., 748 Livingston rd.,Elizabeth(20)
Lynch, Maurice M., 396 Union st., Hackensack (2)
Lynch, Roland J., Mental Dis. Hosp., Secaucus (9)
Lynn, Irving I., 2252 Boulevard, Jersey City (9)
Lyon, Archibald, 115 Ridge rd., N. Arlington (7)
Lyon, Earl C., 194 E. Commerce st., Bridgeton (6)
Lyon, Leslie C., P. O. Box 63, Magnolia (4)
Lyons, James V., 333 Park av., Orange (7)
Lyons, Romola L. K., 171Mead'wbr'k rd.,Englew'd(2)

ASSOCIATE MEMBERS

Landau, Maurice, 839 King George's rd., Fords (12)
Lang, Joseph, 111 Market st., Perth Amboy (12)
Larkey, Irving G., 95 Shenley av., Newark (7)
Leff, William A., 299 Clinton av., Newark (7)
Leshin, Harry, 564 S. Main st., Hightstown (11)
Levison, William, 75 Lincoln Park, Newark (7)
Lewis, Collins E., 293 Commercial av., N.Bruns.(12)
Linn, Louis, N. J. State Hosp., Trenton (11)

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ACTIVE MEMBERS

Maas, Max A., 329 Clinton av., Newark (7)
Mabey, J. Corwin, Clarem't & Midl'd avs.,M'tcl'r(7)
MacAlister, Wm. W., 171 Carroll st., Paterson (16)
MacAlpine, Kenneth B.,308Monm'th st.,Gl'c't'rC'y(4)
Macaluso, Dominic C., 7 Hilton st., Belleville (7)
MacArt, James H., 74 S. Munn av., E. Orange (7)
MacArthur, Clymont, 219 Roseville av., Newark (7)
Macaulay, Francis A., 815 Elm av., Teaneck (2)
MacBrayer, Reuben A., 560 Morris av., Summit(20)
Macchia, Benjamin J., 358 Arlington av., Jer.City(9)
MacDermid, LyndenE.,506F'rnsw'th av.,B'rd'nt'n(11)
MacDonald, John J., 348 Ogden av., Jersey City (9)
Macdonald, Wentworth S., 1 N. Br'kw'd dr.,M'tc'r(7)
MacDowall, John L., 113 Market st., P. Amboy(12)
Mace, Margaret, 2410 Atlantic av., N. Wildwod (5)
MacGregor, Allan W., 379 Ellison st., Paterson (16)
MacGuffie, Robert N., 657 Main av., Passaic (16)
MacKellar, James M., 26 E. Clinton av., Tenafly (2)
MacKenzie, Robert A., 501 Grand av., AsburyP'k(13)
Mackes, Claude B., 48 N. Main st., Woodstown (17)
Mackin, John J., 596 Bergen av., Jersey City (9)
Maclay, Joseph A., 239 Broadway, Paterson (16)
MacMillan, C. Wright, 4 Duryea rd., Up.Montcl'r(7)
Macpherson, Elwood H.. 34 Rawley pl., Millburn (7)
Madaras, John S., 870 Ave. C, Bayonne (9)
Madden, Leland S., 21 E. Verona av., Pl's'tville (1)
Madden, Theophilus W., 16Frazer av.,Collingsw'd(4)
Madden, William L., 83 Gifford av., Jersey City (9)
Maddren, Russell F., 322 Park st., Hackensack (2)
Mader, A. Ivan, Jr.,430 Union st., Hackensack (2)
Madison, Lewis K., 358 Pacific av., Jersey City (9)
Maffongelli, Joseph A., 494 River st., Paterson (16)
Magee, David M. P., N. J. State Hosp., Trenton (11)
Magee, Harold S., N. J. State Hosp., Trenton (11)
Magee, Russell S., 201 White Horse Pk., Audubon(4)
Magennis, Bryan C., 272 Broadway, Paterson (16)
Maggio, George A., 292 Park av., Newark (7)
Maggio, Ross J., 550 Carlton rd., Westfield (20)
Magill, Marcus, 4116 Ventnor av., Atlantic City (1)
Magnes, Max, 271 Park av., Paterson (16)
Magovern, Thos. F., 228 S. Orange av., S. Orange(7)
Mahaffey, J. Lynn, 406 Warwick rd., Haddonf'd (4)
Maher, John E., 90 Third av., Long Branch (13)
Mahood, Herbert L., 86 Durand rd., Maplewood (7)
Majeski, Henry J., 935 Brunswick av., Trenton (11)
Major, Morton M., 4212 Ventnor av., Atl. City (1)
Makin, John B., 501 Grand av., Asbury Park (13)
Malatesta, Chas. S., 1203 Martine av., Plainfield(20)
Maldeis, Albertos M. K., 117 N. 6th st., Camden (4)
Mamlet, Alfred M., 16 Johnson av., Newark (7)
Manahan, Daniel V., 55 E. Front st., Red Bank (13)
Mancusi-Ungaro, Elviro, 268 Mt.Pr'sp't av.,Nwk.(7)
Mancusi-Ungaro, Lodovico, 156Mt.Pr'p't av.,Nwk.(7)
Mangelsdorff, Arthur F., Calco Chem.Co.B'dBr'k(18)
Mango, Concetta G., 1 31st st., N. Bergen (9)
Magogna, Philip, 241 S. 7th st., Newark (7)
Mangone, Geo. F., 171 Palisade av., Union City (9)
Manly, Thos. E., 390 Park av., Paterson (16)
Mann, Jacob J., 255 State st., Perth Amboy (12)
Manzione, Frank A., 500 Union av., Paterson (16)
Maps, Howard L., 53 Passaic av., Passaic (16)
Maras, Peter E., 80 Tonnele av., Jersey City (9)
Marcarian, Henry G., 904 Cooper st., Camden (4)
Marchione, Nicholas E., 109 S. 7th st., Vineland (6)
Marcus, Donald, 640 Stuyvesant av., Irvington (7)
Marcy, John W., 117 E. Park av., Merchantville (4)
Margaretten, Edward I., 263 High st.,P'thAmboy(12)
Margolis, Alfred, 218 W. End av., Newark (7)
Margulies, Charles, 188 High st., Nutley (7)
Marini, Dominick, 40 Henry st., Passaic (16)
Mark, Harry B., Riverton (3)
Mark, Joseph S., 102 Green st., Woodbridge (12)
Markel, Albert G., 450 Park av., Paterson (16)
Markley, Luther A., Holy Name Hosp., Teaneck(2)
Markowitz, Benjamin B., 2157 Hud. Blvd.,Jer.City(9)
Markowitz, Irwin B., 2157 Hud. Blvd., Jer. City(9)
Markowitz, Louis, 16 Church st., Paterson (16)
Marks, Edward G., 655 Kearny av., Arlington (7)
Marlett, Neumann C.,230Greenwich st.,Belvidere(21)
Marone, Carmine R., 648 1st av., Elizabeth (20)
Maroney, James H., 129 Summit av., Summit (20)
Marquis, Dean W., 144 Harrison st., E. Orange (7)
Marquis, W. James, 198 Clinton av., Newark (7)
Marra, Rocco S., 221 Park av., Orange (7)
Marrocco, Wm. A., 47 Ward st., Paterson (16)
Marsh, Elias J., 400 Van Houten st., Paterson (16)
Marshall, Frank A., 440 Palisade av., Weehawken(9)
Marshall, H. Donald, 611 N. Indiana av., Atl. City(1)
Marshall, Joseph C., 1517 Pacific av., Atl. City (1)
Martin, Leonard J., 206 Prospect av., AsburyPk.(13)
Martin, Theodore, 98 Haledon av., Paterson (16)
Martin, Wm. P., 25 Holland rd., S. Orange (7)
Martinetti, Carlo D., 311 Central av., Orange (7)
Martland, Harrison S., City Hosp., Newark (7)
Marts, George H., 956 Park av., Plainfield (20)
Marvel, Peter H., 2216 Shore rd., Northfield (1)
Marvin, Dorothy H.,51Livingston av.,N'wBruns.(12)
Marx, Frederick J., 486 Churchill rd.,W.Englew'd(2)
Mason, Howard B., 90 W. Main st., Freehold (13)
Mason, James H., 1616 Pacific av., Atlantic City (1)
Mason, Virgil A., 144 Harrison st., E. Orange (7)
Massengill, Fulton, 125 Harrison st., E. Orange (7)
Massey, J. Bruce, 20 Codwise av., New Brunsw'k(12)
Masterson, John F., 98 Myrtle av., Irvington (7)
Mastromonaco, Jos. D., 35 W. 34th st., Bayonne (9)
Masucci, Alberico, 128 Carroll st., Paterson (16)
Matera, Joseph, 506 Garden st., Hoboken (9)
Matheke, George A., 592 Park av., East Orange (7)
Matheke, Otto G., 328 Sussex av., Newark (7)
Mathesheimer, Jacob L., 280 OldB'rg'n rd.,Jer,C'y(9)
Matheson, Gilchrist E., 144 S.Harris'n st.,E.Or'ge(7)
Mathews, Raymond H., 186 South st., Morrist'n(14)
Mathews, Wm. J., 938 Hudson st., Hoboken (9)
Matthews, Clifford B., 1180 RaymondBlvd.,N'w'k(7)
Matthews, Harry E., 504 Hillside av., Orange (7)
Matthews, Leonard M., 655 Main av., Passaic (16)
Matthews, William, 139 Broad st., Red Bank (13)
Matthews, Wm. F., 61 S. Fullerton av., Montcl'r(7)
Matturri, Dominick A., 174 Clinton av., JerseyC'y(9)
Maturo, Vincenzo E., 814 Hudson Blvd., Bayonne(9)
Maurer, K. Virginia, 26 W. Northf'd rd.,Liv'gst'n(7)
Maver, William W., 532 Bergen av., Jersey City (9)
May, Ernst A., 157 Harrison st., East Orange (7)
Mayhew, Charles H., 329 Pine st., Millville (6)
McBride, Andrew F., 30 Church st., Paterson (16)
McBride, Andrew F.,Jr.,655 Broadw'y, Paters'n(16)
McBride, Hesser G., 1072 S. Orange av., Newark (7)
McCall, Jesse, 12 Church st., Newton (19)
McCallion, William H., 722Westminster av.,Eliz.(20)
McCallum, Arthur S., 213 Cl'm'ntsBr.rd.,Barr'gt'n(4)
McCamey, Kenneth E., 612 E. 29th st., Paterson(16)
McCandliss, Wm. K., State Hosp., Trenton (11)
McCarron, James A., 341 Ave A, Bayonne (9)
McCarthy, Arthur M., 2772 Federal st., Camden (4)
McCarthy, George L., 506 Union av., Paterson (16)
McCarthy, John J., 606 35th st., N. Bergen (9)
McCauley, Francis J., 31 Lincoln Park, Newark (7)
McClintock, Elsie, 1439 Maple av., Hillside (20)
McCluskey, Harry B., Parsippany rd.,Whippany(14)
McConaghy, T. P.,S.W.cor.10th&Coop'r sts.,C'md'n(4)
McConaughy, Francis, 1 E. High st., Somerville(18)
McCormack, Frank C., 95 Tenafly rd., Englew'd (2)

McCormick, James E., 775 Elizabeth av., Newark(7)
McCormick, Wm. H., Jr.,266Market st.,P'hAmb'y(12)
McCoy, John C., 292 Broadway, Paterson (16)
McCroskery, James H., 396 N. Arlington av.,E.O,.(7)
McCue, John B., 912 Lincoln av., Pompton Lks.(16)
McCullough, John H., 523 E. State st., Trenton (11)
McCullough, Walter A., Essex Co. Hosp.,CedarGr.(7)
McDede, Ernest H., 319 Ridge rd., Lyndhurst (2)
McDede, Frank F., 922 Main st., Paterson (16)
McDede, J. Searle, 215 Ege av., Jersey City (9)
McDermott, Vincent T., 511 State st., Camden (4)
McDonald, Frank R., 37 Monticello av., Jer. City (9)
McDonald, Richard J., 80 Park av., Paterson(16)
McDonnel, Gerald E., 200 Garden st., Mt. Holly (3)
McDonnell, George J., 80 W. Main st., Freehold(13)
McElroy, Ervin, 20 Main st., Rockaway (14)
McFeely, Percy R., 242 Palisade av., Bogota (2)
McGeary, John A., 712 N. Broad st., Elizabeth (20)
McGeehan, Stanley M., 6505 Atlantic av.,Atl. C.(1)
McGinn, Wm. J., 1913 Westfield av., Scotch Pls(20)
McGlade, Thos. H., 2953 Yorkship Sq., Camden (4)
McGovern, John F., Jr.,24Liv'gst'n av.,N.Bruns.(12)
McGuigan, Francis A., 212 N.Warren st.,Tr'nt'n(11)
McGuire, John J., 2 Gould av., Newark (7)
McIlvaine, Wm. E., 301 Monmouth av., Lakew'd(15)
McKelvie, Julius C., 55 Rockwell av., L'gBr'nch(13)
McKiernan, Robt. L., 97 Bayard st., N. Bruns.(12)
McKim, William F., 317 Roseville av., Newark (7)
McKinstry, John W., Railroad av., Jamesburg (12)
McLane, A. Donald, 498 Engle st., Englewood (2)
McLean, Herbert E., 92 Fairview av., Jersey City(9)
McLean, Hugh A., 414 17th st., W. New York (9)
McLellan, George A., 19 Hawthorne av.,E.Orange(7)
McLeod, Neill S., 729 Raritan av., Highland Pk.(12)
McLoughlin, Frank J., 558 Jersey av.,JerseyCity(9)
McMahon, Bernard C., 18 DeHart st., Morrist'n(14)
McMurray, Geo. B., N.J.State Hosp.,Gr'yst'neP'k(14)
McMurtrie, Wm. A., 20 Franklin st., Morristown(21)
McNenney, Claudio E., 113 Fairview av.,Jer,City(9)
McPherson, MalcolmE.,141Diam'dB.av.,H'wth'rne(16)
McTague, Robt. S., 88 3rd av., Atl. Highlands(13)
McVay, Edward A., 234 Lafayette st., Newark (7)
McVeigh, Charles J. D., Netcong (19)
McWilliams, Charles E., Blackwood (4)
Meacham, Eugene A., 112N.Stevens av.,S.Amboy(12)
Means, Paul B., N. J. State Hospital, Trenton (11)
Mears, Wm. G., 222 Overlook av., Leonia (2)
Mecray, Paul M., 405 Cooper st., Camden (4)
Mecray, Paul, Jr., 405 Cooper st., Camden (4)
Medd, John C., 25 Curtis pl., Maplewood (7)
Meehan, George E., 117 Mercer st., Jersey City (9)
Meehan, Marjorie C., R. D. No. 1, Princeton (11)
Meehan, Martin M., 339 Wash'gt'n av., Belleville (7)
Meeker, Irving A., 581 Valley rd., Up. Montclair(7)
Meeker, John L., 6 DeBarry pl., Summit (20)
Meier, Wm. U., 1062 Ringwood av., Haskell (16)
Meineke, Wm. C., Jr., 818 Chestnut st., Roselle (20)
Meinzer, Martin S., 147 Market st., Perth Amboy(12)
Meisel, David B., 241 Avon av., Newark (7)
Mellen, Stanley H., 863 Mt. Prospect av., Newark(7)
Meloney, Lester F., 156 Second st., Clifton (16)
Meltsner, Louis, 904 Hudson st., Hoboken (9)
Meltzer, Louis, 32 W. 33rd st., Bayonne (9)
Mendelsohn, David H., 576 Broadway, Paterson(16)
Mendenhall, Clinton D.,412F'rnsw'th av.,B'rd'nt'n(3)
Meneve, Alfred D., 373 Broadway, Paterson (16)
Menge, Carl H., 236 Washington st., Toms River(15)
Mengel, Willard G., 400 Penn st., Camden (4)
Menk, Paul E., 131 Lincoln Park, Newark (7)
Merendino, Anthony G., 2720 Pacific av.,Atl.City(1)
Markelbach, Walter P., 288 Broad st., Bloomfield(7)
Merliss, Eugene, 386 Clinton av., Newark (7)
Merlo, Francis A., 210 Murray st., Elizabeth (20)
Merlo, Francis V., 39 3rd st., Elizabeth (20)
Merselis, John G., 110 Irvington av., S. Orange (7)
Mersheimer, Christian H., 15Reservoir av.,Jer.C'y(9)
Messina, Thomas, 153 Freeman av., E. Orange (7)
Metsky, Joseph, 777 High st., Newark (7)
Metz, Henry, 5 Pangborn pl., Hackensack (2)
Metzer, Emma P. W., 430 Fairview st., Riverside (3)
Metzer, Freeman W., 428 Fairview st., Riverside(3)
Metzger, Karl F., 603 Ninth av., Belmar (13)
Meurlin, Alfred, 558 S. Harrison st., E. Orange (7)
MeVay, James C. F., 2907 Pacific av., AtlanticC'y(1)
Meyer, George P., 410 Haddon av., Camden (4)
Meyer, Howard M., 400 Maple Hill dr., Hackens'k(2)
Meyer, William, 436 New York av., Union City (9)
Meyers, Francis R., 627 E. 24th st., Paterson (16)
Meyerson, Noah, 428 15th st., West New York (9)
Mezzetti, Alfred F., 220 S. 6th st., Vineland (6)
Michela, Luigi S., 206 Carroll st., Paterson (16)
Michell, George E., 221 High st., Hackensack (14)
Michewich, Stephen A., 650 Ave. C, Bayonne (9)
Miele, Frank A., 314 Carr av., Keansburg (13)
Mierau, Ernest W., 1096 Sanford av., Irvington (7)
Miller, Earle K., 2502 Nottingham way, Trenton(11)
Miller, Gerald H., N. Main st., Cranbury (11)
Miller, H. Garrett, 203 E. Main st., Millville (6)
Miller, Herman P., 815 S. 12th st., Newark (7)
Miller, I. Irwin, 675 Sanford av., Newark (7)
Miller, Jos. A., 364 Prospect st., S. Orange (7)
Miller, Lewis H., 37 S. Main st., Woodstown (17)
Miller, Max H., 311 16th st., West New York (9)
Miller, Nathan, 861 Lyons av., Irvington (7)
Miller, Ralph, 544 S. 16th st., Newark (7)
Miller, Robert M., 382 Springfield av., Summit (20)
Miller, Samuel R., 407 S. Main st., Pennington (11)
Miller, William H., 37 S. Main st., Woodstown (17)
Milligan, Robert S., 42 Elm st., Summit (20)
Mills, Alvah V., Lindsley rd., Little Falls (16)
Mills, Charles S., 106 Lippincott av., Riverton (3)
Mills, Clifford, 36 Maple av., Morristown (14)
Mills, Stephen D., 132 S. Euclid av., Westfield (20)
Milnis, Bernard, 100 30th st., N. Bergen (9)
Minard, Edwy L., 140 4th av., East Orange (7)
Minier, Carl L., 25 N. Harrison st., E. Orange (7)
Miningham, Wm. D., 18 Hedden ter., Newark (7)
Minnella, Thomas J., 132 Morris av., Summit (20)
Minschwaner, Geo. G., Jr.,954Gr'nw'd av.,Tr'nt'n(11)
Mishell, Daniel R., 31 Lincoln Park, Newark (7)
Missonellie, Wm., 404 Lafayette av., Hawthorne(16)
Mitchell, Augustus J., 59 South st., Newark (7)
Mitchell, Chas. H., 1100 W. State st., Trenton (11)
Mitchell, Charles R., 311 Broadway, Paterson (16)
Mitskas, Theodore V.J., 704 Gr'nw'd av.,Trenton(11)
Mockett, Walter W., 714 Palisade av., Grantw'd(2)
Mockridge, Oscar A., 8 S. Mountain av., Montcl'r(7)
Modrys, Walter F., 1400 Palisade plaza, Hud.Hts.(2)
Moeckel, Clarence W., 63 S. Fullerton av.,M'tcl'r(7)
Moffat, Barclay W., Nut Swamp rd., Red Bank (13)
Mohrbacher, John J., 37 Osborne ter., Newark (7)
Moister, Roger W., 7 Norwood av., Summit (20)
Molitch, Matthew, 705 Pacific av., Atlantic City (1)
Monaco, Saverio A., 293 Camden st., Newark (7)
Monasson-Friedland, Ida, Woodbine (5)
Montfort, Robert J., 1051 E.Jersey st., Elizabeth(20)
Moon, Alexander C., Cape May (5)
Moore, Dean C., 138 N. Arlington av., E. Orange (7)
Moore, Ralph L., 127 N. Broad st., Woodbury (8)
Mores, Herbert R., 65 Bergen av., Ridgef'dP'k (2)
Moress, Edward J., 1551 Maple av., Hillside (7)
Moretti, John J., 576 S. Clinton st., E. Orange (7)
Morgan, Browne, 2 Broad st., Bloomfield (7)
Morici, Theodore, 80 Howe av., Passaic (16)
Moriconi, Albert F., 438 Hamilton av., Trenton (11)
Morley, Grace C., 64 Clifton ter., Weehawken (9)
Morrill, James P., 310 Broadway, Paterson (16)
Morris, Carlyle, Spring st. & Lake av., Metuchen(12)
Morris, Clement, 513 Broadway, Newark (7)
Morris, David G., 11 W. 26th st., Bayonne (9)

Morris, Thomas M., 505 Park av., Plainfield (20)
Morris, Watson B., 193 Morris av., Springfield (20)
Morrison, Caldwell, 379 7th av., Newark (7)
Morrison, Frederick H., Newton (19)
Morrow, Jos R., Bergen Co. Hosp., Ridgewood (2)
Moschkowitz, Hermann, 737 High st., Newark (7)
Moscoe, Harry A., Main st., Lincoln Park (16)
Mosher, Henry L., 325 Valley Br'k av.,Lyndhurst(2)
Mott, Joseph E., 426 Park av., Paterson (16)
Motzenbecker, Peter F., 680 High st., Newark (7)
Mount, Walter B., 21 Plymouth st., Montclair (7)
Mountford, William E.,215 N.Warren st.,Trent'n(11)
Muccia, John J., 7 Tonnele av., Jersey City (9)
Mueller, George H., 102 Summit av., Jersey City (9)
Muller, Frederick L., 413 Third st., Carlstadt (2)
Mulligan, Luke A., 230 Central av., Leonia (2)
Mullin, Eugene F., 505 Sanford av., Newark (7)
Mullin, Raymond J., 76 Shanley av., Newark (7)
Mullins, Roy L., 305 Harrison st., Frenchtown (10)
Mulvihill, Wm. J., 275 Hudson Blvd., Bayonne (9)
Munger, Ray T., 727 Watchung av., Plainfield (20)
Munro, Charles A., Marlton (3)
Munro, Jeannette, 2 Queenston pl., Princeton (11)
Murn, Charles J., 48 Smith st., Paterson (16)
Murphy, Albert T., 1108 Anna st., Elizabeth (20)
Murphy, Charles M., 21 Main st., Farmingdale (13)
Murphy, Herschel S., 320 Chestnut st., Roselle (20)
Murphy, James A., 312 Bellevue av., Trenton (11)
Murphy, James M., 2757 Boulevard, Jersey City (9)
Murphy, Leo J., 374 West st., Union City (9)
Murphy, Patrick H. W., 27 Jefferson av., Jer. C'y(9)
Murray, Clifford K., 7103 Ventnor av., Ventnor (1)
Murray, Edwin N., 558 Newton av., Camden (4)
Murray, Harrold A., 624 Mt. Prospect av.,New'k(7)
Murray, Joseph A., 765 Ave. C. Bayonne (9)
Murray, NelsonT.,1044N.Francisco av.,Chicago,Ill.(4)
Murray, Norman L., 129 Summit av., Summit (20)
Murray, Robert A., 120 N. Broad st., Gloucester (4)
Murto, Thomas V., 532 W. State st., Trenton (11)
Musetto, Carmelo A., 135 Cornelia st., Boonton (14)
Mustermann, Otto H., 303 48th st., Union City (9)
Muta, Samuel A., 47 Park av., West Orange (7)
Mutchler, Julia C., 36 W. Blackwell st., Dover (14)
Mutchler, Harry R., 153 E. Blackwell st., Dover(14)
Muttart, George W., 702 Ocean av., Jersey City (9)
Mutter, Alfred A., 75 Beech st., Kearny (9)
Myatt, Leslie E., 98 N. Pearl st., Bridgeton (6)
Myers, Norman V., 41 Magnolia av., Tenafly (2)

ASSOCIATE MEMBERS

MacLaren, Philip J., 397Kinderkam'k rd.,Westw'd(2)
Magson, Albert E., 302 S. Main st., Hightstown (11)
Matheke, Otto G., Jr., 328 Sussex av., Newark (7)
McCarthy, William P., 1203Parkside av.,Trenton(11)
McGuinn, Wm. B., 52 N. Arlington av., E. Orange(7)
Megibow, Harold J., 43 Arch st., Ramsey (2)
Meinhard, Fred, 154 Van Buren st., Newark (7)
Miller, George M., 94 Washington av., Carteret (12)
Mitchell, Walter L., Jr., 195 Roseville av., Newark(7)
Monolay, Morris A., 24 Day st., Clifton (16)
Moss, Mary C., 5 Mountain av., Maplewood (7)

N

ACTIVE MEMBERS

Nacca, Carl A., 86 N. Essex av., Orange (7)
Nadel, Chas. I., 1186 Clinton av., Irvington (7)
Nafey, Herbert W., 51 Livingston av.,N'wBruns.(12)
Nagler, Benedict, 25 Clinton pl., Newark (7)
Naidorff, Saul A., 404 W. 7th st., Plainfield (20)
Nalitt, David I., 28 W. 33rd st., Bayonne (9)
Napoli, Joseph D., 575 Summit av., Union City (9)
Nappi, Pasquale E., 250 Mt. Prospect av.,Newark(7)
Nash, Alexander E., 30 Forest av., Verona (7)
Nash, Herman S., 865 S. 11th st., Newark (7)
Nash, William G., 20 Clinton st., Newark (7)
Naulty, Chas. W., Jr., 403 High st., P'th Amboy(12)
Navazio, Attilio, 185 Speedwell av., Morristown (14)
Neal, Chas. B., Pine & 3rd sts., Millville (6)
Neare, Clifford R., 2 Hawthorne av., E. Orange (7)
Neer, William, 245 Broadway, Paterson (16)
Neiderhoffer, Sydney L., 469 B'way, L'g Branch(13)
Nelson, Harry, 36 Lupton av., Woodbury (8)
Nemirow, Martin, 234 Lexington av., Passaic (16)
Nemzek, Wm. P. B., 141 Ridge rd., N. Arlington (7)
Nesbitt, Elizabeth, No.Jer.Tr'n'gSch'l,LittleFalls(16)
Netz, Lester W., 414 Main st., Hackensack (2)
Neville, Robert J., 547 Main st., Hackensack (2)
Nevius, William B., 610 Park av., E. Orange (7)
Newbury, Graham C., 209 Holly st., Cranford (20)
Newcomb, Marcus W., Browns Mills (3)
Newman, Abraham J., 132 Manhattan av.,Jer.C'y(9)
Newman Grace T., 339 Grove st., Montclair (7)
Newman, Julius, 31 Lincoln Park, Newark (7)
Newmeyer, Joseph, 217 Union av., Delanco (4)
Ney, Julian M., 671 Broad st., Newark (7)
Nichols, Frank I., 52 Euclid av., Hackensack (2)
Nichols, Stanley H., 501 Grand av., Asbury Park(13)
Nicholson, Frank P., 895 Summit av., Jersey City(9)
Nickman, E. Harrison, 4702 Atlantic av., Atl.C'y(1)
Nicol, Lorenz C., 360 Larch av., Bogota (2)
Nicola, Toufick, 96 Gates av., Montclair (7)
Nicoll, George L., 48 W. Blackwell st., Dover (14)
Nieman, Solomon Z., 136Livingston av.,N'wBrns.(12)
Niemtzow, Frank, 55 E. Main st., Freehold (13)
Nittoli, Rocco M., 660 E. Jersey st., Elizabeth (20)
Nobile, James J., 913 Hudson st., Hoboken (9)
Noll, Louis, 1383 Clinton av., Irvington (7)
Nonziato, Frank A., 50 Centre st., Trenton (11)
Norris, Henry M., 21 Sterling Dr., S. Orange (7)
North, Harry R., 160 W. State st., Trenton (11)
Norton, James F., 58 Kensington av., Jersey City(9)
Norval, William A., 419 Main st., Paterson (16)
Norwood, Wm. D., 164 1st st., Carneys Point (17)
Notkin, Meyer, 559 Broadway, Paterson (16)
Noto, Philip, 158 Washington pl., Passaic (16)
Novello, Joseph A., 641 Second av., Elizabeth (20)
Nuse, Edward F., 550½ Jersey av., Jersey City (9)
Nussbaum, Harvey E., 89 Ferry st., Newark (7)
Nussbaum, Joseph, 321 Elmora av., Elizabeth (20)
Nye, Howard H., 174 Carroll st., Paterson (16)
Nyiri, William A., 30 Van Ness pl., Newark (7)

ASSOCIATE MEMBER

Nayfield, Ronald C., 974 S. Broad st., Trenton (11)

O

ACTIVE MEMBERS

Obert, J. Edwin, Main st., New Egypt (15)
Obester, Gabriel E., 640 N. Broad st., Elizabeth (20)
O'Brian, Dennis M., 154 Lexington av., Passaic (16)
O'Brien, Paul, 196 Main st., E. Rutherford (2)
O'Brien, William A., 655 Main av., Passaic (16)
Ockene, Abraham, 495 Palisade av., Union City (9)
O'Connell, James J., 116 Liv'gston av.,N'wBruns.(12)
O'Connor, Bernard A., 47 Central av., Newark (7)
O'Connor, Dennis F., 671 Broad st., Newark (7)
O'Connor, John J., 434 New York av., Union City(9)
O'Connor, Michael J., 98 Shanley av., Newark (7)
O'Crowley, Clarence R., 31 Lincoln Park, Newark(7)
Oderr, Charles, 659 Glen av., Westfield (20)
O'Gorman, Michael W., 895 Bergen av., Jer. City(9)
O'Grady, Benson J., 931 Washington st.,Hoboken(9)
O'Grady, Michael J., 228 Franklin av., Nutley (7)
O'Hanlon, George, Medical Center, Jersey City (9)
Okin, Irving, 165 Passaic av., Passaic (16)
Oleynick, Simeon A., 31 Lincoln Park, Newark (7)
Olini, Joseph J., 30 W. Market st., Newark (7)
Olpp, Archibald E., 318 Bergenline av.,UnionCity(9)
Olpp, John L., 100 E. Palisade av., Englewood (2)
O'Mara, John A., 314 St. Clair av., Spring Lake (13)
Ondovchak, M. Fred'k, Kings H'way,Mt.Ephraim(4)
O'Neill, Charles L., 11 N. 7th st., Newark (7)
O'Neill, John H., 270 Montgomery st., Jersey City(9)
O'Neill, Joseph F., 41 E. Broad st., Hopewell (11)
Opdyke, Gordon M., 52 Claremont av., Verona (7)
Openchowski, Mieczyslaw, 83 Johnson av., New'k(7)
Opfermann, John L., 167 Bay av., Highlands (13)
Opper, Philip, 715 Broadway, Paterson (16)
Oram, Joseph H., 495 Broadway, Paterson (16)
Oren, Hyman, Park av., Park Ridge (2)
Orloff, Samuel, 149 Lyons av., Newark (7)
Ornaf, I. Edward, 1145 Thurman st., Camden (4)
O'Rourke, James J., 871 Stuyvesant av., Trenton(11)
Orris, Harold J., 1463 Maple av., Hillside (7)
Ortolano, James J., 159 First st., Hoboken (9)
Orton, Foster, 196 Elm av., Rahway (20)
Orton, George L., 196 Elm av., Rahway (20)
Orton, Henry B., 224 Delavan av., Newark (7)
Osborn, Adam D., 519 Sixth av., Belmar (13)
O'Shea, John J., 438 Palisade av., Weehawken (9)
Osher, Morris M., 157 North av., Fanwood (20)
Oshrin, Henry, 750 Park av., West New York (9)
Osmun, Milton M., 611 Broadway, Camden (4)
Ostrowski, Sigismund J., 265 Broad st., Bloomf'd(7)
O'Sullivan, John R., Box 163, Arlington (9)
Owen, Logan S., 938 Hudson st., Hoboken (9)
Owen, Philip, 1273 Stuyvesant av., Union (20)

ASSOCIATE MEMBERS

Offenkrantz, Fred'k M., 72 Hansbury av., Newark(7)
Opacity, Ernest A., 247 Madison av., Newark (7)

P

ACTIVE MEMBERS

Pacicco, Michele, 376 Monmouth st., Jersey C'y (9)
Paddock, Royce, 965 Broad st., Newark (7)
Padney, Edward V., 452 Jersey av., Jersey City (9)
Pagano, Peter, 45 N. Broad st., Ridgewood (2)
Pagliughi, John J., 401 18th st., Union City (9)
Pal, Darbari R., 32 Clark st., Paterson (16)
Pallen, Conde DeS., 412 Main st., Hackensack (2)
Palm, Howard F., 614 N. 2nd st., Camden (4)
Palma, Nicholas, 116 17th av., Paterson (16)
Palmer, Francis R., 249 Lexington av., Passaic (16)
Palmer, Gideon H., 28 Winans st., East Orange (7)
Palmer, Henry S., 275 Mulberry st., Newark (7)
Panigrosso, Louis R.,284Wash'gt'n st.,P'hAmboy(12)
Panitch, William, 90 Baldwin av., Newark (7)
Pannullo, John N., 266 Van Buren st., Newark (7)
Pansy, Abraham A., 12 Jackson st., So. River (12)
Pantaleone, Joseph, 504 Hamilton av., Trenton (11)
Parent, Sol, 51 Baldwin av., Newark (7)
Paris, William, 518 E. 25th st., Paterson (16)
Parisi, Anthony, 296 S. Orange av., Newark (7)
Park, M. Benjamin, 360 Park av., Paterson (16)
Parker, Horace N., 72 N. Clinton av., Trenton (11)
Parker, James W., 175 Shrewsbury av., Red B'k(13)
Parker, John E., 144 Harrison st., East Orange (7)
Parry, Allen A., 46 Green Village rd., Madison (14)
Parry, Oliver K., 601 Bangs av., Asbury Park (13)
Parsonnet, Aaron E., 3 Madison av., Newark (7)
Parsonnet, Eugene V., 31 Lincoln Park, Newark (7)
Pascall, Thomas M., 197 Lincoln av., Newark (7)
Patella, Fulvio, 232 Broadway, Paterson (16)
Patterson, Isaac N., 26 Station av., Westville (8)
Patti, Frank A., 241 Broad av., Leonia (2)
Patton, Paul B., Blairstown (21)
Pattyson, Ralph A., 144 Harrison st., E. Orange (7)
Paul, George A., 788 Lyons av., Irvington (7)
Paul, H. Carl, 30 Westville av., Caldwell (7)
Paulson, Arch M., 160 E. 7th st., Plainfield (20)
Pavia, John R., 48 Mountainview av., E. Orange (7)
Payne, Guy, Overbrook Hosp., Cedar Grove (7)
Payne, Guy, Jr., 56 S. Prospect st., Verona (7)
Payne, Joseph, 223 Godwin av., Midland Park (2)
Peacock, Arthur B., 39 W. Main st., Columbus (3)
Pearl, Sydney S., 545 Rahway av., Elizabeth (20)
Pearlstein, Frank, 325 16th st., W. New York (9)
Pearson, J. Gerald, 817 Washington st., Hoboken(9)
Pearson, Theodore A., Whitehouse (10)
Pecora, Carmine, Atlantic City Blvd., Beachwood(15)
Pedevill, Joseph R., 232 Highl'd av.,PalisadesP'k(2)
Pedrick, William W., 11 West st., Glassboro (8)
Peer, Lyndon A., 965 Broad st., Newark (7)
Pegau, Paul M., 246 Briar Hill lane, Woodbury (8)
Pellarin, John D., 493 New York av., Union City (9)
Pellet, Thomas L., Hamburg (19)
Pellicane, Anthony J., 183Liv'gst'n av.,N'wBrns.(12)
Penchansky, Samuel J., 847 Ave. C, Bayonne (9)
Pendexter, Sidney E., 11 S.Arlingt'n av.,E.Orange(7)
Pennington, Alfred W., 398 N. Maple av., E.Or.(7)
Pennington, John, 101 S. Indiana av., AtlanticC'y(1)
Pentel, Louis S., 307 16th st., West New York (9)
Perham, Bertram S., 199 Lorraine av., Up.M'tcl'r(7)
Perham, Roy G., 248 Boulevard, Hasbr'k Hgts. (2)
Perkel, Louis L., 2801 Hudson Blvd., Jersey City(9)
Perlberg, Harry J., 921 Bergen av., Jersey City (9)
Pernetti, Anthony M., 320 Broadway, Paterson (16)
Perrine, Cornelius C., 668 River rd., FairHaven(13)
Perrone, Arthur F., 415 16th st., West New York(9)
Perrotta, Anthony J., 94 Maple av., Red Bank (13)
Perry, Frank L., 39 East av., Woodstown (17)

Pessel, Johannes F., 224 W. State st., Trenton (11)
Peters, Edgar A. P., 394 Bergen av., Jersey City (9)
Peters, Richard C., 963 Park av., Plainfield (20)
Peterson, Charles A., 921 Wash'gton st., Hoboken(9)
Peterson, Walter R., 312 W. State st., Trenton (11)
Petry, William, 109 Treacy av., Newark (7)
Pettit, Harry H., 138 Franklin av., Ridgewood (2)
Pettit, Herschel, 807 Wesley av., Ocean City (5)
Phelan, Walter F., 124 Chilton st., Elizabeth (20)
Phelps, James E., 203 Park av., Paterson (16)
Phillips, Algernon A., 212 W. Market st., Newark(7)
Phillips, Claude B., 891 Haddon av., Collingswood(4)
Phillips, Walter, 109 E. Palisade av., Englewood (2)
Pieper, Howard C., 426 Bath av., Long Branch (13)
Pierce, H. A., 150 Broad av., Leonia (2)
Pierson, Carl L., 395 W. State st., Trenton (11)
Pierson, Joseph R., 10 E. Broad st., Hopewell (11)
Pietri, Raoul, 501 Grand av., Asbury Park (13)
Pigott, Albert W., N. J. Vil. Epileptics, Skillman(18)
Pike, Charles E., 4 E. Haddon av., Oaklyn (4)
Pilch, Arthur G., 1 Willard av., Bloomfield (7)
Piller, Jacob, 213 Broadway, Paterson (16)
Pilloni, Louis, 91 Beach st., Bloomfield (7)
Piltz, George F., 153 25th st., Guttenberg (9)
Pinckney, Frank H., 186 South st., Morristown (14)
Pindar, Arthur W., 627 Queen Anne rd., Teaneck (2)
Pindar, Fred'k S., 960 Park av., North Bergen (9)
Pindar, Irene C. D., 627 Queen Anne rd., Teaneck(2)
Pingitore, Eufelia, 30 Martin ter., Hackensack (2)
Pink, Solomon H., 21 High st., Butler (16)
Pinkerton, Wm. A., 854 Ave. C, Bayonne (9)
Pino, Anthony, 196 Irving av., Bridgeton (6)
Piskorski, Abdon V., 604 Jersey av., Jersey City (9)
Pitkin, George P., 4 S. Washington av.,Bergenf'd(2)
Pitman, Mason W. H., 17 W. Cliff st., Somerville(18)
Pizzi, Francis W., 205 Park av., Orange (7)
Placa, James A., 112 Prospect st., Ridgewood (2)
Plant, James S., 502 High st., Newark (7)
Plante, Amos A., 437 Ridgewood rd., Maplewood (7)
Platt, Thos. H., 307 N. Washington av.,Dunellen(12)
Plavin, Nathan J., 5460 Hudson Blvd., N. Bergen (9)
Plinke, Fritz W., 159 Lexington av., Passaic (16)
Plume, Clarence A., Main st., Succasunna (14)
Podell, A. Alfred, 51 E. Front st., Red Bank (13)
Pogoloff, Samuel H., Manville (18)
Pois, John, 52 Pillot pl., West Orange (7)
Poland, George A., 206 E. Verona av.,Pl'santville(1)
Poleshuck, Rubin, 127 Hollywood av. ,Hillside (20)
Policastro, Nelson C., 378 Union st., Hackensack(2)
Polizzotti, Joseph L., 193 Park av., Paterson (16)
Polk, Charles C., 114 E. 7th av., Roselle (20)
Pollak, Berthold S., 100 Clifton pl., Jersey City (9)
Pollis, Nicholas L., 642 High st., Newark (7)
Pollock, Franklyn J., 14 Watson av., Newark (7)
Polow, Benjamin, 24 Johnson av., Newark (7)
Polowe, David, 555 E. 27th st., Paterson (16)
Pomeranz, Raphael, 31 Lincoln Park, Newark (7)
Pons, Carlos A., 501 Grand av., Asbury Park (13)
Pontery, Herbert B., 89 Bowers st., Jersey City (9)
Potter, Benjamin P., 90 Clifton pl., Jersey City (9)
Potter, Ellen C., 301 W. State st., Trenton (11)
Potter, Raymond T., 144 Harrison st., E. Orange (7)
Pottinger, Wm. E., 6 Altamont court, Morrist'n(14)
Povalski, Alexander W., 1925 Boulevard,JerseyC'y(9)
Powis, Ethel M., 198 W. State st., Trenton (11)
Poyas, Morton L., 306 W. State st., Trenton (11)
Prager, Bert A., 251 Main st., Chatham (14)
Prall, Henry E., 755 Anderson av., Cliffside Park (2)
Prather, Charles G., 260 Westwood av.,Westwood(2)
Prather, John W., 155 N. Wash'gton av., Dumont(2)
Pratt, Arthur G., 516 Cooper st., Camden (4)
Pratt, William H., 516 Cooper st., Camden (4)
Pregnall, James P., 501 Grand av., Asbury Park (13)
Preston, Perry B., 12 Palm st., Newark (7)
Price, Charles W., Essex Co. Hosp., Cedar Grove (7)
Price, Henry S., Jr., 324 Haddon av., Collingsw'd (4)
Prigger, Edward R., 39 W. Main st., Pennsgrove(17)
Prince, Robert A., 567 Broadway, Paterson (16)
Principato, Roberto, 402 Walnut st., Camden (4)
Probst, Everett W., 14 E. Park pl., Rutherford (7)
Proctor, Francis E., 332 W. State st., Trenton (11)
Protzman, Thomas B., 39 Park pl., Englewood (2)
Prout, Thomas P., 19 Prospect st., Summit (20)
Prout, Wm. B., 88 W. Forrest av., W. Englew'd (2)
Provisor, Benjamin, 141 Lexington av., Passaic (16)
Pudney, Wm. K., 31 Trinity pl., Montclair (7)
Purcell, Ernest F., 800 Stuyvesant av., Trenton (11)
Purdy, Charles H., 35 Highland av., Jersey City (9)
Pyle, Louis A., 89 Fairview av., Jersey City (9)
Pyle, Wallace, 15 Exchange pl., Jersey City (9)

ASSOCIATE MEMBERS

Padden, Aloysius F., 408 Main st., Hackensack (2)
Parkes, Morey, 43 Forest av., Caldwell (7)
Pellegrini, Vincent J., 315 Rochelle av.,Roch'leP'k(2)
Pinerman, Robert B., 259 Bellevue av., Trenton(11)
Pinto, Joseph A., 50 N. 11th st., Newark (7)
Pizzi, Mario V., 205 Park av., Orange (7)
Poller, Frederick K., 681 Stuyv'sant av.,Irvington(7)

Q

ACTIVE MEMBERS

Quad, Clifford W., 52 Northfield av., West Orange(7)
Quigley, Frederic J., 543 45th st., Union City (9)
Quinby, William O., 14 James st., Newark (7)
Quinn, John J., 921 Bergen av., Jersey City (9)
Quinn, Norman J., 3303 Pacific av., Atlantic City (1)
Quirk, Martin A., 90 W. Front st., Red Bank (13)

R

ACTIVE MEMBERS

Raab, Michael, 111 Lexington av., Passaic (16)
Rachlin, Harry T., 396 Union av., Irvington (7)
Rader-Hoheb, Katherine A., 5 Lincoln av.,Rthrfd.(2)
Radest, Louis J., 347 Broadway, Paterson (16)
Rados, Andrew, 31 Lincoln Park, Newark (7)
Raffetto, Joseph F., 550 Cookman av., AsburyP'k(13)
Ragany, Joseph, 966 S. Broad st., Trenton (11)
Ragione, Mario D., 277 Clifton av., Newark (7)
Rainey, Willard G., 34 Bayard lane, Princeton (11)
Ram, Nathan H., 34 Park av., Caldwell (7)
Rampona, Joseph M., 272 Nassau st., Princeton (11)
Ramsey, F. Muriel, 310 E. Pine st., Millville (6)
Randazzo, Anton P., 82 Prospect st., Passaic (16)
Rankin, StewartL.,315Riverside walk,Pennsgr've(17)
Ranson. Briscoe B., Jr., 144 Harrison st.,E.Orange(7)
Rapp, Robert F., 932 Haddon av., Collingswood (4)
Rathgeber, Chas. F., 18 William st., E. Orange (7)
Raughley, William C., Taunton av., Berlin (4)
Rauschenbach, Paul E., 225 Broadway, Paterson(16)
Rauschenbach, Paul E., Jr., 225 B'dway,Paters'n(16)
Ravitz, Saumel F., 1082 Broad st., Newark (7)
Read, Donald B., 105 Hudson st., Jersey City (9)
Read, Hilton S., 5407 Atlantic av., Ventnor (1)
Read, Jessie D., 519 Lenox av., Westfield (20)
Read, Wm. T., Jr., Cooper Hosp., Camden (4)
Reading, H. Eugene, 535 E. 29th st., Paterson (16)
Reale, Frank P., Brooks Blvd., Manville (18)
Reale, Nicholas P., Brookside Blvd., Manville (18)
Reeve-Allen, Jane, 254 Midland av., Montclair (7)
Reeves, Ernest, 195 Lexington av., Passaic (16)
Reeves, J. Franklin, 55 East av., Bridgeton (6)
Reich, Abraham L., 83 Lyons av., Newark (7)
Reich, Henry, 31 Lincoln Park, Newark (7)
Reich, Jerome J., 1410 Maple av., Hillside (20)
Reich, Samuel B., 348 Kinderkamack rd., Oradell (2)
Reid, Erwin W., 125 Marsellus pl., Garfield (2)
Reilly, Christopher J., 331 13th av., Newark (7)
Reilly, David F., Bergen Pines, Oradell (2)
Reilly, John V., 520 Sanford av., Newark (7)
Reilly, Thomas F., 187 Second st., Clifton (16)
Reiner, Jacob, 811 N. Broad st., Elizabeth (20)
Reinfeld, Abraham G., 354 Clinton av., Newark (7)
Reingold, Alexander, 221 Garden st., Hoboken (9)
Reinhardt, Warren I.,276Springdale av.,E.Orange(7)
Reinhold, Herb't E.,441W.Engl'w'd av.,W.Eng'w'd(2)
Reinhorn, Abraham J., 302 Broadway, Paterson (16)
Reisinger, Paul B., 369 W. State st., Trenton (11)
Reissman, Erwin, 31 Lincoln Park, Newark (7)
Reitnauer, John S., 518 44th st., Union City (9)
Reitter, George S., 191 Halsted st., E. Orange (7)
Relyea, George M., 129 Summit av., Summit (20)
Remer, Daniel F., 417 High st., Mt. Holly (3)
Renner, Clara C., N. J. State Village, Skillman (18)
Renzulli, Francesco, 228 S. 7th st., Newark (7)
RePass, Paul E., 85 Harrison st., E. Orange (7)
Resch, Henry U., 27 Park pl., Bloomfield (7)
Rettig, Isidor L., 36 Milford av., Newark (7)
Revere, Seth D., 600 Park av., E. Orange (7)
Reyner, Daniel C., 2703 Pacific av., Atlantic City (1)
Reynolds, Donald G., 64 W. Main st., Freehold (13)
*Reynolds, Earle C., 655 Main av., Passaic (16)
Reynolds, George G., 64 W. Main st., Freehold (13)
Reynolds, Harry C., 657 Main av., Passaic (16)
Rhoads, S. Creadick, 104 Station av., Westville (8)
Rhone, David S., 1202 Haddon av., Camden (4)
Ribbans, Robert C., 63 Central av., Newark (7)
Riccobono, Cosmo S., 334 Park av., Paterson (16)
Rice, Franklin W., 184 South st., Morristown (14)
Rich, Charles, 191 Littleton av., Newark (7)
Rich, Wallace E., Essex Co. Hosp., Cedar Grove (7)
Richards, Ernest W., 374 DeWolf pl., Hackensack(2)
Richards, Paul S., 1 Main st., Butler (16)
Richardson, Arthur H., 60 Orange rd., Montclair (7)
Richardson, Charles A., Main st., Closter (2)
Richardson, Emma M., 581 Stevens st., Camden (4)
Richardson, MarvinT.,14E.Mt.Pl's'nt av.,Liv'gst'n(7)
Richter, Donald A., 185 Grand av., Englewood (2)
Ricketts, Henry E., 31 Lincoln Park, Newark (7)
Rieck, Allan, 507 S. Shore rd., Pleasantville (1)
Rieck, Walter R., 379 Kearny av., Kearny (9)
Rieman, Aloysius P., 3566 Hudson Blvd., Jer. City(9)
Riggins, Edwin N., 161 N. Arlington av.,E.Orange(7)
Rineberg, Irving E., 94 Bayard st.,NewBrunsw'k(12)
Ringe, Charles L., Jr., Palisade av., Teaneck (2)
Ringewald, Robert H., 284 Broad av., Leonia (2)
Rinzler, Harry G., 127 Van Houten av., Passaic (16)
Riordon, John, 110 Maple av., Rutherford (2)
Ripley, Charles D., Curtis av., Pt. Pl'sant Beach (7)
Ripley, E. Warren, 56 Church st., Montclair (7)
Ripps, Maurice L., 410 Elmora av., Elizabeth (20)
Ristine, Edwin R., 542 Cooper st., Camden (4)
Rita, James J., 235 S. Clinton av., Trenton (11)
Ritter, John J., 95 Ward st., Paterson (16)
Rizzoli, Luigi, 15 Peck av., Newark (7)
Rizzolo, Edward M., 523 Union av., Belleville (7)
Robbin, Lewis, 18 Clinton pl., Newark (7)
Robbins, Charles M., 31 Lincoln Park, Newark (7)
Robbins, Henry B., 144 Mercer st., Jersey City (9)
Robbins, Warren D., 202 Ocean av., Cape May (5)
Roberts, Allison H., 24 S. 9th st., Newark (7)
Roberts, Charles D., 71 Chestnut st., Englewood (2)
Roberts, David C., 16 Highland pl., Maplewood (7)
Roberts, Edgar W., 760 Palisade av., W. New Y'k(9)
Roberts, Frank A., 11 Park av., Caldwell (7)
Roberts, Joseph E., Jr., 403 Cooper st., Camden (4)
Roberts, William A., 11 Park av., Caldwell (7)
Robertson, Euston S., 22 Harding ter., Kearny (7)
Robertson, Grace M., 650 W. 7th st., Plainfield (20)
Robie, Theodore R., 144 Harrison st., E. Orange (7)
Robins, David, 24 Commerce st., Newark (7)
Robinson, Ernest A., 149 Atkins av., Asbury P'k(13)
Robinson, Lindsay E., 332 Park av., Newark (7)
Robinson, Louis H., 31 Lincoln Park, Newark (7)
Robinson, Silas E., Franklin Tnpk., Waldwick (2)
Robinson, Wm. A., 62 Main av., Ocean Grove (13)
Rocco, Frank, 729 Summer av., Newark (7)
Rodman, E. Warren, 503 Cooper st., Beverly (3)
Roeber, William J., 21 Nesbit ter., Irvington (7)
Roemer, Jacob, 591 E. 27th st., Paterson (16)
Rogers, Dorothy M., 50 Cooper st., Woodbury (8)
Rogers, Harry, 144 Harrison st., East Orange (7)
Rogers, Harry L., 408 Main st., Riverton (3)
Rogers, Laurence H., Municipal Colony,Trenton(11)
Rogers, Robert H., 49 Ninth av., Newark (7)
Roh, Robert F., 671 Broad st., Newark (7)
Romano, Anthony M., 332 Liberty av., Hillsdale (2)
Romano, Patrick J., 203 S. Essex av., Orange (7)
Rona, Maurice, 159 Bayard st., New Brunswick (12)
Roop, Wm. O., 101 S. Indiana av., Atlantic City (1)
Rosamilia, Ralph E., 480 N. 7th st., Newark (7)
Rose, Abraham, 212 S. Broad st., Elizabeth (20)
Rose, Mary E. D., 453 Park av., Orange (7)
Rosecrans, James H., 826 Hudson st., Hoboken (9)
Rosen, Chas. D., 106 S. Harrison st., E. Orange (7)
Rosenberg, Albert B., 69 Myrtle av., N.Plainfield(9)
Rosenberg, Alvin A., 22 High st., Morristown (14)
Rosenberg, Jacob, 692 Bergen av., Jersey City (9)
Rosenberg, L. Charles, 11 Murray st., Newark (7)
Rosenberg, Louis, 26 S. Stenton pl., Atlantic City(1)
Rosenberg, Max, 23 Wyndmoor av., Hillside (7)
Rosenblatt, Sidney, 1904 Pacific av., Atlantic City(1)
Rosenstein, Jacob L., 568 Bergen av., Jersey City(9)

Rosenstein, Saivel L.,2120Springf'd av.,VauxHall(20)
Rosenthal, Abraham, 43 3rd av.,AtlanticHighl'ds(13)
Rosenthal, Arnold J., 263 Clinton pl., Newark (7)
Rose-Parry, Antoinette, 46 GreenVl. rd.,Madison(14)
Ross, Selig J., 72 W. Allendale av., Allendale (2)
Rossell, Edward W., 801 Cooper st., Camden (4)
Rossi, Bartolomeo, 154 Belmont av., Belleville (7)
Roth, Oswald H., 210 Littleton av., Newark (7)
Rothfuss, C. Howard, 574 Rahway av.,W'dbridge(12)
Rothgesser, Jerome C., 786 Bergen st., Newark (7)
Rothhouse, Burnet, 31 Lincoln Park, Newark (7)
Rothman, Theodore, 494 Park av., Paterson (16)
Rothschild, Daniel L., 585 Elizabeth av., Newark (7)
Rothschild, Karl, 149 Liv'gston av.,N'wBr'nsw'k(12)
Rothseid, Abraham, 59 Avon av., Newark (7)
Rothstein, Isadore B., 638 St'yv's'nt av.,Irvington(7)
Rowan, Henry M., 224 W. State st., Trenton (11)
Rowe, Norman L., 828 Grand st., Jersey City (9)
Rowland, James J., 321 Bay av., Highlands (13)
Rowland, John H., 159 New st., N'w Brunsw'k (12)
Roy, Bert W., 25 Hamburg av., Sussex (19)
Roy, Joseph N., 95 17th av., Paterson (16)
Rubba, Russell R., 21 Horton st., Hammonton (1)
Rube, Joseph A., 145 Prospect st., Ridgewood (2)
Rubens, Otto, 27 E. Blackwell st., Dover (14)
Rubenstein, Eli, 79 W. 32nd st., Bayonne (9)
Rubin, Abraham A., 77 S. Munn av., East Orange(7)
Rubin, Adrian D., 401 1st av., Asbury Park (13)
Rubin, Bernard D., 310 Main st., Toms River (15)
Rubin, David, 200 E. Jersey st., Elizabeth (20)
Rubin, Harold, 527 Bangs av., Asbury Park (13)
Rubinow, Saul M., 755 High st., Newark (7)
Ruch, Valentine, 115 W. Palisade av., Englewood (2)
Rucker, William C., 408 Main st., Hackensack (2)
Ruffu, Henry L., 111 S. Boston av., Atlantic City (1)
Rullman, Walter A., 58 W. Front st., Red Bank (13)
Rundlett, Emilie V., 79 Prospect st., Jersey City (9)
Runnells, John E., Bonnie Burn Sana.,ScotchPls.(20)
Runyon, Laurance P., 80 Somerset st., N'wBrns.(12)
Ruocco, William B., 416 River st., Paterson (16)
Ruoff, Andrew C., 494 New York av., Union City (9)
Russell, Chas. B., 119 Hamilton av., Paterson (16)
Russell, David L., 690 Bergen av., Jersey City (9)
Russo, Dominic T., 51 E. Somerset st., Raritan (18)
Russomanno, Raymond L., 212Clifton av.,Newark(7)
Ruttenberg, Louis, 18 Hopkins st., Woodbury (8)
Ruttenberg, Max, 303 Cooper st., Camden (4)
Ruvane, Joseph J., 38 Bentley av., Jersey City (9)
Ryley, H. W., 1 Lincoln pl., E. Rutherford (2)
Ryman, Merlin T., 5 Dunbar st., Chatham (14)

ASSOCIATE MEMBERS

Ransohoff, Nicholas S., New York City (13)
Reich, Mortimer, 31 Lincoln Park, Newark (7)
Reitman, Norman, 73 Livingston av., N'wBruns.(12)
Romano, Michael J., 468 Union av., Paterson (16)
Rommer, Jack J., 25 Ingraham pl., Newark (7)
Rose, Richard A., 260 Waldwick, Waldwick (2)
Rose, William G., 160 Stockton st., Hightstown (11)
Roseman, Herman I., 755 Broad st., Bloomfield (7)
Rosenthal, Oscar J., 666 Clinton av., Newark (7)
Rost, Adolf S., 357 Lincoln av., Orange (7)

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ACTIVE MEMBERS

Sacco, Anthony G., 440 New York av., Union City(9)
Sacco, Gregory E., 191 Broad st., Red Bank (13)
Sachs, Wilbert, 921 Bergen av., Jersey City (9)
Sackin, Stanley, 1009 Hamilton av., Trenton (11)
Sadoff, Joseph, 116 Elmora av., Elizabeth (20)
Saffron, Morris H., 292 Paulison av., Passaic (16)
Sager, Harold, 19 W. 22nd st., Bayonne (9)
Salasin, Samuel L., 511 Pacific av., Atlantic City(1)
Salsberg, Ralph H., 23 Johnson av., Newark (7)
Saltus, Lloyd S., 16 Elm st., Morristown (14)
Salvati, Leo H., 275 Orchard st., Westfield (20)
Salway, Benjamin, 321 S. Broad st., Trenton (11)
Salzman, Nathan, 714 Broadway, Paterson (16)
Samson, Norman D., 281 Kearny av., Kearny (7)
Samuels, S. Lawrence, 219 W. 7th st., Plainfield (20)
Sandella, Jos. F., 138 Liv'gston av.,N'wBrunsw'k(12)
Sandler, Samuel A., 70 Anderson st., Hackensack(2)
Sanfacon, Thomas A., 340 Park av., Paterson (16)
Santangelo, Emil L., 349 Broadway, Paterson (16)
Santangelo, Stephen, 461 Jersey av., Jersey City (9)
Santor, G. Frank, 3176 Westfield av., Camden (4)
Santora, Philip J., 361 Roseville av., Newark (7)
Santosky, Benjamin B., 143 Bergen av., JerseyC'y(9)
Saradarian, Albert V., 481 NewYork av.,UnionC'y(9)
Sarla, Michael, 55 Hudson st., Hackensack (2)
Saslow, Benjamin I., 680 Clinton av., Newark (7)
Sasso, Albert, 99 Parker st., Newark (7)
Satulsky, Emanuel M., 652 Park av., Elizabeth (20)
Saulsberry, Chas. E., 75 Livingston av.,N'wBrns.(12)
Saunders, Orris W., 1700 Broadway, Camden (4)
Savel, Lewis E., 872 S. 16th st., Newark (7)
Sawyer, Blackwell, 109 Wash'gton st.,TomsRiver(15)
Sax, Max T., 84 Grove st., Bloomfield (7)
Sayre, William D., 69 Maple av., Red Bank (13)
Sbarra, Francesco C. N., 189 Roseville av., New'k(7)
Scammell, Frank G., 40 S. Clinton av., Trenton (11)
Scanlan, D. Ward, 15 S. Illinois av., Atlantic C'y(1)
Scasserra, Benedict B., 163 Nassau st.,Princeton(11)
Schaaf, Royal A., 413 Mt. Prospect av., Newark (7)
Schachter, Harry A., 6 Milford av., Newark (7)
Schaefer, Eugene P., 12 Harrison pl., Irvington (7)
Schaefer, Otto, Boulevard, Pompton Lakes (16)
Schaffer, Barney, 252 Washington av., Belleville(7)
Schaffer, Nathan, 172 S. Arlington av., E. Orange(7)
Schall, Reuben E., 537 N. 7th st., Camden (4)
Schapiro, Joseph, 712 Palisade av., Union City (9)
Schectman, Vera, 385 Osborne ter., Newark (7)
Scheer, Eli, 5316 Hudson Blvd., North Bergen (9)
Scheffler, Wilhelm A. H., 511 Cooper st., Camden (4)
Schefrin, Alex. E., 235 Lexington av., Passaic (16)
Schellenger, Edward A. Y., 429 Cooper st.,Camden(4)
Scheller, George A., 701 Clinton av., Newark (7)
Schenk, Joseph R., 1177 Park av., Plainfield (20)
Schenker, Benjamin N., 246 5th st., Jersey City (9)
Schept, Samuel S., 523 37th st., Union City (9)
Scher, Maurice A., 137 Lyons av., Newark (7)
Schildkraut, Jacob M., 170 W. State st., Trenton(11)
Schiller, Edwin, 449 Westminster av., Elizabeth (20)
Schiller, Nicholas, 29 Girard pl., Newark (7)
Schiller, Rosa O., 449 Westminster av., Elizabeth(20)
Schilling, Anthony B., 727 Jefferson av., Elizab'h(20)
Schlein, August, 707 Park av., Hoboken (9)

Schlein, David, 416 N. Wood av., Linden (20)
Schlichter, Chas. H., 556 N. Broad st., Elizabeth (20)
Schlossbach, Theodore, 94 S. Main st., Ocean Gr.(13)
Schmidt, Albert F., 81 Union av., Manasquan (13)
Schmidt, Clifford M., 81 Main st., Newton (19)
Schmidt, Walter W., 386 Palisade av., CliffsideP'k(2)
Schmukler, Jacob, 29 Rutgers st., Maplewood (7)
Schneckendorf, Samuel J.,179Harrison av.,Jer.C'y(9)
Schneider, Charles A., 694 Clinton av., Newark (7)
Schneider, Clinton R., 125 N.Green st.,Tuckerton(15)
Schneider, Leo, 39 Hillside av., Newark (7)
Schneider, Louis, 874 S. 13th st., Newark (7)
Schneider, Louis A., 412 17th st., W. New York (9)
Schotland, Clement E., 41 Leslie st., Newark (7)
Schrack, Helen F., 216 N. 5th st., Camden (4)
Schramm, Joseph A., 572 High st., Newark (7)
Schreck, Harry, 192 Roseville av., Newark (7)
Schretzmann, Rudolph C., 50 Ridge rd., Ruth'rf'd(2)
Schroeder, Henry J. L., Hotel Windsor, Trenton(11)
Schubert, Roy R., 408 Union av., Paterson (16)
Schuchner, Wm. F., 550½ Jersey av., Jersey City(9)
Schuck, Traugott J., 58 9th st., Hoboken (9)
Schulman, Abraham S., 4638 Blvd., Union City (9)
Schulman, Robert, Aurora HealthInst.,Morrist'n(14)
Schulsinger, Samuel, 80 Clinton av., Newark (7)
Schulte, Herbert A., 701 Clinton av., Newark (7)
Schults, Anna R., 207 Summer av., Newark (7)
Schultz, Augustin M., 379 Union av., Paterson (16)
Schurman, Francis H. C., 35 Smull av., Caldwell (7)
Schwartz, Henry C., Raritan av., Atco (4)
Schwartz, Leon J., 20 N. Pearl st., Bridgeton (6)
Schwartz, Samuel H., 1044 Park av., Plainfield (20)
Schwartz, William, 155 Lexington av., Passaic (16)
Schwartzberg, Frederick I., 522 B'way, Paterson(16)
Schwarz, Berthold T. D., 2787HudsonBlvd.,Jer.C'y(9)
Schwarz, Henry J., 5560 Hudson Blvd., N. Bergen(9)
Schwarzkopf, George C., 2901 Pacific av.,Atl.City(1)
Schwinn, Chas., 7600 Winchester av., MargateC'y(1)
Scielzo, Nicholas F., 369 Park av., Paterson (16)
Scillieri, John, 142 S. Main st., Hackensack (2)
Sciorsci, Edward F., 609 Bloomfield st., Hoboken (9)
Scott, Elmer A., Belle Mead Sana., Belle Mead (13)
Scott, Frederick J., 1 Oak st., Franklin (19)
Scott, Fred'k W., 103 Bayard st., New Brunsw'k(12)
Scott, Harold R., 10 Speedwell av., Morristown (14)
Scott, Parry M., 466 Cooper st., Beverly (3)
Scott, R. Hunter, 205 Roseville av., Newark (7)
Scott, Samuel G., 141 Bergen av., Jersey City (9)
Scranton, Chas. W., 59 Wash'gton st., E. Orange(7)
Scribner, Chas. H., Hamburg Tnpk., Preakness (16)
Scudder, Frank D., 65 N. Fullerton av.,Montclair(7)
Scullion, Arthur A., 460 Anderson av.,CliffsideP'k(2)
Sealey, Henry J., 79 S. Washington av., Dumont (2)
Seely, Roy B., 78 N. Clinton av., Trenton (11)
Segard, Christian P., 204 Glenwood av., Leonia (2)
Seidler, Victor B., 16 Plymouth st., Montclair (7)
Seidman, Edwin A., 580 High st., Newark (7)
Seidman, Joshua I., 31 Lincoln Park, Newark (7)
Seifert, Edwin A., 415 Ridgew'd av., Glen Ridge (7)
Seiler, Benjamin, 330 Palisade av., Cliffside Park (2)
Seitzick-Robbins, HannahE.,733H'milt'n av.,Tr'n(11)
Sekerak, Albert J., 984 S. Broad st., Trenton (11)
Selinger, Samuel, 413 16th st., West New York (9)
Sell, Frederick W., 167 W. Emerson av.,Rahway(20)
Selvaggi, Carlo, 82 Congress st., Newark (7)
Sender, Fannie, 193 Main st., South River (12)
Senerchia, Fred F., Jr., 604 W'stm'st'r av.,Eliz.(20)
Serri, William S., Main st., Mullica Hill (8)
Seto, Stanford P. T., Black Horse Pk.,Blackwood(4)
Sewall, Millard F., 195 E. Commerce st.,Bridgeton(6)
Seward, Frederic H., 40 Gr'n Village rd.,Madison(14)
Seward, Wm. H., Orange Mem'l Hosp., Orange (7)
Sewell, Stephen, 320 Passaic av., Spring Lake (13)
Sexton, Edward V., 936 Queen Anne rd., Teaneck(2)
Seybold, Arthur D., 1080 Rahway rd., Plainfield (20)
Seymour, Edward T., 55 Hillside av., Tenafly (2)
Seymour, George A., 253 Orchard st., Elizabeth (20)
Shack, David N., 712 Clinton av., Newark (7)
Shack, Maxwell H., 19 Lyons av., Newark (7)
Shafer, Albert H., 405 Cooper st., Camden (4)
Shafer, F. William, 634 Penn st., Camden (4)
Shaner, Ralph D., 94 Hillside av., Nutley (7)
Shangle, Milton A., 34 Prince st., Elizabeth (20)
Shanik, Wm., 600 4th av., Asbury Park (13)
Shannon, Jas. B., 66 S. Fullerton av., Montclair (7)
Shannon, Lardner M., 66 S. Fullerton av.,M'tcl'r(7)
Shapiro, Charles S., Maple Shade (3)
Shapiro, Louis, 146 Broad st., Newark (7)
Shapiro, Louis G., 375 Broadway, Paterson (16)
Shapiro, Maurice, 750 Ave. C, Bayonne (9)
Shapiro, Nathaniel J., 192 Palisade av., UnionC'y(9)
Shapiro, Saul J., 251 Palisade av., Union City (9)
Sharp, Charles E., Main st., Port Norris (6)
Sharp, Reuben L., 719 Cooper st., Camden (4)
Shaul, Fred'k G., 10 Washington st., Bloomfield (7)
Shaul, John F., 10 Washington st., Bloomfield (7)
Shavelson, Irving C., 3822 Ventnor av., Atl. City(1)
Shaw, Ernest B., 811 Collings av., W. Colingsw'd(4)
Shaw, John J., 1 Grumman av., Newark (7)
Shayevitz, Abraham S., 102 Main st., So. River (12)
Sheaffer, Clinton P., 241 Kings H'way,E.,Had'nf'd(4)
Shear, Maurice M., 1158 E. State st., Trenton (11)
Sheehan, Daniel C., 535 Sanford av., Newark (7)
Sheeran, Vincent J., 269 Jewett av., Jersey City (9)
Sheets, Cecil C., 213 W. Broad st., Paulsboro (8)
Shemeley, William G., Jr., 7 Haddon av., Camden(4)
Shenfeld, Isaac, 4806 Atlantic av., Ventnor (1)
Sheppard, A. G., 309 Broad st., Elmer (6)
Sheppard, Frank R., 131 N. 3rd st., Millville (6)
Sheppard, Muse A., Penn & Broad sts., Elmer (6)
Sherk, A. Lincoln, 2647 Westfield av., Camden (4)
Sherman, A. Russell, 671 Broad st., Newark (7)
Sherman, Arthur E., 243 S. Harrison st.,E.Orange(7)
Sherman, Benjamin, Aurora H'th Inst.,M'rrist'n(14)
Sherman, Byron G., 52 Maple av., Morristown (14)
Sherman, Elbert S., 671 Broad st., Newark (7)
Sherman, Fuller G., 53 Newton av., Woodbury (8)
Sherman, Samuel H., 81 Elmora av., Elizabeth (20)
Sherman, Wm. E., 422 Lincoln av., Highl'd Park(12)
Shill, Benjamin, 738 High st., Newark (7)
Shimer, A. Burton, 606 Pacific av., Atlantic City (1)
Shimer, Floyd A., 88 Lewis st., Phillipsburg (21)
Shipman, James S., 542 Cooper st., Camden (4)
Shipman, Meyer P., 237 Broadway, Paterson (16)
Shippee, James N., 648 Ringwood av., Wanaque(16)
Shipps, Hammell P., 739 Chestnut st., Delanco (3)
Shirlock, Margaret E., Vinel'dTr'ningSch'l,Vinel'd(6)
Shirrefs, Russell A., 348 Elmora av., Elizabeth (20)
Shivers, Charles H. deT., 121 S. Illinois av.,Atl.C.(1)
Shlionsky, Herman, 67 Lenox av., East Orange (7)
Shook, Benjamin E., 284 Bergen av., Jersey City (9)
Shope, Edward P., 511 Cooper st., Camden (4)
Shor, David M., 32 S. Munn av., E. Orange (7)
Shore, Ernest L., 306 Atlantic av., Atlantic City (1)
Shreehan, Hubert F., 620 Summer av., Newark (7)
Shull, Elliott C., 517 Cooper st., Camden (4)
Shull, John V., 84 Market st., Perth Amboy (12)
Shulman, Abraham, 528 E. 29th st., Paterson (16)
Shulman, Murray W., 916 S. 20th st., Newark (7)
Shulman, Nathan L., 538 45th st., Union City (9)
Sica, L. Samuel, 431 E. State st., Trenton (11)
Sickel, Emanuel M., 220 Madison av., Lakewood (15)
Siddall, John R., 404 Lippincott av., Riverton (3)
Sieber, Isaac G., 204 Merchant st., Audubon (4)
Siegel, Isadore, 121 Market st., Perth Amboy (12)
Siegel, Jacob W., 96 S. 10th st., Newark (7)
Siegel, Lester, 645 Bergen av., Jersey City (9)
Siegel, Sidney L., 227 N. Second st., Millville (9)

Siegler, Julius, 646 Bergen av., Jersey City (9)
Siemion, Theophilis R., 1005Brunsw'k av.,Tr'nt'n(11)
Silk, Charles I., 278 High st., Perth Amboy (12)
Sill, John B., 942 W. State st., Trenton (11)
Silver, E. Drew, 136 Stockton st., Hightstown (11)
Silver, Geo. A., 242 Stockton st., Hightstown (11)
Silverman, Irving A., 260 Dayton av., Clifton (16)
Silverman, R. Louis, 3 Franklin st., Pennsgrove (17)
Silverman, Theodore M., 105 Elmora av.,Elizab'h(20)
Silvers, Homer I., 16 S. Suffolk av., Ventnor (1)
Silverstein, Benjamin J., 32 Hillside av., Newark (7)
Silverstein, Jacob M., 73 Main st., Millburn (7)
Silverstein, Max, 605 First av., Asbury Park (13)
Simeone, Peter A., 555 38th st., Union City (9)
Simkin, Abraham, 247 Broadway, Passaic (16)
Simmons, Albert V., 720 Prospect st., Maplew'd (7)
Simms, George F., 541 Page av., Lyndhurst (7)
Simon, Henry, 5 Vermont av., Newark (7)
Simon, Julius J., 174 Columbia av., Passaic (16)
Simon, Ludwig L., 201 Ferry st., Newark (7)
Simon, Morris L., 174 Washington pl., Passaic (16)
Simon, Philip H., 174 Columbia av., Passaic (16)
Simonson, Louis, 202 Osborne ter., Newark (7)
Simpson, David B., 9 E. 35th st., Bayonne (9)
Sims, Richard V., Jr., 21 Morris av., Summit (20)
Sinexon, Henry L., 36 W. Broad st., Paulsboro (8)
Singer, Bella, 406 Elmora av., Elizabeth (20)
Singer, Max, 147 Johnson av., Newark (7)
Singer, Sina S., 3443 Boulevard, Jersey City (9)
Singley, Harry P., Jr., 100S.Stratford av.,Ventnor(1)
Sinkinson, Chas. D., Jr., 1616 Pacific av., Atl. City(1)
Sinton, John Y., Imlaystown (11)
Sirott, Barnett H., 413 State st., Perth Amboy (12)
Sirotta, E. Bernard, 220 W. Broad st., Paulsboro (8)
Sisson, Nelson W., 144 Harrison st., E. Orange (7)
Siveke, John, 106 Lexington av., Passaic (16)
Skvarla, John A., 17 Koster st., Wallington (2)
Skwirsky, Joseph, 170 Hawthorne av., Newark (7)
Slack, Clarence J., 230 W. State st., Trenton (11)
Slaff, Florence, 16 Grove st., Passaic (16)
Slavin, Paul, 31 Lincoln Park, Newark (7)
Sloan, Samuel L., 182 Belmont av., Paterson (16)
Slobodien, Benjamin F., 233 High st.,PerthAmb'y(12)
Slocum, Harry B., 263 Bath av., Long Branch (13)
Sly, John L., 382 Springfield av., Summit (20)
Smaine, Enrique del C., 502 Summit av.,Carlstadt(2)
Smalley, Mahlon C., Gladstone (18)
Smalley, Sara D., 530 Clifton av., Newark (7)
Smalzried, Elmer W., 69 Woodland av., E. Orange(7)
Smith, Alexander L., 2672 Boulevard, Jersey City(9)
Smith, Andrew M., 344 Phil'd'lphia av., EggH'rb'r(1)
Smith, Arthur B. R., 145 Belmont av., Jersey City(9)
Smith, Bertram H., 315 W. Kings H'way,Audubon(4)
Smith, Bryan A., 20 West plaza, Ridgewood (2)
Smith, Byron J., 624 Sanford av., Newark (7)
Smith, Carroll D., 320 Broadway, Paterson (16)
Smith, Clyde F., 167W.Washington av.,W'sh'gt'n(21)
Smith, Christopher A., 295 Montgomery st.,Blmfld(7)
Smith, Ellis L., Soho Hospital, Belleville (7)
Smith, Elroy W., 39 Circle rd., Passaic (16)
Smith, Geo. H., 136 Evergreen pl., East Orange (7)
Smith, Harold W., 179 Lincoln av., Orange (7)
Smith, Henry G., Essex Co. Hosp., Cedar Grove (7)
Smith, Houghton C., 1063 S. Clinton av.,Trenton(11)
Smith, Ivan B., Pittstown (10)
Smith, J. Meredith, 212 Grand av., Hackettstown(21)
Smith, James D., 701 N. 6th st., Camden (4)
Smith, John V., 463 State st., Perth Amboy (12)
Smith, Joseph A., Roosevelt Hosp., Metuchen (12)
Smith, Joseph J., 325 13th av., Newark (7)
Smith, Leon A., 655 Main av., Passaic (16)
Smith, Leonard H., 32 Washington st., E.Orange(7)
Smith, Malcolm K., 22 Madison av., Morristown (14)
Smith, Marcia V., 821 Wesley av., Ocean City (5)
Smith, Marshall, 62 Bayard, New Brunswick (12)
Smith, Meyer, 298 4th st., Jersey City (9)
Smith, Nehemiah E., 33½ Humphrey st.,Englew'd(2)
Smith, Paul E., State Hospital, Trenton (11)
Smith, Percy L., George's rd., Dayton (12)
Smith, Thayer A., Forest dr.&Park pl.,ShortHills(7)
Smith, W. Henley, 126 W. State st., Trenton (11)
Smith, Warren H., 91 Main st., Newton (19)
Smith, Wilbur A., 2 E. Clinton av., Oaklyn (4)
Snavely, Earl H., City Hospital, Newark (7)
Snedecor, Spencer T., 50 Anderson st.,Hack'ns'k (2)
Snegireff, Leonid S., 49 Maple av., Trenton (11)
Snyder, Howard P., 6 E. Union av., Bound Br'k (18)
Snyder, John E., 1023 Garden st., Hoboken (9)
Snyder, W. Jay, 74 Columbia ter., Weehawken (9)
Sobel, I. Jerome, 136 Broadway, Passaic (16)
Sobin, Julius, 24 Waverly av., Newark (7)
Sochacki, Alexander, 1478 Mt.Ephr'm av.,Camden(4)
Solk, Arthur G., 88 Clinton av., Newark (7)
Solworth, Lee, 100 E. Palisade av., Englewood (2)
Somers, Fred L., 144 Harrison st., E. Orange (7)
Sommer, George N. J., 120 W. State st., Trenton(11)
Sommer, Geo. N. J., Jr., 120 W. State st.,Trenton(11)
Sooy, Leslie T., 202 W. Holly av., Pitman (8)
Soschin, Samuel J., 31 Lincoln Park, Newark (7)
Sosnow, Louis M., 51 Central av., Hillsdale (2)
Spalding, Henry J., 512 45th st., Union City (9)
Spaldo, John L., State Village, Skillman (18)
Spallone, Jos. C., 123 Mt. Prospect av., Newark (7)
Spano, Frank, 320 47th st., Union City (9)
Sparks, Paul R., 102 W. Broad st., Burlington (3)
Spath, George B., 722 Hudson st., Hoboken (9)
Spath, William H., 722 Hudson st., Hoboken (9)
Spence, Henry, 2540 Boulevard, Jersey City (9)
Spencer, Alvan, 395 W. Blackwell st., Dover (14)
Spencer, Ira T., 152 Main st., Woodbridge (12)
Spencer, Jas. H., Jr., 23 Hospital rd., Franklin (19)
Spickers, William, 6 Church st., Paterson (16)
Spicola, Louis A., 343 Union st., Lodi (2)
Spillane, Timothy H., 379 S. Main st., Phillipsb'g(21)
Spirito, Michael W., 1071 Elizabeth av., Elizab'h(20)
Spivack, David, 376 Elmora av., Elizabeth (20)
Spohn, Eugene L., 681 Bergen av., Jersey City (9)
Spradley, Jeems B., State Hospital, Trenton (11)
Sprague, Edward W., 86 Washington st., Newark(7)
Sprague, Seth B., 301 York st., Jersey City (9)
Spritzer, Theo. D., 102 S. Wash'gton av.,Dunell'n(12)
Spurgeon, Dorsett L., 19 Church st., Newton (19)
Staehle, Richard H., 34 Lyons av., Newark (7)
Stage, Earl DeW., 11 James st., Morristown (14)
Stahl, Alfred, 55 Lincoln Park, Newark (7)
Stahl, Charles, 659 Sanford av., Newark (7)
Stamps, G. Ruffin, 300 E. Verona av., Pl'santville(1)
Stanton, Nathaniel B., 734 Park av., Plainfield (20)
Stark, Jacob, 645 Broadway, Paterson (16)
Statman, Arthur J., 17 Leslie st., Newark (7)
Staub, E. Milton, 531 E. Broad st., Westfield (20)
Steel, John M., State Hospital, Trenton (11)
Steel, William A., Beesley's Point (5)
Steele, Stephen, 10 W. Gibbons st., Linden (20)
Stefansin, Frank, 420 West st., Union City (9)
Steffens, Chas. T., 307 N. W'sh'gton av.,Dunellen(12)
Stein, Emil, 607 Park av., Elizabeth (20)
Stein, George H., 406 Elmora av., Elizabeth (20)
Stein, Harry M., 227 W. Broadway, Paterson (16)
Stein, Isadore, 210 Elizabeth av., Elizabeth (20)
Stein, Jacob M., 68 Columbia ter., Weehawken (9)
Stein, Joseph M., 956 Newton av., Camden (4)
Stein, Louis A., 226 W. State st., Trenton (11)
Stein, Martin H., 60 Elmora av., Elizabeth (20)
Stein, William, 177 Livingston av.,NewBrunsw'k(12)
Steinberg, Benjamin L., 534 Main st., Singac (16)
Steinberg, Werner, 912 Washington av., Linden (20)
Steiner, Edwin, 31 Lincoln Park, Newark (7)

Stephenson, Daniel H., 2704 Westfield av.,Camden(4)
Stephenson, Gordon A., 145 Summit av., Summit(20)
Stern, Morris H., 709 Main av., Clifton (16)
Stern, Samuel, 2815 Pacific av., Atlantic City (1)
Steuart, David F. R., 11 De Barry pl., Summit (20)
Stevenson, Geo. S., R.D. No.1,Everett rd.,RedB'k(13)
Stewart, Irving J., 529 King's H'way, Swedesboro(8)
Stewart, Robert G., 79 Midland av., Montclair (7)
Stewart, Sloan G., N.Carolina & Pac.avs.,Atl. City(1)
Stewart, Walter B., 8 N. Tallahassee av.,Atl.City(1)
Stickles, Lloyd C., 49 Parkhurst st., Newark (7)
Stiles, C. Campbell, 713 Park av., East Orange (7)
Stillwell, Harry C., 51 W. Milton av., Rahway (20)
Stimus, Howard G., 300 Kaighn av., Camden (4)
Stinson, Richard, 641 E. 18th st., Paterson (16)
Stockfisch, Robert H., 3637 Boulevard, Jersey C'y(9)
Stoddard, Gordon V., 41 S. Munn av., E. Orange(7)
Stokes, Anthony T., 819 First st., Secaucus (9)
Stokes, Earle B., 144 Harrison st., East Orange (7)
Stokes, James S., 85 Park av., Paterson (16)
Stokes, Joseph, 220 E. Main st., Moorestown (3)
Stokes, S. Emlen, 129 Chester av., Moorestown (3)
Stoltz, Raymond R., 23 Passaic av., Passaic (16)
Stone, Arthur L., 2838 Berkeley st., Camden (4)
Stone, Frank P., Fairmount av., Laurel Springs (4)
Stone, Robert G., State Hospital, Trenton (11)
Storaci, Frank S., 715 Hamilton av., Trenton
Stout, J. Phillip, 165 Jewett av., Jersey City (9)
Stouter, Francis L., 29 17th av., Paterson (16)
Strack, Vincent J., 1072 S. Orange av., Newark (7)
Strasser, Hans A., 226 N. Park st., E. Orange (7)
Straub, Herbert H., 242 Springdale av., E.Orange(7)
Straughn, Clinton C., 23 Monmouth st.,RedBank(13)
Strauss, Arthur, 130 Pavilion av., Long Branch (13)
Strauss, Clifton J., 960 Sp'gf'd av.,N'wPr'vid'nce(20)
Streen, Morris E., 908 Bergen st., Newark (7)
Street, Daniel B., 27 Woodlawn av., Jersey City (9)
Strelinger, Alexander, 650 N. Broad st., Elizab'h(20)
Strickland, Geo. W., 123 W. 1st av., Roselle (20)
Strom, Abraham, 410 W. 7th st., Plainfield (20)
Stuart, James E., 552 E. Second st., Plainfield (20)
Stuart, William C., 518 Hudson st., Hoboken (9)
Sturchio, Edoardo, 104 Ferry st., Newark (7)
Sturchio, Eugenio, 178 Mt. Prospect av., Newark (7)
Stybel, Joseph, 806 W. Front st., Plainfield (20)
Subin, Harry, 1616 Pacific av., Atlantic City (1)
Sucoff, Moses C., 158 Hamilton av., Passaic (16)
Suesserman, Henry, 389 Lyons av., Newark (7)
Suffness, Gustave, 1081 E. Jersey st., Elizabeth (20)
Sufrin, Emanuel, 119 N. 27th st., Camden (4)
Sullivan, Chas. J., 57 Paterson st., NewBrunsw'k(12)
Sullivan, James A., 46 Bentley av., Jersey City (9)
Sullivan, Wm. M., Jr., 43 Passaic av., Passaic (16)
Sulouff, S. Henry, 662 Newark av., Jersey City (9)
Summerill, Fred'k, 424 Terhune av., Passaic (16)
Summerill, Garnett, 330 Cooper st., Camden (4)
Summers, Alfred D., 180 Nassau st., Princeton (11)
Summey, Thos. J., 201 E. Oak av., Moorestown (3)
Surgent, George W., 168 Clifton av., Clifton (16)
Surran, Carl A., 1616 Pacific av., Atlantic City (1)
Sussman, Harold, 541 44th st., Union City (9)
Suter, Harry F., 49 W. Main st., Pennsgrove (17)
Sutherland, Robt. C., 95 S. Broad st., Pennsgr've(17)
Sutherland, William W., 400 B'dway, Paterson (16)
Sutnick, Theodore B., 1018 S. Broad st., Trenton (11)
Sutton, Harold L., 777 High st., Newark (7)
Sutton, Joseph G., Essex Co. Hosp., Cedar Grove (7)
Swain, Richard D., Jr., 211 Roseville av., Newark(7)
Sweeney, Wm. J., 68 Clifton ter., Weehawken (9)
Swern, Nathan, 399 W. State st., Trenton (11)
Swertfeger, Herb't W.,22N.Greenw'd av.,H'pew'll(11)
Swiecicki, Martin E., 317 Clem'nts Br. rd.,Bar'gt'n(4)
Swiney, Juliana C., 325 Ave. C, Bayonne (9)
Swiney, Merrill A., 325 Ave. C, Bayonne (9)
Symes, Earl R., 161 Kearny av., Kearny (7)
Szerlip, Leopold, 31 Lincoln Park, Newark (7)
Szold, Norman F., 701 Princeton av., Lakewood (15)
Szuch, Nicholas, 159 Main st., South River (12)
Szymanski, John J., 616 Main av., Passaic (16)

ASSOCIATE MEMBERS

Sarajian, Aram M., 131 Market st., W. Englew'd (2)
Schirber, Rene G., 11 Kirkpatrick st.,N'wBruns.(12)
Schiro, S. Robert, 73 Main st., Lodi (2)
Schwartz, Harold, 20 Crescent av., Newark (7)
Shechtman, Abraham, 261 Main av., Passaic (16)
Silver, Geo. A., Jr., 242 Stockton st..Hightstown(11)
Smith, John A., 106 Main st., South River (12)
Smith, Sidney, 15 S. 3rd av., Highland Park (12)
Straus, Max, 99 Harrison pl., Irvington (7)
Strauss, Leo M., 18 S. Munn av., East Orange (7)
Strauss, Max, 72 Osborne ter., Newark (7)
Sullivan, Wm. T., 35 DeWitt av., Belleville (7)

T

ACTIVE MEMBERS

Taber, Fred'k S., 126 N. 10th av., Highland Park(12)
Taber, Leslie R., 266 Van Houten st., Paterson (16)
Taff, Harry, 478 Orange st,, Newark (7)
Taft, Herman L., 26 4th st., Weehawken (9)
Talmage, Wm. G.,Main st.&Hillside av.,Succ's'na(14)
Talty, John C., 935 Washington st., Hoboken (9)
Tansey, William A., 98 Dover st., Newark (7)
Taranto, Michael, 635 N. Wood av., Linden (20)
Tarbell, Harold A., 13 Pennington st., Newark (7)
Tataryan, Hovsep, 422 New York av., Union C'y (9)
Tatem, Henry R., Jr., Pine st.&Atl.av.,Audubon(4)
Tator, Arthur E., 57 De Forest av., Summit (20)
Taylor, G. Herbert, 144 Harrison st., E. Orange (7)
Taylor, Harold W., 247 Mountain rd., Englewood (2)
Taylor, Malcolm C., N. J. StateHosp.,Gr'yst'neP'k(14)
Taylor, Raymond A., 58 Madison av., Lakewood (15)
Taylor, Walter A., 450 Rutherford av., Trenton (11)
Teeter, Charles E., 418 Orange st., Newark (7)
Teller, Daniel W., 28 DeHart st., Morristown (14)
Tellman, Daniel H., 120 Lexington av., Passaic (16)
Temes, J. Howard, 293 Ege av., Jersey City (9)
Temple, Arthur H., 164 Jefferson st., Passaic (16)
Tenney, Albert S., 164 S. Harrison st., E. Orange(7)
Tenney, Luman H., 177 Prospect av., Princeton (11)
Tennis, Edgar M., 375 Engle st., Englewood (2)
Terhune, Percy H.,358Owen st.,Fairlw'n-Radb'rn(16)
terKuile, Reinold W., 88W.Ridgew'd av.,Ridgew'd(2)
Terrell, Edward E., 16 Alden st., Cranford (20)
Terreri, D. Joseph, 30 High st., Morristown (14)
Teskey, Stanley, 10 Anderson rd., Bernardsville (14)

Tether, Russell K., Main st., Closter (2)
Thalheimer, Edward J., 7th & Plum sts.,Vineland(6)
Thomas, Claude W., 28 East av., Woodstown (17)
Thomas, George N., 712 Wood st., Vineland (6)
Thomas, Harry G., 1113 5th av., Asbury Park (13)
Thomas, Irene O., 275 Lafayette av., Hawthorne(16)
Thomas, John H., 270 Lenox av., South Orange (7)
Thomas, Mary L., Village for Epileptics,Skillm'n(18)
Thomas, Ralph B., 793 Montgomery st., Jer. City(9)
Thomas, Thomas S., Jr., 18 Elm st., Morristown (14)
Thomison, Harry E., 605 Broad st., Newark (7)
Thompson, Arthur F., 144 Harrison st.,E.Orange(7)
Thompson, Austin B., 479 Highland av., Orange (7)
Thompson, Penrose H., 4612Westfield av.,Camden(4)
Thompson, Theodore F., 316 First st., Lakewood(15)
Thomson, Carroll S., Fair Oaks Sana., Summit (7)
Thorne, Nathan, 117 Chester av., Moorestown (3)
Thorne, William P., 254 Main st., Butler (16)
Thornhill, Arthur C., 47 Forest st., Montclair (7)
Thron, Leopold E., 586 E. 29th st., Paterson (16)
Thum, Kurt W., 366 Main st., W. Orange (7)
Tidaback, John D., 382 Springfiled av., Summit (20)
Tidwell, Harold F., 229 16th st., West New York (9)
Tilles, Samuel, 44 Sheridan av., Seaside Heights (15)
Tillis, Herman H., 11 Bergen st., Newark (7)
Tilton, William R., 763 Broad st., Newark (7)
Timberlake, Baxter H., 1616 Pacific av., Atl. City(1)
Timlin, James W., 64 Beech st., Arlington (9)
Tirrell, C. Malcolm, 725 High st., Newark (7)
Toal, Joseph, 803 Prospect av., Ridgefield (2)
Tobey, Franklin J., 11 Hazelwood av., Newark (7)
Todd, Francis H., 83 Auburn st., Paterson (16)
Tomaiuoli, Michele, 71 32nd st., North Bergen (9)
Tomasulo, Gennaro L., 225 Clifton av., Newark (7)
Tomec, Otto C., 756 Parkway av., Trenton (11)
Tomec, Richard F., 42 Melrose pl., Montclair (7)
Tomkins, Wm., 105 Fairmount rd., Ridgewood (16)
Tomlins, Francis I., 11 Oak st., Ridgewood (2)
Tompkins, Grenelle B., 52 Broad st., Flemington (10)
Torppey, John J., 472 Sanford av., Newark (7)
Towbin, Adolph, 326 Third st., Lakewood (15)
Townsend, John B., 824 Wesley av., Ocean City (5)
Townsend, Leslie M., 37 Grant av., E.,RoselleP'k(20)
Toy, Calvert R., 22Kirkpatrick st.,NewBrunsw'k(12)
Toye, John E., 90 Midland av., Arlington (7)
Tracy, George T., 222 Warren st., Beverly (3)
Trautwein, Chas. F., 131 Nesbit ter., Irvington (7)
Treiber, Benjamin A., 219 W. State st., Trenton (11)
Trewhella, Arthur P., 809Montgomery st.,Jer.City(9)
Trippe, Clarence M., 702 Asbury av., Asbury P'k(13)
Tuers, George E., 418 Park av., Paterson (16)
Turi, Amedeo E., 57 Garside st., Newark (7)
Turner, Charles F., 151 Grove st., Montclair (7)
Turner, Isabel B., 141 Sheffield av., Englewood (2)
Tushnet, Leonard, 662 18th av., Irvington (7)
Tweddel, George K., 239 Broadway, Paterson (16)
Twitchell, Adelbert B., 162 S.Orange av.,S.Orange(7)
Tymeson, Walter R., 310 Main st., Orange (7)
Tyndall, Alice E., 329 Mountain av., Westfield (20)
Tyndall, Hugh H., 83 Highwood ter., Weehawken(9)
Tyndall, Martha W., 329 Mountain av., Westfield(20)
Tyrrell, George W., 380 State st., Perth Amboy (12)
Tyson, Frances B., 101 Leonia av., Leonia (2)

ASSOCIATE MEMBERS

Thornley, Wm. F., 11 Ridgewood ter., Maplewood (7)
Toczek, Heinrich A., 404 Bergen st., Newark (7)
Tucker, Sidney, 182 Market st., Perth Amboy (12)
Tutela, Arthur C., 220 S. 7th st., Newark (7)

U

ACTIVE MEMBERS

Udinsky, Hyman J., 29 Passaic av., Passaic (16)
Uhr, Jacques S., 127 Livingston av., New Bruns.(12)
Ulan, Oscar, 170 Fleming av., Newark (7)
Ulmer, Chester I., 431 W. Broad st., Gibbstown (8)
Ulmer, D. H. Bartine, 199 Chestnut st., Moorest'n(3)
Ulvestad, Lawrence E., 147 Halsted st., E. Orange(7)
Underwood, J. Harris, 509 N. Broad st.,Woodbury(8)
Upham, Helen F., 305 Third av., Asbury Park (13)
Urbach, George, 187 Chancellor av., Newark (7)
Urbaniak, Henry S., 883 Brunswick av., Trenton(11)
Urbanski, Adrian X., 148 Market st.,P'thAmboy(12)
Urbanski, Matthew F., 314W'sh'gt'n st.,P.Amb'y(12)
Urevitz, Abraham, 495 New York av., Union C'y(9)
Uzzell, Edward F., 2703 Pacific av., Atlantic City (1)

ASSOCIATE MEMBERS

Unger, Milton, 26 Treacy av., Newark (7)
Utens, Max, 402 Fairview av., Westwood (2)

V

ACTIVE MEMBERS

Vaczi, Stephen, 983 S. Broad st., Trenton (11)
Vail, William P., Blairstown (21)
Vanderbeck, James J., 281 Park av., Paterson (16)
Vanderbeek, Andrew B., 174 Broadway,Paterson(16)
Vanderbeek, Frank B., 407 Park av., Paterson (16)
Vanderbeek, Stuart W., 143 Engle st., Englewood(2)
Vander Clock, Cornelius, 23 Passaic av., Passaic(16)
Vanderhoff, Irving M., Birch lane, Short Hills (7)
Vandersluis, Harold S., 86 S. Main st., ParkRidge(2)
Vander Veer, H. Garrett, 295M'tg'm'ry st.,Bl'mf'd(7)
Van Deusen, Edwin H., 12 N. 7th st., Vineland (6)
Van Dyke, Jos. S., 42 Palisade Blvd., PalisadesP'k(2)
Van Eerde, Albert, 339 Lafayette av.,Hawthorne(16)
Van Emburgh, Geo. H., 575 Belgrove dr.,Arl'gt'n(7)
Van Gieson, Edward J., 70 Watsessing av.,Bl'mf'd(7)
Vannatta, George W., 226 N. Park st., E. Orange(7)

Vanneman, Joseph S., 45 Princeton av.,Princet'n(11)
Van Ness, H. Roy, 444 Parker st., Newark (7)
Van Riper, A. Ward, 607 Main av., Passaic (16)
Van Schott, Gerard J., Jr., 245 Lex'gt'n av.,Pas'c(16)
Van Sciver, John E. L., 64 Linden av., Haddonf'd(4)
Van Sickle, Albert W., Chester (14)
Van Urk, Frederick T., 422 Lexington av.,Clifton(16)
Van Winkle, John S., 297 Broadway, Paterson (16)
Varney, Wm. H., 122 Belvidere av., Washington(21)
Varriano, John L., 3263 Boulevard, Jersey City (9)
Venturo, Ralph C., 101 S. Main st., Glassboro (8)
Vermes, Leslie, 172 Main st., Franklin (19)
Vermeulen, Abram, 344 Haledon av.,ProspectP'k(16)
Villapiano, Jos. G., 701 Sunset av., Asbury Park(13)
Villegas, Juan A., 302 Day av., Fairview (2)
Vincent, Nicholas F., 144 S.Harrison st.,E.Orange(7)
Vinciguerra, Michael, 604Westm'st'r av.,Elizab'h(20)
Virgilio, Anthony A., 87 S. Centre st., Orange (7)
Visconti, Joseph A., 711 Garden st., Hoboken (9)
Vita, Frank J., 595 Palisade av., Grantwood (2)
Vitale, Dominic V., 681 Newark av., Elizabeth (20)
Viteri, Luis E., 214 High st., Mt. Holly (3)
Vitolo, Ralph E., 934 Orchard ter., Linden (20)
Vogel, H. Austin, 1060 E. Jersey st., Elizabeth (20)
Vol-Tretter, Marta, 501 W. State st., Trenton (11)
von Deilen, Henry O., 28 DeHart st., Morristown(14)
Von Hofe, Frederick H., 75 Prospect st.,E.Orange(7)
Voorhees, Florence E., 140 Roseville av., Newark(7)
Vosburgh, Fred, 61 Passaic av., Passaic (16)
Voss, J. Landon, 21 Mt. Airy rd., Bernardsville (14)
Voss, John C., 634 Thomas av., Riverton (3)
Vostrosablin, Nicholas A., 121 Grand st., Jer.City(9)
Vreeland, Clar'nceL.,516W'n'que av.,P'mpt'nLks.(16)
Vreeland, Ralph D., 400 Highland ter., Orange (7)
Vreeland, Ralph J., 266 Van Houten st.,Paterson(16)
Vreeland, Wm. N., 32 Bergen av., Jersey City (9)
Vroom, Wm. L., 88 W. Ridgewood av.,Ridgewood(2)

ASSOCIATE MEMBERS

Valentin, Irmgard, 131 S. Harrison st., E. Orange(7)
Vallario, Frank A., 333 Clifton av., Newark (7)
Vann, Felix H., Brinckerhoff Manor, Englewood (2)

W

ACTIVE MEMBERS

Wade, Francis A., 196 South st., Morristown (14)
Wade, Simon F., 555 Newark av., Elizabeth (20)
Wagner, J. George, Riverbank, Delanco (3)
Wagner, Otto, 111 Stiles st., Elizabeth (20)
Wagner, Richard, 43 S. Broad st., Elizabeth (20)
Wakeley, Wm. E., 144 Harrison st., E. Orange (7)
Waldron, Edward L., 126 W. State st., Trenton (11)
Waldron, Robert E., 1194 Broad st., Bloomfield (7)
Walker, Ada H., 635 Landis av., Vineland (6)
Walker, Harold G., Everett av., Wyckoff (16)
Walker, H. Burton, 635 Landis av., Vineland (6)
Walker, Levi M., 110 S. No. Carolina av.,Atl.C'y(1)
Walker, Robert B., 108 Church st.,N'wBrunsw'k(12)
Wallace, Marc J., 165 Lakeview av., Clifton (16)
Wallach, Bernard, 74 Watchung av., N.Plainf'd(18)
Wallack, Eli A., 333 Fairmount av., Jersey City (9)
Wallhauser, Henry J. F., 31 Lincoln Park, New'k(7)
Wallin, Alfred C., 166 Main st., Matawan (13)
Walscheid, Arthur J., 440 38th st., Union City (9)
Walsh, Chas. R., 21 W. Mt. Pl'sant av.,Liv'gst'n(7)
Walsh, Ronald J., 118 E. 5th av., Roselle (20)
Walsh, Thomas J., 514 Greenwood av., Trenton (11)
Walsh, Thomas J., 335 S. Broad st., Elizabeth (20)
Walsh, Thomas M., 210 Kipp av., Hasbr'k Hgts.(2)
Walters, George M., 158 Main st., Woodbridge (12)
Walton, Gordon G., 17 Church st., Paterson (16)
Walton, Ralph W., 102 Gates av., Montclair (7)
Wandall, Fred'k G., 50 E. High st., Clayton (8)
Warburton, Jack C., 333 Park av., Paterson (16)
Ward, Albert H., 404 Totowa av., Paterson (16)
Ward, Albert J., 39 Elm st., Morristown (14)
Ward, Alfred W., County road, Demarest (2)
Ward, Elisabeth B., 112 Chancellor av., Newark (7)
Ward, Gertrude P., 41 Park pl., Bloomfield (7)
Ward, Leo J., 137 W. Jersey st., Elizabeth (20)
Ward, William R., 112 Chancellor av., Newark (7)
Ward, Wm. R., Jr., 112 Chancellor av., Newark (7)
Ware, Carl N., Shiloh (6)
Warncke, Frank H., 523 Westfield av., Elizabeth(20)
Warner, Wm. H. A., 444 Central av., E. Orange (7)
Warren, Chas. B., 181 Prospect av., Bergenfield (2)
Warren, David E., 154 Broadway, Passaic (16)
Warren, Earl L., 266 Van Houten st., Paterson (16)
Warren, Jacob, 308 18th av., Paterson (16)
Warter, Peter J., 717 W. State st., Trenton (11)
Warwick, Ralph A., 3300 Federal st., Camden (4)
Washburn, Philip C., N. J. St.Hosp.,Gr'yst'neP'k(14)
Wassing, Hans, 695 Broadway, Paterson (16)
Waterman, Samuel M., 364 Clinton av., Newark (7)
Waters, Chas. H., 928 W. State st., Trenton (11)
Waters, Edward G., 39 Gifford av., Jersey City (9)
Watkins, George R., La Pierre av., Magnolia (4)
Watkins, Robert E., 517 5th av., Belmar (13)
Watman, Anthony J., 2786 Boulevard, JerseyCity(9)
Watov, Samuel E., 615 Beatty st., Trenton (11)
Watson, Frederick S., 238 W. State st., Trenton (11)
Watts, Wilbur, 436 E. State st., Trenton (11)
Waugh, Bascom S., 1882 S. 10th st., Camden (4)
Way, Clarence W., Landis av.&46th st.,SeaIsleC'y(5)
Way, Julius, Cape May Court House (5)
Wayman, Bernard R., 834Stuyvesant av.,Trent'n(11)
Webb, Eleanor A., 30 Elm st., Summit (20)
Webb, Wilson D., 316 State st., Hackensack (2)
Weber, Francis C., 286 Mt. Prosp't av., Newark(7)
Weber, John F., 264 Main st., South Amboy (12)
Weber, Walter D., 305 23rd st., Union City (9)
Wechsler, Jos., 3342 Hudson Blvd., Jersey City (9)
Weeks, Norman E., 470 Grove st., Up. Montclair(7)
Weems, Don B., 105 E. Mantua av., Wenonah (8)
Wegrocki, Adolph A., 186 Warwick st., Newark (7)
Wegryn, Louis S., 257 Elizabeth av., Elizabeth (20)
Weigel, Charles F. B., 328 E. Broadway, Salem (17)
Weigel, Edgar W., 970 Park av., Elizabeth (20)
Weigel, Elmer P., 727 Watchung av., Plainfield (20)
Weimann, Max L., 803 Station av., Haddon Hgts.(4)
Weiner, Samuel E., 904 Pacific av., Atlantic City (1)
Weinert, Henry V., 128 Market st., Passaic (16)
Weinmann, Max H., 714 Scotland rd., Orange (7)
Weinstein, Francis S., 189 16th av., Newark (7)
Weinstein, Morris W., 643 Chancellor av.,Irv'gt'n(7)

Weinstock, Michael B., 13 Hillside av., Newark (7)
Weintraub, Wm. L., 400 Broadway, Paterson (16)
Weiss, Abram, 456 Palisade av., Weehawken (9)
Weiss, Louis, 519 Springfield av., Newark (7)
Weiss, Morris J., 734 Ave. C, Bayonne (9)
Weiss, Selma, 2 Stratford pl., Newark (7)
Weissman, M. T., 947 E. Jersey st., Elizabeth (20)
Weithaase, Helen E., 803 Elmer st., Vineland (6)
Welcher, Howard A., 5436 HudsonBlvd.,N.Bergen(9)
Weller, Arthur, 19 Hillyer st., Orange (7)
Wells, Wm. C. V., 205 Pavilion av., Riverside (3)
Wentzell, J. Earl, 5 E. Mantua av., Wenonah (8)
Wescott, Wm. C., Delaware & Pacific avs.,Atl.City(1)
West, David H., 517 Cooper st., Camden (4)
West, Edgar L., 443 E. State st., Trenton (11)
West, Gordon F., 527 Penn st., Camden (4)
West, Guernsey F., 109 S. Main st., Phillipsburg(21)
Westerhoff, Peter, 51 Highland av., MidlandP'k(16)
Western, Frederic B., 1227 Morris av., Townley (20)
Westney, Alfred W., 3005 Pacific av., Atl. City (1)
Weston, Clifford G., 27 Woodland av., Glen Ridge(7)
Wethers, William A., 171 Market st., Passaic (16)
Wetterberg, Louis F., 389 School st.,Woodbridge(12)
Whaland, Berta, 117 Atlantic st., Bridgeton (6)
Wheatland, Marcus F., 757 Kaighn av., Camden (4)
Wheeler, James A., 85 Van Reypen st., Jer. City (9)
Wheeler, William K., 31 Lincoln Park, Newark (7)
Whelan, Edward P., 460 Franklin av., Nutley (7)
Wherry, Elmer G., 325 Clinton av., Newark (7)
Whims, Clarence B., 5401 Ventnor av., Ventnor (1)
White, Frank S., 916 Red road, Teaneck (2)
White, Harry J., Roosevelt Hospital, Metuchen (12)
White, Hugh M., 901 Summit av., Jersey City (9)
White, R. Rostin, 644 Shore rd., Somers Point (1)
White, Richard E., 303 Crooks av., Paterson (16)
White, Robert R., 25 S. Munn av., East Orange (7)
White, Thomas J., 50 Glenwood av., Jersey City (9)
Whiticar, John H., 717 Wesley av., Ocean City (5)
Whitken, Albert I., 1056 North av., Elizabeth (20)
Whitman, Lloyd B., 7 W. Clinton av., Bergenfield(2)
Whittaker, Neil M., 418 Main st., Hackensack (2)
Wiant, Herman E., 100 Windsor av., Haddonfield(4)
Widetsky, Alfred, 85 Broadway, E. Paterson (2)
Wiesler, Howard M., 128 Third st., Trenton (11)
Wikoff, John L., 799 Pennington av., Trenton (11)
Wilbur, Franklin L., 711 Grand av., Asbury P'k(13)
Wilcox, Frank A., 329 16th st., West New York (9)
Wild, Frederick A., 111 E. High st., Bound Br'k (18)
Wilentz, Wm. C., 188 Market st., Perth Amboy (12)
Wilkes, LeRoy A., 143 E. State st., Trenton (11)
Wilkins, Stanley O., 47 E. Front st., Red Bank (13)
Willan, Edward H., 74 S. Munn av., E. Orange (7)
Willey, F. Parker, 140 Roseville av., Newark (7)
Williams, Frank A., 324 W. Jersey st., Elizabeth(20)
Williams, George W., 217 N. Warren st.,Trenton(11)
Williams, Harry D., 527 E. State st., Trenton (11)
Williams, Hiram, 230 Lexington av., Passaic (16)
Williams, John J., 88 Walnut st., Newark (7)
Williams, Leonard D., 915 Park av., Plainfield (20)
Williams, Louis E., 80 Green av., Madison (14)
Williams, Raymond A., 7207 Atalntic av.,Ventnor(1)
Williams, Wm. C., Black Horse Pike,HaddonHts.(4)
Williams, Wm. C., 9 Ridge rd., Rutherford (2)
Williamson, Wm. L., 22 W. 22nd st., Bayonne (9)
Willis, Benedict P., 23 Park av., Rutherford (2)
Willis, Katharen C., 31 Trinity pl., Montclair (7)
Willner, Irving, 18 Waverly av., Newark (7)
Willner, Philip, 105 Clinton av., Newark (7)
Willson, James H., 144 Harrison st., E. Orange (7)
Wilner, Arthur S., 205 Market st., Trenton (11)
Wilson, Charles W., 636 Wood st., Vineland (6)
Wilson, Harrison B., 430 Union st., Hackensack (2)
Wilson, Herbert H., 24 Bank st., Bridgeton (6)
Wilson, John H., Jr., 85 Halsted st., E. Orange (7)
Wilson, Lawrence A., 114 N. Shore rd., Absecon (1)
Wilson, Lester R., 3320 Federal st., Camden (4)
Wilson, Robert B., 91 Broad st., Red Bank (13)
Winn, Samuel L., 1616 Pacific av., Atlantic City (1)
Winslow, John H., 27 S. Valley av., Vineland (6)
Winter, Gladys C., 717 Norma court, Teaneck (2)
Winters, Walter M., 288 Broadway, Paterson (16)
Wise, Lester D., 119 Morris av., Long Branch (13)
Wishnack, Meyer, 318 Broadway, Paterson (16)
Witkoff, Ben, 215 Terrace av., Hasbrouck Heights(2)
Witmer, John D., 456 Middlesex av., Metuchen (12)
Witte, C. Norman, 422 River av., P't Pleasant (15)
Wittenborn, Wm. F. J., 1635Br'nsw'k av.,Tr'nt'n(11)
Woelfle, Henry E., 907 Summit av., Jersey City (9)
Wolbert, Chas. M., 691 Palisade av., CliffsidePark(9)
Wolf, Frank A., 494 S. Main st., Phillipsburg (21)
Wolf, Raymond E., 281 Park st., Upper Montcl'r (7)
Wolfe, Jacob S., 44 Watsessing av., Bloomfield (7)
Wolfe, Wm. W., 383 Mulberry st., Newark (7)
Wolff, Jerome M., 1414 Martine av., Plainfield (20)
Wolfson, Harry, 324 Broadway, Paterson (16)
Wolgin, Philip L., 445 Elmora av., Elizabeth (20)
Wolowitz, Harry B., 20 Spr'g Valley av.,H'ck'ns'k(2)
Wood, E. LeRoy, 160 Roseville av., Newark (7)
Wood, Oran A., 128 W. Broad st., Paulsboro (8)
Woodman, Chas. B., 181 South st., Morristown (14)
Woodruff, Dare, 630 Landis av., Vineland (6)
Woodruff, Ralph G., Main st., Englishtown (13)
Woodruff, Stanley R., 16 Enos pl., Jersey City (9)
Woody, McIver, 454 Union av., Elizabeth (20)
Woolf, Bernhardt H., 41 Hedden ter., Newark (7)
Worcester, George F., 220 Engle st., Englewood (2)
Woronoff, Murray, 120 Main st., Keyport (13)
Wort, Frederick J., 1080 Broad st., Newark (7)
Wrensch, Alexander E., 79 Valley rd., Montclair (7)
Wright, Herman W., 818 S. Broadway, Pitman (8)
Wright, Howard E., 173 Nassau st., Princeton (11)
Wright, Ralph S., 428 Richey av., W. Collingsw'd(4)
Wright, Robert E., 173 Park av., East Orange (7)
Wroblewski, Benj'min M., 1166Th'rm'n st.,C'md'n(4)
Wry, Dean A., 234 Dayton av., Clifton (16)
Wry, Orlin V., 95 High st., E. Rutherford (2)
Wuester, Wm. O., Elizab'h Gen. Hosp., Elizab'h(20)
Wurts, Margaret M.,189Alexander av..Up.M'ntcl'r(7)
Wurzel, Milton, 295 Hunterdon st., Newark (7)
Wyatt, Joseph H., 135 Clinton av., Newark (7)
Wyker, Arthur W., 57 Park pl., Bloomfield (7)

ASSOCIATE MEMBERS

Weiner, Henry T., 111 Market st., Perth Amboy (12)
Wesson, Harrison R., 15 The Crescent, Montclair (7)
Wildman, G. A., 1720 S. Broad st., Trenton (11)
Wilson, Talmadge, 111 E. 38th st., Paterson (16)
Wolff, Herbert M., 732 W. State st., Trenton (11)
Wright, Ada V. A., State Home forGirls,Trenton(11)

Y

ACTIVE MEMBERS

Yachnin, Samuel C., 32 Ridge rd., Lyndhurst (16)
Yaeger, Leslie A., 470 Hamilton av., Trenton (11)
Yager, J. Allen, 420 Broadway, Paterson (16)
Yagol, Benjamin, Bonnie Burn Sana., ScotchPls.(20)
Yaguda, Asher, 88 Clinton av., Newark (7)
Yates, Glen L., 270 Ridgewood av., Glen Ridge (7)
Yates, John S., 414 Ellison st., Paterson (16)
Yazujian, Dikran M., 562 E. State st., Trenton (11)
Yeaton, Wm. L., Jr., 204 11th st., Hoboken (9)
Yellin, Charles H., 525 E. 2nd av., Roselle (20)
Ylvisaker, Lauritz S., 763 Broad st., Newark (7)
Yolken, Harry, 246 E. 31st st., Paterson (16)
Yood, Raphael, 401 Grant av., Plainfield (20)
York, James L., 331 River rd., New Milford (2)
York, Wilbur H., 87 Battle rd., Princeton (11)
Young, Franklin C., 120 Summit av., Summit (20)
Young, George J., 60 Maple av., Morristown (14)
Young, James L., 68 Mountain av., Somerville (18)
Young, John H., 1094 Sanford av., Irvington (7)
Yuckman, Robert O., 224 W. Jersey st.,Elizabeth(20)
Yuckman, William, 701 Madison av., Elizabeth (20)
Yudkoff, William, 403 Boulevard, Bayonne (9)

ASSOCIATE MEMBER

Yablonsky, Max, 171 Osborne ter., Newark

Z

ACTIVE MEMBERS

Zacchino, Arnold A., 1001 Anderson av., Palisade(2)
Zager, Saul, 454 Hawthorne av., Newark (7)
Zalewski, Irene J., 125 Market st., Passaic (16)
Zandt, Fred'k B., 16 Mercer st., Hamilton Sq. (11)
Zapf, Reville D., 100 W. Mantua av., Wenonah (8)
Zappala, John, 47 W. Main st., Pennsgrove (17)
Zehnder, A. Charles, 188 Roseville av., Newark (7)
Zeitlin, Herman H., 943 N. Wood av., Linden (20)
Zenneck, Junius F., 17 Fourth st., Weehawken (9)
Zimmer, William, 83 Vassar av., Newark (7)
Zimmerman, Coler, 52 N. Arlington av.,E.Orange(7)
Zimmerman, Robt. F., 28 W'sh'gt'n av.,Morrist'n(14)
Zimskind, Joshua N., 210 W. State st., Trenton (11)
Zingales, Joseph A., 101 Holly st., Cranford (20)
Zingali, John A., 5 Gould pl., Caldwell (7)
Zitani, Alfred M., 937 Washington st., Hoboken (9)
Zuck, Arthur C., 22 Broad st., Washington (21)
Zuck, John A., Main st., Netcong (14)
Zweibel, Leonard, 885 S. 13th st., Newark (7)
Zweigel, Isidore, 22 Monticello av., Newark (7)
Zybulewski, Edmund A., 410 Bergen st., Newark (7)

ASSOCIATE MEMBER

Zuckerman, David E., 345 Broadway, Paterson (16)

The Medical Service Administration of New Jersey

OPERATING

THE MEDICAL SERVICE PLAN OF NEW JERSEY

Awaiting permissive legislation and approval by Commissioner of Banking and Insurance

THE N.Y. ACADEMY OF MEDICINE
MAY 17 1940
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A Report to the House of Delegates

of

The Medical Society of New Jersey

1940

Supplement to The Journal of The Medical Society of New Jersey, May 1940

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SEQUENCE OF EVENTS

The possibility of distributing medical care on a voluntary prepayment, insurance basis has been of particular interest to the members of the component State Societies of the American Medical Association for several years. This interest received added impetus when the American Medical Association, in special session at Chicago in September, 1938, suggested the possibilities of applying the principles of voluntary indemnity insurance to self-supporting people.

Following this special meeting of the American Medical Association, the actions of The Medical Society of New Jersey occurred in the following sequence:

1. September, 1938. President Carrington appointed a "Fact-Finding Committee" to study cash indemnity insurance and medical costs under the chairmanship of Dr. Hilton Read.
2. December, 1938. The above Committee reported, "We believe some form of voluntary indemnity insurance can be evolved." The Committee requested it be discharged and that a permanent committee be appointed.
3. January, 1939. The President appointed the Voluntary Health Insurance Committee, under chairmanship of Dr. Edward W. Sprague.
4. February, 1939. The Committee reported on "Fundamental Principles" of a Plan.
5. February, 1939. The President appointed a founding committee to continue the work under the title "Voluntary Health Committee". The personnel of the Committee was retained, under chairmanship of Dr. E. W. Lance.
6. June, 1939. The Voluntary Health Committee reported to The House of Delegates, presenting "The Medical Service Plan of New Jersey". The Plan was approved, and instruction given to proceed with the inauguration and operation of the Plan.
7. June, 1939. President Hawkes, in the name of the Board of Trustees, appointed the Board of Governors of The Medical Service Plan of New Jersey.
8. July, 1939. The Medical Service Plan of New Jersey was incorporated under the statutes of New Jersey as a non-profit corporation.
9. August, 1939. The Commissioner of Banking and Insurance ruled the Plan constituted "insurance". As such, its operation would require adding a new chapter to the state insurance statutes, and supervision by the Commissioner of Banking and Insurance.
10. November, 1939. The Board of Trustees of The Medical Society of New Jersey instructed The Board of Governors to prepare an enabling bill, and to take such other actions as would lead to early inauguration and operation of the Plan.
11. January, 1940. The Board of Trustees of The Medical Society of New Jersey approved: (1) The enabling bill, allowing for the incorporation of non-profit medical service corporations; (2) the reorganization of the Plan by incorporating The Medical Service Administration of New Jersey, a non-profit medical service corporation, to operate The Medical Service Plan of New Jersey.
12. March, 1940. The Enabling Bill, Senate No. 108, was introduced into the Legislature by Senator I. Grant Scott of Cape May County.
13. April, 1940. Senate Bill 108 passed the Senate by a vote of 16-1.
14. April, 1940. The Board of Trustees of The Medical Society of New Jersey approved the provisions in the body of this report.
15. May 6, 1940. Senate 108 passed the Assembly without a dissenting vote.

Present Status

The Medical Service Administration of New Jersey will be incorporated when the enabling bill becomes a law.

The organization and methods of operation must receive the approval of the Commissioner of Banking and Insurance.

When the above requirements have been accomplished, The Medical Service Plan of New Jersey will be placed in operation.

Respectfully submitted,
The Board of Governors

EDWARD W. SPRAGUE, M.D.
WILLIAM J. CARRINGTON, M.D.
WILLIAM G. HERRMAN, M.D.
AUGUSTUS S. KNIGHT, M.D.
GEORGE MERCK
JOHN S. THOMPSON
JOSEPH BIGLEY
E. W. LANCE, M.D., *Chairman*

Acting Secretary to Board
NORMAN M. SCOTT, M.D.
143 E. State Street
Trenton, New Jersey

SENATE, No. 108

STATE OF NEW JERSEY

INTRODUCED MARCH 11, 1940

By MR. SCOTT

(By Request)

Referred to Committee on Public Health

AN ACT concerning medical service corporations and regulating the establishment, maintenance and operation of medical service corporations and medical service plans, and supplementing Title 17 of the Revised Statutes by adding thereto a new chapter entitled "Medical Service Corporations."

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

DEFINITIONS

As used in this act the following words and phrases shall have the following meanings:

A medical service corporation is any corporation organized, without capital stock and not for profit, for the purpose of establishing, maintaining and operating nonprofit medical service plans. *A nonprofit medical service* plan is any plan or arrangement operated by a medical service corporation under the provisions of this act, and whereby the expense of medical services to subscribers and other covered dependents is paid by the corporation to participating physicians of such plans or arrangements and to such other physicians as are provided for herein. **A subscriber** is a person to whom a subscription certificate is issued by the corporation and which sets forth the kinds and extent of the medical services for which the corporation is liable to make payment and which constitutes the contract between the subscriber and the corporation. **A covered dependent** is the spouse, an adult dependent or a child of the subscriber who is named in the subscription certificate issued to the subscriber and with respect to whom appropriate premium is specified in the certificate. **A participating physician** is any physician duly licensed to practice medicine in the State of New Jersey pursuant to chapter nine, Title 45, of the Revised Statutes, who agrees in writing with the corporation to perform the medical services specified in the subscription certificates issued by the corporation and at such rates of compensation as shall be determined by its board of trustees and who agrees to abide by the by-laws, rules and regulation of the corporation applicable to participating physicians. **Medical service** *includes* all general and special medical services ordinarily provided by such licensed physicians in accordance with accepted practices in the community at the time the service is rendered. No subscriber or his covered dependents shall be liable for any payment to any participating physician for medical services specified in the subscriber's certificate to be paid for by the corporation.

APPROVAL BY MEDICAL PROFESSION

No medical service corporation shall be converted into a corporation organized for pecuniary profit. Every such corporation shall be operated for the benefit of the subscribers. *No person shall be elected a trustee of any* medical service corporation unless his nomination has been approved by a recognized medical society or professional medical organization having not less than two thousand members holding licenses to practice medicine pursuant to chapter nine, Title 45, of the Revised Statutes, and which has been incorporated for a period of not less than ten years. No medical service corporation shall impose any restrictions on physicians who administer to its subscribers as to methods of diagnosis or treatment. No person, firm, association or corporation other than a medical service corporation shall establish, maintain or operate a medical service plan or any other means, agency or device for contracting with persons to pay for medical services on the basis of premiums or other valuable considerations to be collected by such person, firm, association or corporation from such persons for the issue of such contract; *provided,* that this section shall not be construed as preventing the exercise of any authority or privilege granted to any corporation by any certificate of authority issued by the Commissioner of Banking and Insurance pursuant to any law of this State; *and provided, further,* that this section shall not be construed as preventing any person, firm, association or corporation from furnishing medical services required under any workmen's compensation law. No medical service corporation shall solicit subscribers or enter into any contract with any subscriber until it has received from the Commissioner of Banking and Insurance a certificate of authority to do so.

APPROVAL BY COMMISSIONER OF BANKING AND INSURANCE

The Commissioner of Banking and Insurance may issue such certificate of authority to any such medical service corporation of this State when it

shall have filed in the Department of Banking and Insurance a certified copy of its charter or certificate of incorporation, a copy of its by-laws certified by the lawful custodian of the original, a statement of its financial condition in such form and detail and containing such matters as the Commissioner of Banking and Insurance shall require, signed and sworn to by its president and secretary or other proper officers, and when the Commissioner of Banking and Insurance is satisfied, on the basis of examination or otherwise, that the corporation has complied with the requirements of this chapter and that its condition or methods of operation are not such as would render its operations hazardous to the public or its subscribers. No change in, or amendment to, or alteration in, addition to, or substitution of any document, instrument or other papers so filed shall become operative or effective until the same shall also have been filed in a similar manner. The certificate of authority issued by the commissinoer shall specify the county or counties in which the corporation may conduct its business. Such certificate may be amended from time to time to include additional counties on the basis of qualification pursuant to the provisions of this act. No such certificate shall be issued to authorize a corporation to transact business in any county, or if issued, the authority with respect to such county shall be cancelled by *the commissioner,* **if he shall find that less than fifty-one per centum (51%)** of the eligible physicians in any county are participating physicians. No certificate of authority shall be issued to any medical service corporation not incorporated under the laws of this State.

CAPITAL FUND

No certificate of authority shall be issued to any medical service corporation except on receipt of evidence by the Commissioner of Banking and Insurance that the corporation is in possession of unencumbered funds of not less than five thousand dollars ($5,000.00) and that such amount is held in cash or in bank to the credit of the corporation.

CONTENT OF CONTRACTS

Every subscription contract made by any corporation subject to the provisions of this chapter to provide payment for medical services shall provide for the payment of medical services for a period of twelve months from the date of issue of the subscription certificate. Any such contract may provide that it shall be automatically renewed from year to year unless there shall have been one month's prior written notice of termination by either the subscriber or the corporation. During the first contract year the provisions of the contract may provide that the inception of coverage may be deferred for not more than two months from date of issue of the contract, and may exclude treatment for illness existing at inception of the contract. No contract between such corporation and subscriber shall allow for the payment for medical services to more than one person, except that a family contract may provide that payment will be made for medical services rendered to a subscriber and any of those dependents defined in section one of this act.

STATEMENTS IN CONTRACTS

Every contract entered into by any such corporation with any subscriber shall be in writing and a certificate stating the terms and conditions thereof shall be furnished to the subscriber. No such subscription certificate shall be issued or delivered by any medical service corporation of this State unless it contains the following provisions:

(a) A statement of the amounts payable to the corporation by the subscriber and the times at which and manner in which such amounts shall be paid;

(b) A statement of the nature of the medical services to be paid for and the period during which the certificate is effective; and if there are any types of medical services to be excepted, a detailed statement of such exceptions printed as hereinafter specified;

(c) A statement of the terms or conditions, if any, upon which the certificate may be cancelled or otherwise terminated at the option of either party;

(d) A statement that the subscription certificate constitutes the contract between the corporation and the subscriber and includes the endorsements thereon and attached papers, if any, and contains the entire contract;

(e) A statement that no statement by the subscriber in his application for a certificate shall avoid the contract or be used in any legal proceeding thereunder, unless such application or an exact copy thereof is included in or attached to the certificate, and that no agent or representative of such corporation, other than an officer or officers designated in the certificate, is authorized to change the contract or waive any of its provisions;

(f) A statement that if the subscriber defaults in making any payment under the certificate, the subsequent acceptance of a payment by the corporation or by one of its duly authorized agents shall reinstate the certificate, but with respect to sickness and injury may cover only such sickness as may be first manifested more than a specified number of days, not exceeding ten, after the date of such acceptance;

(g) A statement of the period of grace which will be allowed the subscriber for making any payment due under the contract. Such period shall not be less than ten days;

(h) A statement that indemnity in the form of cash will not be paid to any subscriber except in reimbursement for payments made by the subscriber to a physician and for which the corporation was liable at the time of such payment.

Any such subscription certificate may contain a provision that all medical services paid for by a medical service corporation *shall be in accordance with the accepted medical practices in the community at the time,* but the corporation shall not be liable for injuries resulting from negligence, misfeasance, malfeasance, nonfeasance or malpractice on the part of any officer or employee or on the part of any physician in the course of rendering medical services to subscribers.

CONSTRUCTION OF CONTRACTS

In every such subscription certificate issued or delivered by any medical service corporation of this State:

(a) All printed portions shall be plainly printed in type of which the face is not smaller than ten point;

(b) There shall be a brief description of the subscription certificate on its first page, and on its filing back in type of which the face is not smaller than fourteen point;

(c) The exceptions of the contract shall appear with the same prominence in the certificate as the benefits to which they apply; and

(d) If the contract contains any provisions purporting to make any portion of the articles, constitution or by-laws or regulations of the corporation or plans a part of the contract, such portion shall be set forth in full in the subscription certificate.

PARTICIPATING PHYSICIANS

Any medical service corporation may enter into agreements with eligible persons whereby such persons become participating physicians of a plan operated by the corporation and may make to such persons such payments as shall have accrued by reason of services required to be performed under the plan and performed on behalf of the corporation by such person. *No person shall become a participating physician* unless he shall be a physician holding a full license to practice medicine in the State of New Jersey, pursuant to chapter nine, Title 45, of the Revised Statutes. No payment for medical services shall be made to any natural person except to a participating physician; except that the corporation, in the case of emergency services, may reimburse any physician for services rendered to a subscriber in accordance with the rates adopted by the board of trustees with respect to participating physicians, but only to physicians who would be eligible, except for residence or State by which licensed, to become participating physicians. Any medical service corporation may enter into contracts for the payment of medical services to the subscribers or members of similar nonprofit medical service corporations of other States subject to the supervision of such other States, or of counties of this State in which the corporation does not transact business, and shall have the right to reimburse any other nonprofit medical service corporation or physicians of another State or of counties of this State in which the corporation does not transact business for services rendered to its subscribers and their dependents at the same rate paid participating physicians under the certificate of the subscriber.

APPROVAL OF CONTRACTS

No subscription certificate shall be issued by any medical service corporation to any subscriber unless and until the form thereof shall have been filed with the Commissoner of Banking and Insurance together with all applications, riders and endorsements for use in connection with the issuance or renewal thereof. If the commissioner shall at any time notify the corporation filing the same of his disapproval of any such form, as contrary to law, or as being oppressive or calculated to mislead the public, specifying particulars, it shall be unlawful for such corporation thercafter to issue any such form so disapproved. Such disapproval of the commissioner may be reviewed by a writ of certiorari.

APPROVAL OF RATES

No corporation subject to the provisions of this chapter shall enter into any contract with a subscriber unless and until it shall have filed with the Commissioner of Banking and Insurance a full schedule of the rates to be paid by the subscribers to such contracts. The commissioner may disapprove such schedule of rates at any time if he finds that such rates are excessive, inadequate or discriminatory. It shall be unlawful for any corporation to effect any contract or issue any subscription certificate until a revised schedule of rates has been filed. Such disapproval by the commissioner may be reviewed by a writ of certiorari.

PHYSICIAN AGREEMENT

(Physicians' Fees)

No corporation subject to the provisions of this chapter shall enter into any contract with a subscriber unless and until it shall have filed with the Commissioner of Banking and Insurance a copy of the agreement proposed to be entered into by the corporation and the participating physicians. Every such agreement shall provide for the payment for medical services to subscribers and covered dependents to the end of the subscription certificate year, and that the agreement of the physician to render such service to the end of any certificate year shall not be affected by cessation of the transaction of business by reason of appropriate resolution of its board of trustees, injunction issued by a court of competent authority, legislative act or by any other exercise of judicial, administrative or legislative authority; *provided,* that this requirement shall not apply to any subscription certificate which is not maintained in force by the payment of premiums required thereby. *There shall be included in the minutes of the board of trustees* of every such organization a record of the approval of payments to be made to participating physicians. The corporation shall maintain in its office complete records of all the medical services rendered to subscribers and covered dependents in such form as will indicate the kind of services rendered, the amounts claimed for such services by the participating physicians, and the amounts paid by the corporation. No payment to any participating physicians shall be authorized by the board of trustees except in accordance with a plan of payments adopted by the board and recorded in the minutes of a meeting.

SOLICITATION EXPENSE

No corporation subject to the provisions of this chapter shall disburse during any one calendar year more than ten per centum (10%) of the aggregate amount of payments received from subscribers during that year as expenditures for the solicitation of subscribers except that during the first year after the issuance of a cetificate of authority such corporation may so disburse not more than twenty per centum (20%) of such amount and during the second year not more than fifteen per centum (15%).

ADMINISTRATIVE EXPENSE

No such corporation shall disburse during any one year, a sum greater than twenty per centum (20%) of payments received from subscribers dur-

ing that year as administrative expenses. The term "administrative expense" as used in this section shall include all expenditures for nonprofessional services and in general all expenses not directly connected with the payment for medical services, but not including expenses of soliciting subscriptions.

SURPLUS FUND

The funds of any medical service corporation may be invested only in accordance with the requirements now or hereafter provided by law for the investment of funds of life insurance companies. Every medical service corporation after the first full calendar year of doing business after the effective date of this chapter, shall accumulate and maintain a special contingent surplus over and above its reserves and liabilities at the rate of two per centum (2%) annually of its net premium income until such surplus shall be not less than one hundred thousand dollars ($100,000.00) except that no such corporation shall be required to maintain a special contingent surplus exceeding fifty-five per centum (55%) of its average annual premium income for the previous five years.

ANNUAL STATEMENT

Every medical service corporation transacting business in this State shall file annually, on or before the first day of March, in the Department of Banking and Insurance a statement, subscribed and sworn to by its president and secretary, or in their absence, by two of its principal officers, showing its financial condition at the close of business on the thirty-first day of December of the year last preceding, and showing its business transacted during that year, which shatement shall be in such form and contain such matters as the Commissioner of Banking and Insurance shall prescribe; said commissioner may also address inquiries to any such corporation or its officers in relation to its condition or affairs, or any matter connected with its transactions, and it shall be the duty of the officers of such corporation to reply promptly in writing to all such inquiries; for good cause shown the commissioner may extend the time within which any such statement may be filed.

Any medical service corporation that neglects to make and file its annual statement in the form and within the time provided by the last preceding section, or neglects to reply in writing to inquiries of the Commissioner of Banking and Insurance within such reasonable time as may be specified by him, shall forfeit twenty-five dollars ($25.00) for each day's neglect, and upon notice by the Commissioner of Banking and Insurance to that effect, its authority to do new business in this State shall cease while such default continues.

EXAMINATION OF ACCOUNTS

The Commissioner of Banking and Insurance shall have the power, whenever he deems the same expedient, to make or cause to be made an examination of the assets and liabilities, method of conducting business and all other affairs of every medical service corporation authorized or which has made application for authority to transact business under the provisions of this chapter. For the purpose of such examination the commissioner may commission and employ such persons to conduct the same or to assist therein as he may deem advisable, which examination may be conducted in any State in which the corporation examined has an office, agent or place of business.

EXPENSE OF EXAMINATIONS

The reasonable expense of such examination shall be fixed and determined by the Commissioner of Banking and Insurance, and he shall collect the same from the corporation examined, which shall pay same on presentation of a detailed account of such expense. In case any corporation, after such examination, shall be declared by the Court of Chancery to be insolvent, the expense of such examination, if unpaid, shall be taxed in the costs of the proceedings in the Court of Chancery and paid out of the assets of the corporation. No corporation shall, either directly or indirectly, pay, by way of gift, credit or otherwise, any other or further sum to the commissioner or to any person in the employ of the Department of Banking and Insurance, for extra service or for purposes of legislation. or for any other purpose whatsoever.

CO-OPERATION OF COMMISSIONER

It shall be the duty of the officers, agents and employees of any such corporation to exhibit all its books, records and accounts for the purpose of such examination and otherwise to facilitate the same so far as it may be in their power to do so, and for that purpose the Commissioner of Banking and Insurance, and his deputies, assistants and employees shall have the power to examine, under oath, the officers, agents and employees of any such corporation relative to its business and affairs.

INSOLVENCY

Whenever any medical service corporation shall become insolvent or shall suspend its ordinary business for want of funds to carry on the same, or whenever the Commissioner of Banking and Insurance shall ascertain, as a result of examination as authorized by this chapter, or in any other manner, that any such association is exceeding its powers or violating the law or that its condition or methods of business are such as to render the continuance of its operations hazardous to the public or its members, that the assets of such corporation are less than its liabilities or that the number of subscribers to its service has decreased to less than one hundred persons, or that the corporation has failed to maintain the number of participating physicians specified by this act, said commissioner shall have authority to apply to the Court of Chancery for an injunction restraining such corporation from the transaction of any further business, or from the transfer or disposal of its property in any manner whatsoever, and the court, being satisfied of the sufficiency of the application, may order an injunction and appoint a receiver, with power to sue for, collect, receive and take into his possession all the goods and chattels, rights and credits, moneys and effects, lands and tenement, books, papers, choses in action, bills, notes and property of every description belonging to such corporation and sell and convey and assign the same, and hold and dispose of the proceeds thereof under the direc-

tions of the Court of Chancery. Any such corporation may be deemed insolvent whenever it is presently or prospectively unable to fulfill its outstanding contracts and to maintain the reserves required pursuant to this chapter.

FEES TO COMMISSIONER

Every corporation to which this chapter shall be applicable shall pay the following fees to the Commissioner of Banking and Insurance for enforcement of the provisions of this chapter, viz.: for filing its application and charter, ten dollars ($10.00); for filing each annual statement, five dollars ($5.00); for each copy of any paper filed in the Department of Banking and Insurance, twenty cents ($0.20) a sheet or folio of one hundred words and one dollar ($1.00) for certifying the same.

PENALTIES

Any medical service corporation of this or any other State, country or province which shall have violated any of the provisions of or shall have neglected, failed or refused to comply with any of the requirements of this chapter, except the failure to file an annual statement, shall be liable to a penalty of five hundred dollars ($500.00), such penalty to be sued for and collected by the Commissioner of Banking and Insurance in an action upon contract in the nature of an action for debt in the name of the State; such penalty when recovered shall be paid by the Commissioner of Banking and Insurance into the State treasury for the use of the State. Any officer, agent, employee or member of any such corporation doing business in this State who shall issue, circulate or cause or permit to be circulated, any estimate, illustration, circular of any sort misrepresenting the terms of any contract issued by such corporation, or any other such corporation authorized to transact business under this chapter, or misrepresent the benefits or advantages promised thereby, or use any name or title of any contract or class of contracts misrepresenting the true nature thereof, or who shall solicit, negotiate or effect the issue of any contract of any medical service corporation which shall have neglected, failed or refused to procure a certificate of authority as provided for by the provisions of this chapter, or who shall accept any premiums, dues, deposits, contributions, fees, assessments or thing of value of any kind in consideration for such contract or certificate on behalf of such corporation, shall be adjudged guilty of a misdemeanor.

TAX FUNDS—VOLUNTARY GRANTS

A medical service corporation may receive and accept from any governmental agencies any grant of funds for the purpose of providing medical services to needy persons under such terms or conditions as shall be specified by such agency. Any medical service corporation may in its discretion accept the grant of funds from private agencies, corporations, associations, groups of individuals or individuals for the purpose of providing medical services to needy persons under such conditions as shall be satisfactory to such persons or organizations and to the corporation. All funds received under such grants shall be segregated in a separate fund or funds to be used for the purposes agreed upon. Neither the income from subscribers to the corporation, nor the assets accumulated from income received from subscribers shall be available for the payment of any obligations assumed by the corporation under such grants, nor shall any funds received through such grants be available for the payment of the obligations assumed by the corporation under its subscription certificates. The authority of the Commissioner of Banking and Insurance under the provisions of this act shall not extend to funds received under such grants except to such extent as is necessary to satisfy him that the requirements of this act have been complied with.

TAXATION

Any corporation subject to the provisions of this act is hereby declared to be a charitable and benevolent institution, and its funds and property shall be exempt from taxation by the State or any political subdivision thereof.

VALIDITY OF SECTIONS

Should any provision or section of this act be held invalid for any reason, such holding shall not be construed as affecting the validity of any remaining portion of such section or of this act, it being the legislative intent that this act shall stand notwithstanding the invalidity of any such provision or section.

This act shall take effect immediately.

STATEMENT

The purposes and intent of this act are:

1. *To assist individuals* to secure medical services, thus promoting the physical and mental welfare of these individuals and enhancing their value as citizens of this State.

2. *To accomplish* this by the provision under State statutes for the establishment and operation of nonprofit medical service corporations.

3. To place the establishment and operation of all such nonprofit medical service corporations *under the authority of the Commissioner of Banking and Insurance.*

This act is *sponsored by The Medical Society of New Jersey* and has received the *approval of the Commissioner of Banking and Insurance.*

PROPOSED BY-LAWS

OF

The Medical Service Administration of New Jersey

(A Non-Profit Corporation)

(Awaiting approval of Commissioner of Banking and Insurance)

CHAPTER I

Name

The name of this corporation is The Medical service Administration of New Jersey.

CHAPTER II

Purposes

The purposes of The Medical Service Administration are:

(a) To assist selected groups of persons to secure medical and surgical services. Such services shall be provided by physicians holding full licenses to practice medicine and surgery according to the laws of the State of New Jersey.

(b) To accomplish the above purpose by the establishment of medical service plans or arrangements. These plans or arrangements shall operate on a nonprofit, voluntary basis which preserves the patient-physician relationship and allows the free choice of physician and patient.

CHAPTER III

Organization

Section 1—*Members of The Administration.*

(a) Membership in The Administration shall be limited to the Board of Governors. The Board of Governors shall consist of eight (8) members.

(b) They shall be appointed by the Board of Trustees of The Medical Society of New Jersey.

(c) At least five of the Board of Governors shall be members in good standing in The Medical Society of New Jersey.

Section 2—*Term of Appointment.*—The terms of appointment shall be as follows:

Three (3) appointments for three (3) years.
Three (3) appointments for two (2) years.
Two (2) appointments for one (1) year.

CHAPTER IV

Meetings

Section 1—*Organization Meeting.*—An organization meeting of The Administration shall be held within one month after the receipt of the certified copy of the certificate of incorporation.

Section 2—*Regular and Special Meetings.*—Regular and special meetings shall be called by the President of the Board. Such meetings shall be held at such time and place as is determined by the President of the Board.

Section 3—*Annual Meeting.*—An annual meeting of The Administration shall be held on a date coinciding with the date of the annual meeting of The Medical Society of New Jersey.

Section 4—*Quorum.*—A quorum of the Board of Governors shall consist of a majority of the members of the Board. The majority of such quorum shall be medical members.

A decision of the Board of Governors shall require a majority vote of the members present.

Section 5—*Voting Privileges.*—Voting privileges in The Administration shall be limited to the members of the Board of Governors.

Section 6—*Notice of Meetings.*—Notice of any regular meeting of the Board of Governors shall be mailed to all members at least five days prior to the date of meetings. This notice shall contain the agenda for the meeting.

Section 7—*Meetings on Demand.*—The President shall, upon due notice of demand by any five (5) members of the Board, call a spe-

cial meeting, to be convened within twenty-one (21) days of the receipt of such notice.

CHAPTER V

Officers

The officers of The Administration shall be a President, Vice-President, Secretary, and Treasurer. At the first meeting of the Board of Governors, the Board shall elect from among its members a President, Vice-President, Secretary, and Treasurer of The Administration, to act in such capacities until the following annual meeting of the Board.

At each annual meeting a President, Vice-President, Secretary, and Treasurer of The Administration shall be elected from among the members of the Board, to serve for a period of one year.

CHAPTER VI

Management

The Administration shall be operated and managed by the Board of Governors.

Section 1—*Duties of the Board of Governors.*

(a) The Board of Governors shall determine all policies, rules and regulations governing the management of The Administration and plans or arrangements operated by The Administration. The Board shall appoint all administrative personnel of The Administration.

(b) The Board shall appoint a Medical Director and such Assistant Medical Directors as are considered necessary for the operation of plans or arrangements.

(c) The Board shall control the disbursement of the funds of The Administration.

(d) The Board shall approve the acceptance of all new participants under the plans or arrangements operated by The Administration.

(e) The Board shall make a decision pertaining to any questions involving The Administration, plans or arrangements operated by The Administration, or participants under the plans or arrangements, which are brought before it for consideration.

(f) The Board shall hear the appeal of any participant under a plan or arrangement operated by The Administration on matters involving the relationship of a participant with any other participant, or his relationship to The Administration or plans or arrangements operated by The Administration.

Section 2—*Duties of Officers.*

(a) The President shall call such meetings of the Board of Governors as are directed in the by-laws.

(b) The Vice-President shall assume the duties and obligations designated to him by the President. He shall, in the absence of the President, assume all the responsibilities and obligations of the President.

(c) The Secretary shall issue or cause to be issued notices of all meetings of the Board of Governors. He shall keep a record of all meetings of the Board and shall keep or cause to be kept all records necessary to the proper functioning of The Administration.

(d) The Treasurer shall have the care and custody of all funds and securities of The Administration, shall establish or cause to be established a proper system of bookkeeping and accounting of the funds of The Administration, depositing in a bank approved by the Board of Governors all monies received. He shall be responsible to The Administration for the custody and expenditure of the funds of The Administration as set forth in the certificate of incorporation and the by-laws of The Administration. No funds will be distributed in the form of dividends.

(e) All officers of The Administration shall be bonded at the expense of The Administration and in amounts to be determined by the Board of Governors.

Section 3—*The Medical Director.*

(a) Shall be appointed by the Board of Governors of The Administration.

(b) Shall represent the Board of Governors of The Administration in the interval between meetings of the Board, and such action as he takes shall be passed upon by the Board of Governors at its next meeting.

(c) Shall examine the qualifications of all applicants for participation as professional or beneficiary participants of any plan or arrangement operated by The Administration, and accept applicants with satisfactory qualifications in the name of the Board of Governors of The Administration.

(d) Shall be in charge of all administrative details relative to the operation of all plans or arrangements, including the super-

vision of necessary administrative personnel and the disbursement of the funds of The Administration.

(e) Shall be responsible only to the Board of Governors of The Administration, and his decisions will be made according to policies adopted by the Board.

(f) Shall be compensated as a part-time or full-time employee as determined by the Board of Governors of The Administration.

(g) Shall be bonded at the expense of The Administration for an amount to be determined by the Board of Governors of The Administration.

Section 4—*Contracts.*

(a) All contracts with subscribers under the provisions of any plan or arrangement operated by The Administration shall be in the name of The Administration, and a contract will be made with each individual subscriber, except that contracts to provide payment for services rendered to subscriber and dependents shall be in the form of a family contract.

Section 5—*Branches.*

(a) A branch office may be established in each county or district in which The Administration operates. Such branch offices shall be under the advisory direction of personnel appointed by the Board of Governors.

(b) Branch offices shall manage the administrative details of The Administration and of medical service plans or arrangements operated within their respective districts or counties under control of the Board of Governors, according to the by-laws of The Administration and the rules and regulations of the plans or arrangements operated in those counties.

Section 6—*Committees.*

(a) *The County Advisory Committee.*—In each county in which The Administration operates a plan or arrangement, there shall be an Advisory Committee. Such committee shall act in an advisory capacity to The Administration. The committee shall be composed of members appointed by the Board of Governors of The Administration upon approval of the County Medical Society. Members of the Advisory Committee shall be appointed for a term of one year or more at the discretion of the Board of Governors. Each committee shall carry out such duties relative to its respective county as shall be designated by the Board of Governors. Each such committee shall contain a majority of medical members.

(b) *Other Advisory Committees.*—Other Advisory Committees may be appointed by and at the discretion of the Board of Governors of The Administration.

Section 7—*Administrative Offices and Staff.*

(a) The administrative office of The Medical Service Administration of New Jersey shall be located as directed by the Board of Governors.

(b) The administrative staff shall be under the direct supervision of the Medical Director and shall consist of the personnel necessary to carry on the routine administrative duties of The Administration.

GENERAL

Section 1—*Amendments.*—Amendments to these by-laws may be made upon a majority vote of the Board of Governors after presentation at two regular meetings of the Board.

Section 2—*Supervision.* All activities of The Medical Service Administration of New Jersey shall be in accordance with the Statutes of the State of New Jersey governing nonprofit medical service corporations, and supervised by the Commissioner of Banking and Insurance.

PROPOSED RULES AND REGULATIONS
OF
THE MEDICAL SERVICE PLAN OF NEW JERSEY

Operated by
THE MEDICAL SERVICE ADMINISTRATION OF N. J.

I. DEFINITION

An arrangement by which a selected group of persons may spread the costs of medical services by the voluntary pre-payment of subscriptions on an insurance basis.

II. PURPOSES

1. *To assist a selected income group* of persons to secure medical and surgical services. Such services shall include diagnosis and treatment, certain preventive measures, and the privilege of an annual physical examination. All services shall be rendered by physicians holding full license to practice medicine.

2. *To accomplish* the above on the basis of voluntary insurance which preserves the present patient-physician relationship and allows the free choice of physicians and patients among the physicians and patients participating under The Plan.

III. PARTICIPANTS

The participants under this Plan shall be of two classes:

1. *Professional Participants.*—Any physician holding a full license to practice medicine and surgery issued by The State Board of Medical Examiners of New Jersey, who has applied and who has expressed willingness to abide by these rules and regulations and the by-laws of The Medical Service Administration, shall be accepted as a professional participant.

2. *Beneficiary Participants.* — Beneficiary participants shall be of two classes:

(a) *Subscribing beneficiaries* shall be those participants who subscribe to The Medical Service Administration of New Jersey by the voluntary pre-payment of dues according to these rules and regulations.

(b) *Dependent beneficiaries* shall be the spouse and dependents of the subscriber acceptable as beneficiaries according to these rules and regulations. Dependent children are children wholly dependent upon the subscriber for support and not over 18 years of age.

IV. MANAGEMENT

The Plan shall be operated and managed by The Medical Service Administration as follows:

1. *The Board of Governors* of The Administration shall

(a) *Determine all policies,* rules and regulations governing the operation and management of The Plan.

(b) *Appoint a Medical Director* and all other administrative personnel.

(c) *Receive subscriptions* from participants and control all disbursements of money so received.

(d) *Approve the acceptance* of all participants.

(e) *Hear the appeal* of any participant on matters involving the relationship of the participant with any other participant under The Plan, or his relationship with The Medical Service Administration.

(f) *Make a decision* pertaining to any questions involving The Administration or participants which are brought before it for consideration.

(g) *Appoint a County Advisory Committee* in each county in which The Plan is in operation.

V. COUNTY ADVISORY COMMITTEE

This Committee shall be composed of members, appointed by the Board of Governors upon approval of the respective County Medical Society. Each appointment to this Committee shall be for a period of one year or more at the discretion of the Board of Governors of The Administration. The Committee shall act in an advisory capacity to The Administration and to participants, and perform such duties relative to its respective county as may be designated by the Board of Governors. Each such committee shall contain a majority of medical members.

VI. THE MEDICAL DIRECTOR

The Medical Director shall be appointed by the Board of Governors of The Administration. He shall represent the Board of Governors and perform functions in accordance with the by-laws of The Administration.

VII. BENEFICIARIES

Subscribing beneficiaries under this Plan will be accepted by The Administration on the following bases:

1. All subscribers shall reside or be employed in the State of New Jersey.

2. An employed person, eligible as a subscriber, may be a single person or head of a family. *The annual income of such subscriber,* with *additional income* allowance for *dependents,* shall *not exceed* the amounts indicated in the following table:

Subscriber	$1,600.00
First Dependent	400.00
Each Additional Dependent ...	200.00

The term "subscriber's income" shall be interpreted as *"Total family income."*

3. *No person over 65 years* of age shall be accepted as a new beneficiary without having passed a satisfactory physical examination, and then only at the discretion of the Board of Governors.

4. *Married women* will not be accepted as dependents unless the husbands are also beneficiaries.

5. *Applications from ten or more eligible applicants* will be considered without medical examinations of applicants or members of applicants' families, provided such applicants are employees of a common employer and constitute in the aggregate 75% of those employees whose incomes fall within the limit defined in paragraph VII (2). Otherwise a physical examination of applicants and their family members may be required, as hereinafter provided in paragraph 7.

6. *Unmarried employees,* with or without dependents, will be accepted providing the above ratios of married employees are applicants, and upon approval of the Board of Governors.

7. *Special groups or classifications,* other than those groups referred to above, and individuals, will be considered on the basis of a physical examination or on such other basis as may be determined by the Board of Governors.

VIII. SUBSCRIPTION RATES

1. *Subscriptions* shall be paid to The Administration in advance and shall be due on the first day of each month.

2. *A grace period* of ten days will be allowed for the payment of monthly subscriptions, at the end of which time the subscriber will be notified of his delinquency, and the agreement of the subscriber nullified at the discretion of the Board of Governors.

3. *Subscriptions* as set forth below are payable monthly in advance on the first day of each month hereafter beginning with the Effective Date of this contract, at the Head Office of the Administration in Trenton, New Jersey:

On Behalf of	*Monthly Subscription*
Subscriber	½% of Subscriber's *Monthly Earned Income* and $0.75
First Dependent	½% of Subscribers *Monthly Earned Income* and $0.50
Second Dependent	½% of Subscriber's *Monthly Earned Income* and $0.25
Other Dependents	½% of Subscriber's *Monthly Earned Income each.*

As herein used, the term "monthly earned income" means sums received by the Subscriber as compensation for personal services actually rendered by the Subscriber, averaged monthly over the period of twelve months immediately preceding the effective date.

IX. PHYSICIANS' FEES

1. There shall be *included in the minutes* of the meetings of the Board of Governors a record of the approval of payments to be made to participating physicians.

2. *No payment* to any participating physician shall be authorized by the Board *except* in accordance with a plan of payments adopted by the Board and *recorded in the minutes of a meeting.*

3. *The amount of payment* so approved by the Board shall be *determined* after consideration of the recommendations of the *County Advisory Committees,* and the *amount of money available* to The Administration for the payment of physicians' fees. Effort will be made to adapt the amounts of payment to correspond as nearly as possible to the *fees usually paid for similar services* by *persons* of the *income class* served by this Plan.

4. *The County Advisory Committees* will *review* all physicians' bills pertaining to their respective counties and approve the fees charged or recommend such charges as they believe are indicated.

5. *Bills* for physicians' services shall be received at the office of The Administration and *paid within thirty days* following the last day of the month in which the bills are received, except where the account is retained for further review by The Administration.

X. BENEFITS

1. *Beneficiaries* shall be allowed *free choice of physician* from among the participating physicians.

2. *No restrictions* shall be placed upon these physicians as to methods of treatment.

3. *The Administration* shall be liable for the *payment* for services rendered by physicians during periods of absence of a beneficiary from this State on the same fee basis allowed participating physicians of this State under these rules and regulations.

4. The Administration will pay, during any one subscription year, not more than $250.00 for services rendered to any one beneficiary, and not more than $500.00 to any one family group. If the Administration shall expend, in any contract year, not more than $7.50 on behalf of an individual subscriber, or not more than $28.00 on behalf of any family group, the maximum benefit payable in the next succeeding contract year shall be increased from $250.00 to $300.00 for such individual subscriber, and from $500.00 to $600.00 for such family group.

5. *Payment for laboratory procedures* will not be made routinely, but shall be made when such payments have been recommended by the County Advisory Committee and approved by the Board of Governors.

6. The Administration will pay for all types of medical care other than those stated in the section of these rules and regulations, entitled, "Limitations".

XI. LIMITATIONS

Payment will not be made for the treatment of the following medical services:

1. *Functional nervous and mental* diseases, and chronic organic nervous or mental diseases, to include all types of insanity.

2. *Tuberculosis* when the patient is in an institution.

3. *Acute and chronic gonorrhea,* primary and secondary syphilis, or syphilitic sequelae requiring specific treatment for syphilis.

4. *Alcoholism,* acute or chronic, and illnesses or injuries resulting from alcoholism.

5. *Drug addictions* and conditions arising therefrom.

6. All cases for which patients are entitled to treatment under any *workmen's compensation law.*

7. *Diseases existing prior to the acceptance* of the application of the beneficiary.

Payment will not be made for the treatment of the following *surgical services:*

1. Operations for removal of *tonsils* or *adenoids* during first *contract year.*

2. Operations other than for emergency or traumatic conditions during the first contract year.

Payment will not be made for the following materials or special services:

1. *Drugs.*

2. *Surgical appliances.*

3. *Nursing care.*

4. *Maternity care* during the first contract year, excepting prenatal care and advice.

5. *Specialized services* not ordinarily furnished by the general practitioner of medicine, except after approval of the Board of Governors or the Medical Director in the name of the Board.

XII. PREVENTIVE MEDICINE

The Administration also *agrees to pay* the cost of not more than *two office calls* on behalf of the *Subscriber* and of *each* insured dependent, in each contract year, in connection wtih (I) *diphtheria immunization,* (II) *smallpox vaccination,* (III) *an annual physical examination* and (IV) such *other preventive procedures* as may be approved in writing by the Board of Governors of The Administration.

XIII. PARTICIPATING PHYSICIANS

1. Any physician holding a *full license to practice medicine* and surgery under the Statutes of the State of New Jersey is eligible to become a participating physician under this Plan.

2. He shall agree to *abide by these rules and regulations* and the decisions of the Board of Governors of The Medical Service Administration.

3. He shall have the *right to withdraw* as a participating physician at the end of his agreement year by written notice to the Board of Governors.

4. He shall have the right *to refuse to render* services to any individual beneficiary applying to him for medical services and may *discontinue services* to any beneficiary according to the *code of ethics* of the American Medical Association.

5. He shall agree to *accept such fees* as are determined by the Board of Governors of The Administration *as full payment* for services rendered beneficiaries.

6. He shall carry proper *mal-practice insurance* and not hold The Administration liable for his professional or personal acts.

XIV. WAITING PERIOD

1. There shall be a waiting period of *two months* covering the first three payments of monthly dues by beneficiaries during the *first contract year* before The Administration assumes responsibility for the payment of medical services.

2. *During the waiting period* The Administration will be liable only for the payment for services rendered in the treatment of diseases due to *accidental causes* and incurred during the waiting period.

3. *Subscription payments* made during this period may be expended for *administrative expenses* of The Administration.

XV. IDENTIFICATION CARDS

An identification card will be furnished to each *beneficiary* and *participating physician.* This card shall be produced by the participant when necessary for identification purposes.

XVI. WAIVER OF LIABILITY

The Administration or its officers *shall not be liable* for any action taken by a participating physician or any injury suffered by a beneficiary due to any neglect, lack of skill or mistaken judgment on the part of a participating physician.

XVII. REINSTATEMENT

When service has been discontinued because of non-payment of subscriptions the subsequent acceptance of payments by The Administration shall reinstate the contract, but shall cover only such illnesses as may be first manifested more than ten days after the date of acceptance.

XVIII. WAIVER OF SUBSCRIPTION

1. Subscriptions may be waived and services continued if by reason of *illness of one month or more duration* the subscriber is unable to maintain subscriptions.

2. In no case shall subscriptions be waived beyond the contract year or after subscriber's recovery from illness.

3. *All* such *waivers* are to be made at the *discretion* of the *Board of Governors* of The Administration.

4. *Payment* of waived subscriptions will be made *as directed* by the *Board of Governors* of The Administration.

XIX. HOW TO OBTAIN SERVICES

1. *Apply to any physician* who is a participating physician under this Plan.

2. *Identify yourself* by presenting your identification card and request services of the participating physician as allowed under these rules and regulations or the conditions stated in the certificate of agreement issued to you by The Medical Service Administration of New Jersey.

XX. AMENDMENTS

1. These rules and regulations may be amended or changed at the discretion of the Board of Governors of The Medical Service Administration of New Jersey.

2. Notice of all changes and amendments will be mailed to each subscriber not less than seven days prior to date upon which such changes or amendments are effective.

MEDICAL SERVICE CERTIFICATE

(Subscriber's Contract)

A BRIEF DESCRIPTION OF CERTIFICATE

SUBSCRIBER—EFFECTIVE DATE—TREATMENT BY RECOGNIZED PHYSICIAN

In consideration of the payments of subscriptions in advance as provided in Schedule A, hereby agrees to indemnify ..... of ....., County of ....., State of New Jersey (herinafter called the Subscriber) for a period of one year from the first day of ....., 19... (herein called the Effective Date), against the cost of medical services to be rendered to the Subscriber or any of the dependents designated in the application herefor (copy of which is attached hereto) by any physician recognized by said Administration (see Schedule C, paragraph [3]), in the treatment of any illness beginning not less than

sixty days after the Effective Date or of any bodily injuries effected solely through external, violent or accident means after the Effective Date, subject to the exceptions, limitations, and exclusions set forth in Schedule B.

PREVENTIVE PROCEDURES

The Administration also agrees to pay the cost of not more than two office calls on behalf of the Subscriber and of each insured dependent, in each contract year, in connection with (I) diphtheria immunization, (II) smallpox vaccination, (III) an annual physical examination and (IV) such other preventive procedures as may be approved in writing by the Board of Directors of the Administration.

ENTIRETY OF CONTRACT

The provisions hereinafter set forth, together with any provisions endorsed hereon, or papers attached hereto, by the Administration, are parts of this contract, and this Certificate, with such provisions and papers, constitute the entire contract between the Administration and the Subscriber.

IN WITNESS WHEREOF, the said Administration has caused this contract to be signed by its President and Secretary and duly countersigned, at Trenton, New Jersey, this .... day of ....., 19....

Secretary — President

Medical Service Certificate (Form 1) — Chief Medical Director (or Assistant Secretary)

SCHEDULE A—Subscriptions

1. Subscriptions as set forth below are payable monthly in advance on the first day of each month hereafter beginning with the Effective Date, at the Head Office of the Administration in Trenton, New Jersey.

MONTHLY SUBSCRIPTIONS

On Behalf of:	*Monthly Subscription*
Subscriber	½% of Subscriber's Monthly Earned Income and $0.75
First Dependent ...	½% of Subscriber's Monthly Earned Income, and $0.50
Second Dependent ..	½% of Subscriber's Monthly Earned Income, and $0.25
Other Dependents ..	½% of Subscriber's Monthly Earned Income, each.

MONTHLY EARNED INCOME

As hereinafter used, the term "monthly earned income" means sums received by the Subscriber as compensation for personal services actually rendered by the Subscriber, averaged monthly over the period of twelve months immediately preceding the Effective Date.

ANNUAL, SEMI-ANNUAL OR QUARTERLY SUBSCRIPTIONS

2. Subscriptions may be paid quarterly, semi-annually, or annually, if desired, instead of monthly, the annual subscription or first semi-annual or quarterly instalment thereof being payable on the Effective Date, and if this Certificate be continued in force, on any anniversary thereof. The annual, semi-annual and quarterly subscriptions shall be respectively 11.4 times, 5.8 times and 3.0 times the monthly subscriptions. The frequency of subscription payment may be changed on any anniversary of the Effective Date, but at no other time.

GRACE PERIOD

3. A grace period of ten days will be allowed for the payment of any monthly subscription, and of thirty days for the payment of any quarter-annual, semi-annual, or annual subscription.

REINSTATEMENT AFTER LAPSE, WITH APPROVAL OF ADMINISTRATION

4. If a subscription is not paid when due or within the grace period allowed for such payment, this Certificate shall be null and void, but may be reinstated subject to the written request by the Subscriber and the approval thereof by the Administration. In the event of such reinstatement this Certificate shall not cover the cost of treatment of any illness which shall begin, or shall have begun, before the end of ten days from the approval of the reinstatement by the Administration.

TREATMENT OF ILLNESSES OR ACCIDENTS OCCURRING BEFORE LAPSE

5. In the event that this Certificate becomes null and void, the Administration will indemnify the Subscriber against the cost of medical treatment rendered prior to default, in the same manner and to the same extent as if the Certificate had continued in force.

SCHEDULE B—Exceptions, Limitations and Exclusions

1. The Administration will not pay for medical services rendered in the treatment of the following diseases:

ILLNESSES NOT COVERED: MEDICAL, SURGICAL, GENERAL

(1) Functional nervous and mental diseases, and chronic organic nervous or mental diseases, to include all types of insanity.

(2) Tuberculosis when the patient is in an institution.

(3) Acute and chronic gonorrhea, primary and secondary syphilis, or syphilitic sequelae requiring specific treatment for syphilis.

(4) Alcoholism, acute or chronic, and illnesses or injuries resulting from alcoholism.

(5) Drug addictions and conditions arising therefrom.

(6) All cases for which patients are entitled to treatment under any workmen's compensation law.

(7) Diseases existing prior to the acceptance of the application of the beneficiary.

Payment will not be made for the treatment of the following surgical services:

(1) Operations for removal of tonsils or adenoids during first contract year.

(2) Operations other than for emergency or traumatic conditions during the first contract year.

Payments will not be made for the following materials or special services:

(1) Drugs.

(2) Surgical appliances.

(3) Nursing care.

(4) Maternity care during the first contract year, excepting prenatal care and advice.

(5) Specialized services not ordinarily furnished by the general practitioner of medicine, except after approval of the Board of Governors or the Medical Director in the name of the Board.

CONTINGENT INCREASE OF MAXIMUM LIABILITY

2. During any contract year, the Administration will not pay for medical services costing in excess of $250.00 for any one insured person or in excess of $500.00 for any insured family group. If the Administration does not expend, in payment for services rendered during any one certificate year, more than an average of $7.50 for each person insured hereunder, the maximum liability of the Administration hereunder for medical services to be rendered in the next succeeding certificate year shall be increased from $250.00 to $300.00 for any one insured person and from $500.00 to $600.00 for any insured family group.

PAYMENT OF CASH INDEMNITY

3. Indemnity in the form of cash will not be paid by the Administration to any subscriber except by way of reimbursement to the subscriber for sums paid to a physician for services rendered for which the Administration would have been liable.

SCHEDULE C—General Provisions

MEDICAL STANDARDS

1. All medical service paid for shall be in accordance with the accepted medical practice at the time in the community in which the Subscriber resides, but the Administration shall not be liable for injuries resulting from negligence or mal-treatment on the part of any physician, officer or employee rendering medical service to its Subscribers.

PATIENT'S CHOICE OF PHYSICIAN AND VICE-VERSA

2. The Subscriber and insured dependents shall have the privilege of choosing their physician from among all physicians participating under the Medical Service Plan of New Jersey, and such physician shall have the privilege of selecting patients from among the Subscribers and insured dependents as in the usual relationship between physician and patient. The Administration will in no way restrict or influence participating physicians as to methods of diagnosis and treatment.

EMERGENCY SERVICE

3. The Administration may pay for medical services rendered to a Subscriber or insured dependent by any fully licensed physician chosen by such Subscriber or dependent when the latter is temporarily absent from his regular place of residence or, for any other reason, requires emergency medical service. Payment will be at the rate allowed to physicians regularly recognized by the Administration.

RIGHT OF CANCELLATION

4. This Certificate may be continued in force after one year from the Effective Date, subject to the due payment of subscriptions as provided in Schedule A, unless, on any anniversary of the Effective Date, or within one month prior thereto, notice of termination be given in writing by the Administration to the Subscriber.

APPEAL

5. The Subscriber shall have the right to a hearing before the Advisory Committee of the ..... County Medical Society in connection with the interpretation of any clause of this contract, and, in the event that a mutually satisfactory agreement between the Subscriber and the Administration is not reached, appeal may be made to the Board of Governors of the Administration.

THE MEDICAL SERVICE ADMINISTRATION

Application to Become a Subscriber
under Provisions of

THE MEDICAL SERVICE PLAN OF NEW JERSEY

I, ... Street..... City.....
(Last name, first name, middle initial—Please print)

Home Phone No.....

Employer's name .....Address..... Phone.....

hereby apply to become a subscriber of The Medical Service Administration of New Jersey, under the rules and regulations of The Medical Service Plan of New Jersey now in force, receipt of which is hereby acknowledged, or which may from time to time be in force.

I also apply to have the benefits available to a subscriber's dependents extended to the persons listed below, all of whom I declare to be my dependents as defined in the regulations.

			Date of
(1)	Relationship.....		Birth.....
(2)	"		" .....
(3)	"		" .....
(4)	"		" .....
(5)	"		" .....
(6)	"		" .....

N. B.—All eligible dependents of the immediate family must be named; other dependents may be included. (Individual forms must be completed for *each* dependent.)

Please check income group to which you belong. This information is essential for determination of the amount of the monthly subscription to be paid, and for statistical purposes.

☐ Under $1001 per year
☐ Over $1001 per year but under $1201 per year
☐ Over $1201 per year but under $1501 per year
☐ Over $1501 per year but under $2001 per year
☐ Over $2001 per year but under $2501 per year
☐ Over $2501 per year but under $3001 per year

My family physician is .....,M.D. Address.....

Signed at..... this..... day of....., 19.....

Signature of Witness..... Signature of Applicant.....

FOR OFFICE USE ONLY

Date Received	In Force Date	Date Acknowledged
.....	.....	.....

Amount Received	Identification Card Sent Doctor	Identification Card Received from Doctor
$.....	.....	.....

Approved ..... Date

Declined ..... Date

Remarks .....

.....

.....

THE MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY

Operating

THE MEDICAL SERVICE PLAN OF NEW JERSEY

Agreement of Participating Physician

The undersigned does hereby agree to become a participating physician of The Medical Service Administration of New Jersey.

I agree to abide by the By-Laws of The Medical Service Administration of New Jersey and the Rules and Regulations of The Medical Service Plan of New Jersey, copies of which are hereby acknowledged, and do further agree to accept such decisions as may be made by the Board of Governors of The Administration in connection with matters not specifically covered by said By-Laws and Rules and Regulations.

Approved

Date

..... M.D.

Medical Director for the Board of Governors of The Medical Service Administration of New Jersey.

Signed

..... M.D.

AUG 14 1940
LIBRARY

THE 174th ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY

Held in Haddon Hall, Atlantic City, June 4-6, 1940

THE OFFICIAL TRANSACTIONS
IN THREE PARTS

PART 1. MINUTES OF THE HOUSE OF DELEGATES---Pages 3-34

PART 2. REPORTS OF THE SCIENTIFIC FEATURES---Pages 35-37

PART 3. MINUTES OF THE WOMAN'S AUXILIARY---Pages 38-44

Issued as a Supplement to the Journal of The Medical Society of New Jersey, August, 1940

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PART ONE

THE MINUTES OF THE HOUSE OF DELEGATES

First Session, Tuesday Afternoon, June 4, 1940

The first session of the House of Delegates of the One Hundred and Seventy-fourth Annual Meeting of The Medical Society of New Jersey convened in Haddon Hall, Atlantic City, New Jersey, at 2:40 o'clock, June 4, 1940, Dr. E. Zeh Hawkes, of Newark, President of the Society, presiding, and Dr. Alfred Stahl, of Newark, Secretary.

1. Opening Events

President Hawkes: I now declare the One Hundred and Seventy-fourth Annual Meeting of The Medical Society of New Jersey in session.

Prayer was offered by Reverend Father Edward Moran.

The Honorable William F. Casey, Commissioner of Atlantic City, welcomed the Delegates, the members, and the friends of The Medical Society of New Jersey on behalf of the city.

Dr. V. Earle Johnson, President of the Atlantic County Medical Society, expressed the greeting of the County Medical Society.

The hospitality of Haddon Hall was offered to the physicians by Mr. Robert Leeds in the name of the hotel.

2. Roll Call

The roll call of the Delegates by Secretary Stahl showed that delegates were present from twenty counties.

3. Visiting Delegates

Visiting delegates from other State Societies were: New York, Dr. Peter Irving, Secretary; Connecticut, Dr. Oliver L. Stringfield, Dr. Robert M. Lewis.

4. Approval of Minutes

President Hawkes: The minutes of the last meeting were published in the supplement to the Journal of August, 1939, pages 1-33. If there is no objection, we will consider them as adopted in the form printed in the Journal. Hearing none, it is so ordered.

5. Appointment of Reference Committees

President Hawkes: The Reference Committees to consider the reports of the officers and the resolutions of this meeting were appointed during the first week in May, and their names were printed in the May Journal, page 280, and also in the official program of the Annual Meeting. These committees will function during the Annual Meeting.

6. Treasurer's Report

Dr. George J. Young: I submit the report of the Treasurer of The Medical Society of New Jersey for the year ending May 31, 1940.

STATEMENT OF RECEIPTS AND DISBURSEMENTS
GENERAL FUNDS

June 1, 1939, to May 31, 1940

Receipts

Cash Balance June 1, 1939		$ 51,177.53
Assessments		
Atlantic	$ 2,074.00	
Bergen	5,240.00	
Burlington	1,042.00	
Camden	3,326.00	
Cape May	536.00	
Cumberland	935.00	
Essex	17,709.50	
Gloucester	765.00	
Hudson	7,910.00	
Hunterdon	518.00	
Mercer	3,978.00	
Middlesex	2,418.00	
Monmouth	2,394.00	
Morris	2,005.00	
Ocean	510.00	
Passaic	6,426.00	
Salem	527.00	
Somerset	1,076.00	
Sussex	408.00	
Union	5,997.00	
Warren	507.00	
Total		66,301.50
Interest		610.41
Publication, the Journal	$12,033.13	
Coöperative rebates	727.56	
		12,760.69

Commercial Exhibits:		
Accounts Receivable	$ 75.00	
1939 Exhibit	3,527.88	
1940 Exhibit	3,502.25	
		7,105.13
Revenue Not Anticipated		92.25
Unemployment Compensation taxes collected from employees (net)		47.27
Transferred from Executive Offices account		12.25
Total		$138,107.08

STATEMENT OF RECEIPTS AND DISBURSEMENTS GENERAL FUNDS

June 1, 1939, to May 31, 1940

DISBURSEMENTS

Administration			
A- 1	Executive Salaries	$ 8,333.34	
A- 2	Salaries and Wages	5,000.16	
A- 3	Office Expenses	1,690.76	
A- 4	Traveling Expenses	2,063.50	
A- 5	Rent	2,953.98	
A- 6	Treasurer's Expenses	146.22	
A- 7	Finance Committee	72.94	
A- 8	Bonding	89.00	
A- 9	Auditing	326.76	
A-10	Secretary's Expenses	547.19	
A-11a	Unemployment Compensation	622.65	
A-12	Insurance (net)	23.96	
			$21,870.46
Journal			
B-1	Publication	$13,773.01	
B-2	Cuts	222.06	
B-3	Editor's Salary	5,500.00	
B-4	Salaries and Wages	1,890.80	
B-5	Office Expenses	703.38	
B-6	Traveling Expenses	149.90	
			22,239.15
Welfare Committee			
C-1	General Welfare (net)	$ 791.22	
C-2	Welfare Committee	650.09	
C-3	Legislative Committee	3,058.97	
C-4	Public Health	1,951.84	
C-5	Public Relations	3,632.21	
C-6	Medical Practice	799.97	
			10,884.30
Special Activities			
D-1	President's Fund	$ 1,051.70	
D-2	A. M. A. Delegates	309.00	
D-3	Conferences	50.00	
D-6	Fall Clinical Session	775.49	
D-7	County Society Officers Training School	184.07	
D-8	Woman's Auxiliary	230.72	
D-11	Voluntary Health Insurance Committee	4,807.42	
			7,408.40
E—Contingent			2,393.76
F—Legal			894.05
Annual Meeting			
G-1	Program and Arrangements	$ 324.99	
G-3	Art, Hobby and Medical History	19.71	
G-4	Woman's Auxiliary	476.70	
G-5	Scientific Exhibits	347.06	
			1,168.46
H—Pension			1,500.00
I—Printing			1,473.91
Accounts Payable—year ended May 31, 1939			4,910.96
Expenditures against reserves provided May 31, 1939:			
Woman's Auxiliary		$ 195.00	
Governor's Conference		52.65	
Legislative Agent		2,500.00	
			2,747.65
			$ 77,491.10
Cash Balance May 31, 1940			60,615.98
Total			$138,107.08

COMPUTATION OF CASH SURPLUS AS AT MAY 31, 1940

Before Audit and Subject to Revision

Cash		
Executive Office	$ 3,808.75	
General Account	60,615.98	
Publication Committee	638.03	
		$65,062.76
Deduct		
Assessments applicable to succeeding year — 7/12 of $64,651.00	$37,713.10	
Accounts Payable—budget	676.00	
Accounts Payable—executive	1,808.75	
Accounts Payable — Annual Meeting	3,741.54	
Provision for loan to Medical Service Plan	5,000.00	
		48,939.39
Cash Surplus		$16,123.37
Cash desired in surplus account		20,000.00
Deficit in Surplus		$ 3,876.63

PERMANENT FUND

	May 31, 1939	May 31, 1940
4M U. S. Treasury Bonds	$ 4,045.94	$ 4,045.94
Investors Mortgage & Realty Co.	1,993.00	1,921.75
Trenton Mortgage Service Co.	1,526.72	1,333.52
First National Bank of Paterson savings account	7,499.59	7,764.04
Total	$15,065.25	$15,065.25

KIPP MEMORIAL FUND

Eye, Ear and Throat Section

	May 31, 1939	May 31, 1940
Balance May 31st Howard Savings Institution	$36.65	$36.65

PRESIDENT HAWKES: This report is referred to Reference Committee "FIN".

7. FINANCE AND BUDGET COMMITTEE

DR. DAVID B. ALLMAN: As Vice-Chairman of the Finance and Budget Committee, acting in the unavoidable absence of the Chairman, Dr. Harry R. North, I submit the final report of the Finance and Budget Committee.

THE MEDICAL SOCIETY OF NEW JERSEY

June 1, 1940
1940-41 BUDGET

A. *Administrative and Executive*			
A-1	Executive Salaries		$ 9,000.00
	Executive Officer	$7,000.00	
	Executive Assistant—½ time (other ½ time on Med. Ser. Plan..)	2,000.00	
A-2	Executive Salaries and Wages (4 girls full, 1 girl ½ time—other ½ time on Med. S. P.		5,320.00
A-3	Executive Office Expenses		1,800.00
A-4	Executive Travel		1,000.00
A-5	Rent—State Headquarters		2,950.00
A-6	Treasurer's Office		100.00
A-7	Finance and Budget Committee		50.00
A-8	Bonding (Treasurer, Publication Chairman, Executive Officer)		89.00
A-9	Auditor (audit and extra copies of report)		330.00
A-10	Secretary's Office		1,900.00
	Secretary's Expenses	$400.00	
	Official List	850.00	
	Transactions	650.00	
A-11	Unemployment Compensation Tax (2.7% of payroll)		750.00
A-12	Insurance (Workmen's Compensation and Accident)		300.00
B. *Journal*			
B-1	Journal Publication		14,000.00
B-2	Cuts for Journal		500.00
B-3	Editor's Salary		5,500.00
B-4	Editorial Secretary's Salary		1,300.00
B-5	Journal Office Expenses		700.00
B-6	Editor's Travel		250.00
B-7	Medical History		100.00
C. *Welfare*			
C-1	Welfare Contingent Fund		1,000.00
C-2	Welfare Committee		1,000.00
C-3	Legislative Committee		3,500.00
C-4	Public Health and Advisory Committees		2,000.00
C-5	Public Relations Committee (Adopted at $2,500.00. See Sect. 44.)		3,830.00
C-6	Medical Practice and its Advisory Committees		1,300.00
D. *Special Activities*			
D-1	President's Contingent Fund including secretarial assistance		3,000.00
D-2	A. M. A. Delegates (1940—New York City)		25.00
D-3	Dues — Professional and Allied Conferences		50.00
D-6	Fall Clinical Conference		800.00
D-7	Conference of Trustees and Committees (June 16)		250.00
D-8	Woman's Auxiliary (ad interim activities)		500.00
D-11	Medical Service Plan (including salaries of Executive Assistant and secretary on ½ time—other ½ time for Executive Office work)		4,150.00
E. *Contingent*			
E.	Contingent Fund		2,000.00
F. *Legal*			
F.	Legal (Adopted at $2,000.00. See Sect. 44.)		2,500.00
G. *Annual Meeting*			
G-1	Annual Meeting Committee		1,600.00
G-2	Scientific Sessions (Guest Speakers and stenographers)		500.00
G-4	Woman's Auxiliary		775.00
G-5	Scientific Exhibits		1,000.00
H. *Pension*			
H.	Pension to Dr. Morrison		1,500.00
			$77,219.00

The total adopted was $75,389.00. See Sect. 44.

BUDGET INFORMATION—1940-41

Surplus—before audit and subject to revision:

Cash		
Executive Offices	$ 3,808.75	
General account	60,615.98	
Publication Committee	638.03	
		$65,062.76
Deduct		
Assessments applicable to succeeding year—7/12 of $64,651.00	$37,713.10	
Accounts payable—		
Budget	676.00	
Executive	1,808.75	
Annual meeting	3,741.54	
Loan to Medical Service Plan	5,000.00	
		48,939.39
Cash surplus		$16,123.37
Cash desired in surplus account		20,000.00
Deficit in Surplus		$ 3,876.63
Budget as set up		77,219.00
Total budget		$81,095.63
Miscellaneous revenue anticipated:		
Interest	$ 600.00	
Commercial Exhibits	5,000.00	
Publication	13,000.00	
		18,600.00
		$62,495.63
Members—June 1, 1940	3803	
Dues for 1941	$16.43	

PRESIDENT HAWKES: This report is referred to Committee "FIN".

DR. DAVID B. ALLMAN: Inasmuch as the State Society has 3803 members, the assessment must be divided into the amount of money required. That your Finance and Budget Committee has done, and we find that it is desirable that the dues for the coming year, the assessment for the members for the coming year, should be $17 per person.

The total amount to be raised by dues during the coming fiscal year is $62,495.63. Since the number of members is 3803, the assessment on each member for the ensuing year should be $17 per person ($62,495.63 divided by 3803 equals $16.43).

Action, Sect. 44.

8. President's Supplementary Report

Original report, Jour., May, page 193

President Hawkes: We now come to the supplementary reports. They should be in writing and be limited to what has happened since April 15, when the original reports were written.

I will add the following items to my original report:

Since April 15th, the date of submitting annual reports, two important developments have taken place:

First, Senate Bill 108, which legalizes the development of the Medical Service Plan, has become a law. This plan seems likely to become of great value to the public and to the medical profession. The preliminary steps still necessary for setting up and operating the plan, prior to its becoming self-supporting, will necessitate expenditure of money. It is recommended that the House of Delegates authorize in the budget provisions for this expense.

Second, with the approval of Governor Moore, a complete plan for medical care for relief recipients, on a municipal relief basis, has been drafted in cooperation with the Director of the Financial Assistance Commission; the plan has been presented by the Director for approval to the Governor and to the other members of the Commission, which supervises the administration of relief, and apportions to municipailties State money for relief.

It is recommended that the House of Delegates approve this plan; and for carrying it out, authorize the establishment of a State Medical Advisory Committee, to be appointed by the President, to coöperate with the Director of the Financial Assistance Commission; and also authorize the establishment of municipal medical advisory committees, to be appointed by the President of the respective county medical society, to coöperate with the local relief administrations.

President Hawkes: This report is referred to Committee "OFF".

Action, Sect. 41.

9. Supplementary Report of the Board of Trustees

Original report, Jour., May, page 198

Dr. Hollinshed: As Chairman of the Board of Trustees, I submit the following supplementary report:

Regular Meeting of the Board, April 21st, 1940

Dr. George Fithian, the newly elected Trustee to fill the unexpired term of Dr. Nafey, was welcomed and presented to the Board.

The custom instituted last year of presenting four awards of merit was again approved by the Board.

Drs. Morris and Wilkes were appointed by President Hawkes as Delegates to the Connecticut State Medical Society. Drs. Morris and Alexander were assigned as Delegates to the New York State Medical Society.

The question of the status of the osteopaths was discussed, and was left in the hands of the President, Dr. Alexander, and Dr. Hornberger until further data is available.

It was decided by the Board that no further action should be taken by the various County Medical Societies concerning the osteopathic situation until the State Society has rendered an official opinion.

The Board favors making the Governor's Committee on Health and Welfare a permanent one. This matter was left in the hands of Drs. Morris and Hawkes.

The Trustees approved the suggestion of the Executive Secretary relative to abstracting the Annual Reports before they are published.

A most interesting and enlightening report by Dr. Lance on the Medical Service Plan of New Jersey was approved.

The suggested combining of the Committees on Industrial Health and Hygiene, Workmen's Compensation and Contract Practice, and the combination of the Public Relations and Legislative Committees was delayed until after the idea had been presented to the House of Delegates.

The continuation of the Annual Fall Clinical Conference was approved by the Board.

The suggestion that the House of Delegates hold an ad-interim meeting in January was also deferred until such a resolution might be presented to the House of Delegates.

The Board approved the suggestion of Dr. Morris that steps be taken to create a Conference of the Middle States Medical Societies.

The issuance of a membership card to the members of the State Society was approved.

The annual conference of the Board of Trustees and the Officers of the County Societies was approved.

The Board of Trustees recognizes that the American Society for the Control of Cancer, and the Curie Institute are doing satisfactory work; but the Board feels that the State Society's Committee on Cancer Control should continue its own program.

The Committee to Study the Cancer Control Problem recommended that no legal tie-up with the Curie Institute be made by the State Society. This report was approved by the Board.

The matter of the status of the Osteopaths was left open until some definite action is taken by the A. M. A.

The action taken by the Board of Trustees on the report and recommendations of the Committee on Finance and Budget will be covered in the report of that committee.

The Board approved the recommendation of Dr. Eagleton that a committee survey the activities of the State Society before the budget is adopted.

Dr. Elton W. Lance was reappointed to represent The Medical Society of New Jersey on the Board of Trustees of The Hospital Service Plan of New Jersey.

The Board approved the publishing of the fourth

edition of the New Jersey Formulary, the cost not to exceed that of last year.

The appointment of Dr. Sprague to the Executive Committee of the Hospital Service Plan of New Jersey was urged by the Board of Trustees.

Regular Meeting, June 3rd, 1940

The recommendations of the Committee on Finance and Budget were approved.

The Board approved two lists of three names each to be sent to the Governor for vacancies occurring in the State Board of Medical Examiners.

The following resolution presented by the Medical Service Administration of New Jersey was approved subject to the decision of Mr. Wall, the Attorney for the State Society, and Dr. North, Chairman of the Finance and Budget Committee, as to its administration:

"Whereas the Medical Service Administration of New Jersey and the Medical Service Plan of New Jersey are projects of The Medical Society of New Jersey; and whereas $4150 has been allotted to the Medical Service Plan of New Jersey in the 1940-41 budget, be it resolved that this money be made available for the expenses of the Medical Service Administration after its incorporation for the payment of the costs of administration and salaries up to May 31st, 1941, or until such time as the Administration shall be self-supporting or abandoned by agreement between the Board of Governors of the Administration and the Board of Trustees of The Medical Society of New Jersey."

The Board of Trustees approved the suggestion of the Medical Service Administration that it be allowed to accept Farm Security Funds administration, but no other plans at this time.

The Board approved the whole resolution in principle, but felt that further study should be made before accepting further responsibilities.

The Board went on record as being in favor of the principle that the examination of School Board employees should be made by a physician of the employee's own choice.

The Board endorsed a resolution disapproving Senate Bill No. 83, feeling that, if the educational standards may be lowered for an individual, they may likewise be lowered for a group. It was felt that a bill of this sort is a vicious piece of legislation which might open up the doors of New Jersey to an influx of medical men who hold diplomas from low-grade medical schools and diploma factories, and endanger our reciprocity with other States.

The Board approved of the suggestion of Dr. Morris for the creation of a Prize Essay award of $100,—the winner to have the privilege of reading the essay at the Annual Meeting.

The Trustees approved of the recommendation of the Atlantic County Medical Society that the A. M. A. be invited to make Atlantic City its meeting place in 1944.

The Board of Trustees approved the recommendation for an ad-interim meeting of the House of Delegates in January, the time and place to be decided by the House of Delegates.

The further recommendation of Dr. Morris for an increase in the number of members on the various committees was approved.

Both of these recommendations were mailed to the Committee on Constitution and By-Laws.

RALPH K. HOLLINSHED, Chairman.

PRESIDENT HAWKES: These reports are referred to Reference Committee "OFF".

Action, Sect. 41.

10. SUPPLEMENTARY REPORT OF THE EXECUTIVE OFFICER

Original report, Jour., May, page 194

DR. LEROY A. WILKES: I wish to say a word regarding the services of Mr. Joseph B. Tufts, who has managed our Technical Exhibit beginning with the year 1935. I wish it to appear in the record that the Society appreciates the services of Mr. Tufts, who is retiring from business, and I so move.

PRESIDENT HAWKES: This report is referred to Committee "OFF".

Action, Sect. 41.

11. HONORARY MEMBERSHIP

DR. EDWARD J. ILL: The Committee on Honorary Membership recommends that Dr. James Ewing, M.D., Sc.D., L.L.D., of New York City, be elevated to that class of membership in The Medical Society of New Jersey.

Dr. Ewing is one of the foremost learned pathologists in the United States, a professor for many years at Cornell; and is now Medical Director at Memorial Hospital, New York City.

EDWARD J. ILL, Chairman
FREDERIC J. QUIGLEY
LANCELOT ELY

PRESIDENT HAWKES: This nomination is referred to the Committee on Resolutions.

Owing to an oversight, no report on the nomination was made to the House of Delegates; but on Jnly 7, 1940, the nomination was unanimously confirmed by the Board of Trustees.

12. SUPPLEMENTARY REPORT OF PUBLICATION COMMITTEE

Original report, Jour., May, page 201

DR. HENRY C. BARKHORN: The Publication Committee would like to strike an optimistic note. We took in over $700 more than the year before, and spent in the Publication Committee on incidental expenses about $400 less than last year, so the committee is about $1100 ahead of last year.

PRESIDENT HAWKES: This report is referred to Committee "PUB".

Action, Sect. 43.

13. Supplementary Report of Public Relations Committee

Original report, Jour., May, page 255

Dr. Joseph H. Kler: I have a very short supplementary report in the form of the following resolution:

Press Resolution

Whereas, the Press-Union newspapers of Atlantic City have again published a special health supplement to their papers on the occasion of the opening of the 174th annual convention of The Medical Society of New Jersey; and

Whereas, the Newark Evening News, in its policy of making medical news available to its readers, has again assigned a staff correspondent to cover the 174th annual convention of The Medical Society of New Jersey; and

Whereas, correspondents of other newspapers and the Associated Press are again covering this convention to present complete and accurate informatoin to the public concerning the activities of organized medicine in New Jersey;

Therefore, Be It Resolved, that The Medical Society of New Jersey, through its House of Delegates, hereby gives formal recognition to, and expresses its appreciation of, the interest shown by these news media.

President Hawkes: This report and resolution are referred to Reference Committee "PUB".

Action, Sect. 43.

14. Supplementary Report of Sub-Committee on Legislation

Original report, Jour., May, page 258

Dr. Frederic J. Quigley: I am making this report at the request of Dr. Pollak, who, unfortunately, due to the fact that he has to be in attendance at the National Tuberculosis meeting in Cleveland, is unable to make this report himself.

Supplementary Report of the Sub-Committee on Legislation
By B. S. Pollak, M.D., Chairman

SENATE BILL NO. 108

Senate Bill No. 108—the enabling act to create the Medical Service Corporations. We believe when the report of this committee was made that it would be impossible to have this measure come to a vote in the Assembly before June 3rd. However, there was a change of plan of the House of Assembly as to the date of recess, and it was therefore possible to have the bill assigned, April 29th, to the Public Health Committee, and reported out the same evening. It was voted on, as announced in the May issue of the Journal, May 6th and passed the Assembly by a vote of 59-0.

It is with a feeling of pride—justifiable, we hope—that we refer to the unanimous vote this bill received in the Assembly. And as you know, it just missed by one vote of passing unanimously in the Senate. This is the first time within our recollection that any bill sponsored by the State Society has passed either House unanimously. The passage of the bill in this fashion was not just a matter of luck. The bill itself is an excellent measure but it contains provisions which give the State Society almost unlimited power. And without a clear understanding the idea might easily have been created that this was a "monopolistic" bill. No high-pressure methods were used to enlist the support of any of the legislators, but a carefully considered, coördinated plan on the part of the Legislative Committee and the key men of the counties to educate and inform the legislators was fully utilized.

The bill was delivered to Governor Moore May 24th, and, as expected, was signed by him May 29th. We cannot refrain from expressing again our appreciation of the unswerving support of the Society's legislative efforts given by Governor Moore in each of his three terms as Governor.

BILLS PENDING IN THE STATE LEGISLATURE

There are two bills now pending, mentioned in Legislative Bulletin II, issued May 20th, which was sent to all legislators, County Society officers and key men and to officers of the State Society. Senate Bill No. 119 provides that the two physicians certifying patients for commitment to a hospital for mental diseases shall be *"specialists"* in mental diseases. Assembly Bill No. 358 is similar in purpose except that only one of the certifying physicians must be a *"specialist in the treatment of mental diseases"*. The committee recognizes the importance of both of these bills and is vigorously opposing them.

Senate Bill No. 83 was opposed in our Legislative Bulletin I issued February 26th, but notwithstanding these objections and those registered by County Society key men to the Senators it passed the Senate April 8th. It is now in the Miscellaneous Business Committee of the Assembly, where we are very hopeful it will remain. The purpose of this bill is to allow a graduate of a Class "C" medical school to take the examination for licensure by lowering the educational standards of the present Medical Practice Act to suit the educational deficiencies of this particular doctor.

CHIROPODY

In the report of the Legislative Committee mention was made of the fact that representatives of the New Jersey Chiropodists' Society had approached this committee with the idea of gaining the support of the State Society in their contemplated efforts to raise the educational requirements of chiropody. We mentioned in this report that we informed the chiropodists' group that it was our feeling that before any consideration could be given to their proposals, a *definition* of chiropody would first have to be written into the law.

As we stated, several conferences have been held with this group but we are now very dubious as to whether a definition can be formulated that could

be agreed to by this Society. It seems to us that the chiropodists wish privileges which they should not have in view of their limited educational qualifications. However, the fact remains that there is no *real* definition of chiropody in our present chiropody law.

NATIONAL LEGISLATION (H. R. 8963)

H. R. 8963 was introduced in the House of Representatives, March 18, 1940. The purpose of the bill is to amend Section 40 of the U. S. Employees' Compensation Act to permit chiropractic practitioners to treat injured employees "within the scope of practice as defined by state law". Last year, we understand, through "subterfuge" an amendment was passed permitting osteopaths to treat employees "within the scope of practice as defined by state law". On March 25th we were advised by the Acting Director of the Bureau of Legal Medicine and Legislation of the A. M. A. that such a bill had been introduced and request was made that we contact Congressman Albert A. Vreeland, who is a member of the House Committee on the Judiciary to which this bill was referred and present our opposition to the measure. In a letter to Congressman Vreeland we stressed the fact that only licensed physicians and surgeons were permitted to treat injured employees under our State Workmen's Compensation Act and we also pointed out chiropractors by education and training were unfitted to be granted this privilege. Subsequently this bill was referred to a sub-committee of the Committee on the Judiciary, of which Congressman Vreeland is a member. Through a close personal friend of Congressman Vreeland—a member of the Essex County Society—our opposition to this bill was set forth and we are assured that our point of view will be sustained by Congressman Vreeland.

In the light of the national and international situation, it seems quite unlikely that the Wagner National Health Act will be advanced during this session of Congress. But the National Hospital Act of 1940 has been introduced—S. 3230. Briefly, the bill authorizes an appropriation of ten million dollars for the first year for construction by the Federal Works Agency of hospitals for States and political subdivisions. Appropriations for the succeeding five years would be used for grants-in-aid to States or political subdivisions for *construction and maintenance of hospitals.* In the report accompanying this bill the following statement is made by the Committee on Education and Labor, Mr. Murray:

"Your committee recognizes that the program proposed under S. 3230 is only a step toward the solution of the health problems which have received its attention for the past several months, and would provide increased hospital facilities only in localities where the need is most desperate. It is felt, however, that this measure should be immediately adopted because of the pressing necessity of the situation and *your committee has designed the measure so it will fit into a more comprehensive program which is being formulated by your committee.*" (Italics ours.)

"Current Comment" of the A. M. A. Journal regarding this bill states:

"One does not ordinarily consider a hospital as including as 'health, diagnostic or treatment centers, the equipment thereof and the facilities relating thereto'."

However, the fact that additions to existing hospital facilities, as well as the building of new hospitals, will be possible under the reported bill constitutes an improvement over the original proposal.

The following is in the nature of a postscript and gives the last-minute status—up to and including last night's meeting of the legislature—of several bills of concern to the Society:

Senate Bill No. 83, referred to in the earlier part of this report, despite considerable pressure, remains in the Miscellaneous Business Committee of the Assembly. It is most unlikely that it will be reported out.

It will be recalled that there have been introduced at this session two bills to create a separate Board of Chiropractic Examiners—Senate No. 46 (by Mr. Stanger) and Senate No. 166 (by Mr. Stout). Both of these bills have been held in the Public Health Committee of the Senate since fairly early in the session.

PRESIDENT HAWKES: This report is referred to Committee "LAW".
Action, Sect. 34, II.

15. SUPPLEMENTARY REPORT OF THE ADVISORY COMMITTEE ON TUBERCULOSIS

Original report, Jour., May, page 250

Dr. Abraham E. Jaffin gave the supplementary report of the committee, as follows:

On May 11, 1940, supplementary regulations governing the enforcement of A-295 were adopted by the State Board of Education, to wit:

1. If in making these examinations for the school year ending June 30, 1940, all persons who were recommended for an x-ray of the chest have been x-rayed and, if certificates have been filed by the medical inspector for the remainder of the employees or by the individual employees to the effect that they are free from communicable or infectious disease, this shall constitute compliance with the regulations.

2. In those districts in which every employee has had an x-ray chest examination in accordance with the regulations of the local board of education, such examination shall constitute a compliance with the rule.

The following communication was sent to Dr. Ireland dated May 27, 1940, and is hereby presented as a matter of record:

After a careful study of the supplement to the rules governing the examination of employees of Board of Education under Section A 259, adopted by the State Board of Education on May 11th, 1940, I wish to make the following statement:

1. Paragraph I accepts the chest x-ray of all employees as compliance with the regulation. This

is as it should be; however, the rest of the paragraph leaves open a large loop-hole by permitting "certificates to be filed with the medical inspector for the remainder of the employees or by the individual employee to the effect that they are free from communicable or infectious disease". Here your attention is again called to the impossibility and inadvisability of making such certification without an x-ray.

2. Paragraph II is a real improvement. It meets the main and sole purpose of the law. The entire problem and all the confusion, now extant, would be solved at once by a regulation requiring only an x-ray of the chest once in three years, as called for by the law. A further regulation to this effect is most urgently needed.

Very sincerely yours,

Abraham E. Jaffin, M.D., Chairman,
Advisory Committee on Tuberculosis.

President Hawkes: This report is referred to Committee "PH".

Action, Sect. 35, X.

16. Supplementary Report of the Advisory Committee on Child Health

Original report, Jour., May, page 244

Dr. L. A. Wilkes, acting for Dr. Stanley Nichols, Chairman, reported that the committee suggested the following standards for the care of prematures in New Jersey:

Standards for Prematures in New Jersey

1. Hospitals caring for prematures should have a premature service.

2. Ward cases should be assigned at birth to the premature service.

3. Early consultation with a competent pediatrician should be urged for private cases.

4. Premature babies should be treated as an emergency and when such a birth is expected the premature service should be notified in advance.

5. An approved list of hospitals recognized as premature centers, when stated requirements have been met, will be set up.

6. Hospitals having 25 or more premature births per year should have special rooms for premature care; all others should be able to give isolation care when needed.

7. Hospitals should have an adequate number of incubators or heated beds with temperature control.

8. Recommendation that certain number of heated beds be available at Bureau of Maternal and Child Health for distribution when and where needed.

9. Oxygen should be available and adequate means for controlling oxygen supply and feed in enclosed space.

10. Incubator or heated bed should always be available in delivery room, and preferably transportation to premature room or nursery should be in incubator or heated bed.

11. Methods should be considered for transporting prematures to hospitals giving adequate care.

12. Premature ambulances should be made available, by the Bureau of Maternal and Child Health, where a more urgent need exists.

13. Premature births outside of hospitals should be reported to Boards of Health.

14. Two or three specially trained nurses in the care of the premature should always be available in premature centers and recommendation is made that the Bureau of Maternal and Child Health assist hospitals in providing funds for education of such nurses.

15. A State Medical Society Committee composed of members of the Maternal Welfare, Child Health and Hospital Relationships Committees be appointed to examine plans of hospitals where new maternity floors and nurseries are built or where a change is contemplated.

16. Plans for the better care of the premature in New Jersey be carried out in coöperation and conjunction with the Bureau of Maternal and Child Health of the State Department of Health.

President Hawkes: This report is referred to Reference Committee "PH".

Action, Sect. 35, IV.

17. Supplementary Report of the Advisory Committee on Crippled Children

Original report, Jour., May, page 246

Dr. Elmer P. Weigel, Chairman, presented the following report:

The Advisory Committee on Crippled Children has had a meeting since sending you the last report, and wish to make the following recommendations to the Society for their consideration at the Annual Meeting:

First: That the care of crippled children with rheumatic heart disease be taken care of as a separate entity, and not as part of the crippled children's program. While we are entirely in sympathy with any effort to improve the care of these unfortunate children, we feel that it is not a project that should be tied up with our Crippled Children's Program.

Second: It is further the sense of the Committee on Crippled Children that there should be definite arrangement made to compensate the orthopaedic surgeons for the professional care rendered to crippled children. We have no definite recommendation at this time just how this should be done, but the committee is unanimously of the opinion that steps along this line should be undertaken.

President Hawkes: This report is referred to Committee "PH".

Action, Sect. 35, VI.

18. SUPPLEMENTARY REPORT OF THE ADVISORY COMMITTEE ON HOSPITAL RELATIONSHIPS

Original report, Jour., May, page 233

DR. SPENCER T. SNEDECOR: The committee recommends that a provision similar to the following be included under Article II, Section IV, of the By-Laws of The Medical Staff:

"Any patient admitted to the wards of this hospital as medically indigent shall have the privileges of a consultation with his family physician, or a physician of his choice, providing such physician is recognized as fulfilling the requirements of membership on The Medical Staff, and providing that no expense to the hospital is incurred."

PRESIDENT HAWKES: This report is referred to Committee "MP".

Action, Sect. 51 H.

19. SUPPLEMENTARY REPORT OF THE ADVISORY COMMITTEE ON MEDICAL CARE OF THE INDIGENT AND LOW-WAGE GROUP

Original report, Jour., May, page 230

Dr. L. A. Wilkes submitted the following reports on behalf of Dr. George W. Fithian, Chairman, who was ill.

Supplementary Report of the Committee on Medical Care of the Indigent and Low-Wage Group

I take great pleasure in reporting to you of the last-minute success of this committee of the State Medical Society in obtaining the support of the Governor of the State of New Jersey and the State of New Jersey and the State Financial Association Commission through its director, Mr. Arthur Mudd, in the establishment of a state-wide plan for health services of relief recipients.

You may recall for the past few years, we have been working under some such plan for medical care of the indigent as was in operation under the old Emergency Relief Administration. If the New Jersey State Medical Society now gives its approval, the physicians of this state will again take the leadership in showing their willingness to render medical assistance to all those in the state who may be in need of such care. The committee for the care of the indigent and low-wage group, with the assistance of your State President and his special Advisory Committee, held a conference with Mr. Arthur Mudd, director of the State Financial Association Commission about ten days ago, approving of a bulletin which the Director of the State Financial Association Commission will send to the Mayor and Chairman of Township Committees and the Directors of Welfare of the municipalities of the State of New Jersey. A copy of this bulletin is herewith attached to this supplementary report.

In this bulletin, it is stated that generally local relief agencies have no organized plan of providing of medical, dental, pharmaceutical, nursing and hospital services for those on their public assistance rolls, and I quote, "Lack of plan and control has in instances resulted in hardships because of insufficiency of service and, in others, favoritism in the rendering of services." "By law, local government is charged with the responsibility of properly administering general relief" and that under existing laws, "The Director of Welfare, by written order, shall render such aid and medical assistance as he may, in his discretion, deem necessary." The law also confers on the State Financial Association Commission the right to make such rules and regulations for the carrying out of the purposes of the Act.

The present law clearly places health services within the general category of relief. The bulletin states, "The Medical Society of New Jersey is willing to assume full responsibility for the medical administration of medical services by means of medical committees advisory to the FAC and to municipal Local Assistance Boards" and are "willing to aid in developing a desirable program through local municipal relief agencies." This bulletin recommends that each municipality appoint medical advisory committees, to work in conjunction with the Local Assistance Board and Relief Directory. The FAC continues full supervision of local agencies and will reimburse participating municipalities for authorized care of the sick expenditures. "The Medical Advisory Committee, acting in an advisory capacity, shall determine the extent of medical requirements, pass upon the quality, extent and cost of services rendered by doctors, dentists, druggists, etc." Recipients of medical relief to include:

A. Those receiving direct relief.

B. WPA cases, to be accepted only on relief budget basis.

C. Single phase medical cases to be accepted only on relief deficit.

Authorization for medical relief shall be issued by local relief agencies. The patient shall have free choice of physician, from among those who have made themselves eligible by placing their names on eligibility lists. Fees for medical services shall be on a reduced fee basis: $1.00 for each office call; $2.00 for each house call; $25.00 for each home obstetrical case. No reimbursement shall be allowed for laboratory procedures, x-rays, operations and preventive medical services unless the FAC shall specifically approve the individual case and then only on the recommendation of the Medical Advisory Committee, and physician's bill should not exceed $150.00 any one month. Prescriptions by physicians, except by special authorization by the Medical Committee, shall be limited to drugs contained in the U. S. Pharmacopoeia, The National Formulary, and the New Jersey Formulary.

The Medical Society of New Jersey may appoint a Medical Advisory Committee to confer with and advise the State Financial Assistance Commission and its Director. To summarize, I quote: "The general

purpose and functions of the Local Advisory Committee shall be to act in that capacity to the Director of Welfare and Local Assistance Boards on all medical problems. Your Committee on Care of the Indigent and Low-Wage Group recomends that the House of Delegates approve this plan of coöperation with the State Financial Assistance Commission, and we sincerely believe that with your approval the State of New Jersey Medical Society will be the first State Society to organize such a plan. With the approval of the Governor and legislative body, we will have a state-wide comprehensive plan to give adequate and economic medical care to the relief recipients."

Because of the many quick conferencces with the Governor and Directors of the State Financial Association Commission, it has been impossible for me to always advise the other members of my committee of our actions, particularly because of the time element, and I hope that they will accept my apologies in not giving them information until these certain proposals have been made.

To the Mayors and Chairmen of Township Committees and to the Directors of Welfare of the Municipalities of the State of New Jersey:

Subject: Health Services for Relief Recipients

From reported commitments for this type of service and from our own investigations, it would appear that local relief agencies generally have no organized plan in the providing of medical, dental, pharmaceutical, nursing and hospital services for those on their public assistance rolls. Lack of plan and control has in instances resulted in hardships because of insufficiency of service and in others favoritism in the rendering of the service.

By law, local government is charged with the responsibility of properly administering general relief (Title 44: Chapter 8, R. S.), which recites in Section 6, that "such assistance (to persons eligible) shall be administered by a Local Assistance Board" and in Section 8, that "the Director of Welfare by a written order shall render such aid and material assistance as he may in his discretion, after reasonable inquiry, deem necessary to the end that such person may not suffer unnecessarily, from cold, hunger, *sickness,* or be deprived of shelter pending further consideration of the case". The chapter also confers on the State Financial Assistance Commission the authority to make suitable rules and regulations for the carrying out of the purposes of the Act.

The foregoing quotations from the law clearly places health services within the general category of relief. The Medical Society of New Jersey is willing to assume full responsibility for the *medical* administration of medical services by means of medical committees advisory to the FAC and to municipal Local Assistance Boards. With members of the State, county and local medical professions willing to aid in developing a desirable program on a local level, municipal relief agencies should avail themselves of the offered coöperation.

It is recommended as a first step towards a comprehensive program that each municipality (not already so provided) arrange for a Medical Advisory Committee to be appointed by and to work in conjunction with the Local Assistance Board and Relief Director. The number of members of the committee to be determined by the Board. The Board and the committee may appoint such sub-committees in related fields as may be desirable. In smaller municipalities with light case loads and where special conditions preclude a local committee, several municipalities may appoint a joint committee, several municipalities may appoint a joint committee to serve the several municipalities or the County Medical Society will agree to designate a committee. All committee members to serve without compensation.

5. While necessarily, a program may not be fully worked out in advance, there are certain fundamentals that can be set down:

A. The FAC continues full supervision of local agencies and will, subject to availability of funds, reimburse participating municipalities for authorized expenditures incurred in providing medical, dental, nursing, pharmaceutical and emergency hospital services to properly eligible relief recipients. The Commission may determine at a later date that a working Medical Committee shall be one of the prerequisites for State aid.

B. Local agencies continue to be responsible for determining eligibility of an applicant for medical care, the use of proper forms, records, accounting and procedures and particularly the issuing of relief orders, including those covering medical (etc.) service.

C. The Medical Committee (either local or joint), while not an administrative agency, will, acting in an advisory capacity, determine the extent of medical requirements of relief recipients, pass upon the quality, extent and cost of the service rendered by doctors, dentists, druggists, etc., and have referred to them for approval all charges (bills) by members of the profession.

As is now done in some municipalities having Medical Advisory Committees, it may be desirable to fix a unit price per person on relief, thus automatically establishing a maximum monthly medical cost; doctors' bills in the aggregate not to exceed the figure so fixed.

6. There shall be a relief order supporting every visit regardless of whether it be an emergency call or otherwise. No physician's services shall be paid for without previous authorization.

7. Authorization must be later secured for emergency services and services rendered at times when relief offices are closed. Such services must be reported to the Relief Office within twenty-four hours (Saturdays, Sundays, and holidays not included) and authorization requested.

8. No reimbursement will be allowed for laboratory procedures, x-rays, operations and preventive medical services, unless the FAC shall specifically approve the individual case and then only on the recommendation of the Medical Advisory Committee.

9. Bills for physicians' services shall be rendered monthly before the 15th of the succeeding month on forms furnished by the relief agency. Each bill

must be accompanied by the relief authorization order signed by the Director, the patient and the physician. The physician's prescription blank signed by the patient or head of the case and attached to the relief order will be accepted in lieu of the patient's signature on the relief order. Physician's bills, before payment by the municipality, shall be reviewed and approved by the Medical Advisory Committee. Individual physician's bills shall not exceed $150.00 in any one month.

10. Prescriptions by physicians, except by special authorization by the Medical Committee, shall be limited to drugs contained in the U. S. Pharmacopoeia, the National Formulary, and the New Jersey Formulary.

11. The local Medical Committee may request or advise the Local Assistance Board to remove or suspend from the approved list the name of any physician when such action is advisable and desirable.

12. The Medical Society of New Jersey may appoint a Medical Advisory Committee to confer with and advise the State Financial Assistance Commission and its Director.

13. To summarize:

The general purpose and functions of the local Medical Advisory Committee shall be to act in that capacity to the Director of Welfare and Local Assistance Board on all medical problems.

All matters pertaining to professional eligibility and medical treatment will be left to the discretion of the Medical Advisory Committee.

Question of policy and finance are under complete jurisdiction of the Local Assistance Board. However, the Medical Advisory Committee may make recommendations to the Local Assistance Board on these matters.

It will be noted that this bulletin covers almost entirely medical services. In the very near future, the New Jersey State Dental Association, the New Jersey Pharmaceutical Association and the State Nursing Association will submit to the State Financial Assistance Commission parallel plans for services to be rendered in these categories. In the meantime, the Medical Advisory Committee will assist in coördinating these related fields of health services.

PRESIDENT HAWKES: This report is referred to Committee "MP".

Action, Sect. 51 I.

20. REPORTS NOT DISCUSSED

Each of the following officers and committees, on being called, announced that there would be no supplementary report (see stenotypist's notes, pages 15-23). Each report had been printed in the May Journal, and was therefore referred at once to the appropriate Reference Committee, as is shown in the following table:

Subject	Page of May Journal	Referred to Committee	Section of Reference Committee's Action
Secretary Stahl	167	OFF	41
County Society Presidents	262–274	PUB	43
Judicial Councilors	200	LAW	34
State Board of Medical Examiners	215	LAW	34
Annual Meeting Committee	210	PROG	46
Scientific Program Committee	210	PROG	46
Scientific Exhibits	211	PROG	46
Woman's Auxiliary	214	PROG	
Welfare Committee	217	WEL	47—par. I and II
Ways and Means Committee	212	WEL	47—par. IV
Graduate Education Committee	205	WEL	47—par. III
Public Health Committee	235	PH	35—par. I
Cancer Committee	238	PH	35—par. III
Venereal Disease Committee	252	PH	35—par. XI
Mental Hygiene Committee	248	PH	35—par. IX
Adult Health Committee	237	PH	35—par. II
Maternal Welfare Committee	247	PH	35—par. VII
Pneumonia Control Committee	253	PH	35—par. XII
Traffic Accidents	250	PH	35—par. VIII
Vision, Conservation of	245	PH	35—par. V
Eugenic Sterilization	207	PH	35—par. XIII, 49
Medical Practice	218	MP	36
Contract Practice	226	MP	51—par. D and E
Indigent, Medical Care of	230	MP	51—Par. I
Nursing and Nursing Education	232	MP	51—par. G VIII
Workmen's Compensation	226	MP	51—par. V
Auxiliary Medical Services	218	MP	51—par. B
Pharmaceutical Problems	231	MP	51—par. G VII
Industrial Health	230	MP	51—par. F
Medical Defense and Insurance	204	INS	36 and 42
Constitution and By-Laws	211	Special III	48—par. A and B
Old Age Pension Plan			51—par. J

20 A. Practice of Clinical Pathology

Dr. Asher Yaguda: I wish to present a communication from the New Jersey Society of Clinical Pathologists regarding the professional standing of workers in clinical laboratories.

President Hawkes: This communication will be referred to the Reference Committee on Resolutions.

For text of resolution and action, see Sect. 53.

21. Telephone Listings of Physicians

Dr. Charles Hyman: I have been instructed by the Executive Committee of the Atlantic County Medical Society to introduce the following resolution:

Resolution N. J. Bell Telephone Company

Whereas, the New Jersey Bell Telephone Company as a service to its subscribers adds a classified section to its directory which lists its subscribers according to their business or profession, and

Whereas, in such listing under a heading "Physicians and Surgeons—Doctors of Medicine" they are including doctors of osteopathy, who although practicing under an expanded license which permits them to practice as physicians and surgeons, are by no means doctors of medicine and should not be listed as such; and

Whereas, under investigation a committee of the Atlantic County Medical Society found that a similar situation pertains in other counties of the State, be it

Resolved, that The Medical Society of New Jersey take cognizance of this matter and instruct its proper representatives to take up this matter with the New Jersey Bell Telephone Company with a view to its immediate correction and to use its every resource to enforce the maintenance of a proper listing.

President Hawkes: This resolution is referred to Reference Committee "MP".

Action, Sect. 50 A.

22. Ad-interim Meeting of the House of Delegates

Dr. Watson B. Morris: The following resolution was brought before the Board of Trustees last night, and was approved. I therefore move its adoption by the House of Delegates.

The activities of the Society have greatly increased during the past few years. This has necessitated many extra meetings of the Board of Trustees with added responsibilities.

Because of the fact that the Board acts for the House of Delegates in the interim between the annual sessions, and, because of the fact that many important matters are discussed and voted upon which should have consideration, opinions voiced, and acted upon by the House of Delegates.

Be it resolved, that an executive ad-interim meeting of the House of Delegates be held in January of each year, the time and place to be decided by the House of Delegates or by the vote of the House to be left in the hands of the Board of Trustees.

Dr. Morris: The activities of the Society have increased greatly in the last few years, necessitating many extra meetings of the Board of Trustees. I think we have had ten Sunday meetings since the House of Delegates adjourned last year; and so I recommend that the House of Delegates have an ad-interim meeting.

According to the By-Laws, the resolution has to be read twice, on two separate meetings of the House. This is the first formal presentation of the resolution.

President Hawkes: This will be referred to Reference Committee "LAW".

Action, Sect. 48 B.

23. Increase in Number of Members of Committees

Dr. Watson B. Morris: According to our By-Laws, Chapter VIII, Section 9, most of the appointed committees are to consist of five members; but I have found committees meeting with only two or three members, and so they were unable to carry on the proper functions of the committee. Many of the chairmen have requested me to appoint additional members.

I have taken it upon myself, with the permission of Dr. Read, Chairman, to appoint additional members of the Welfare Committee.

I therefore recommend that the portion of Chapter VIII, Section 9, which now reads—"Each sub-committee of the Welfare Committee shall consist of five members * * *Special Advisory Committees, of five members each may be formed * * *"—shall be amended to read as follows—"The committees shall consist of at least five members, and as many more as may be necessary to carry on the functions of the individual committees."

Action, Sect. 48 A.

President Hawkes: It is the opinion of the chair that the matter is already covered in the Constitution,—that each of the committees shall consist of five or more members, or they can be increased by appointment of the President at the request of the chairman of the committee. Nevertheless I will refer this to the Special Reference Committee on Constitution and By-Laws.

The first session of the House of Delegates adjourned at four o'clock.

Second Session of the House of Delegates, June 5, 1940

The second session of the House of Delegates convened at 12:30 p. m., on Tuesday, June 5, 1940, President Hawkes presiding.

24. Report of the Nominating Committee

President Hawkes: The only business that can come before this session of the House of Delegates is the report of the Nominating Committee and election of officers.

Dr. Harry R. North, Secretary of the Nominating Committee, read the first two pages of the report of the Nominating Committee as follows:

Meeting of the Nominating Committee, 8:30 P. M. Tuesday, June 4th, 1940

Mandarin Room, Haddon Hall, Atlantic City

The Nominating Committee met at 8:30 p.m., Tuesday, June 4th, 1940. Dr. Carrington, Junior Past President, presided. Dr. North was elected Secretary. All counties except Hunterdon and Middlesex were represented.

Dr. Stahl, Secretary of the Society, declined to certify the credentials of Dr. Norton as the member of the Nominating Committee from Hudson County. Dr. Norton was neither the duly elected member nor alternate to the Nominating Committee from Hudson County. The designated member of the Nominating Committee from Hudson County, Dr. Londrigan, registered at the convention but subsequently yesterday afternoon informed the Secretary of the Society that he had resigned as the member of the Nominating Committee from Hudson County and that Dr. Norton would serve in his place. The Secretary of the Society maintains that he is without authority under the By-Laws to certify any other than the duly elected member or the duly elected alternate of a component society at its last annual meeting and quotes Chapter V, Sections 1 and 2 (page 17) of the By-Laws as follows:

Chapter V, Section 1

"Each component society *shall elect at its annual meeting* one of its elected delegates to serve as a member of the Nominating Committee of this society, and one of its elected delegates alternate thereto; *this elected member, or his alternate, shall present his credentials to the Secretary* at the close of the first session of the annual meeting." (Italics ours.)

Chapter V, Section 2

"The committee shall elect one of its own members to serve as secretary and to call the roll of accredited members of the committee *as certified by the Secretary* of the society." (Italics ours.)

The Chairman of the Credentials Committee assumed the authority of rescinding the action of the Secretary.

The Secretary of this Society contends that the Committee on Credentials under the Constitution and By-Laws has no authority to rule upon the validity of the members of the Nominating Committee to supersede the constitutional authority of the Secretary.

Further quoting Chapter VI, Section 3: "The Secretary of the Society shall have custody of the Constitution and By-Laws of this Society and the records of the House of Delegates under the direction of the Board of Trustees." This definitely makes the Secretary the custodian of the Constitution and By-Laws and, as such, he feels it is his duty to see that the provisions of the Constitution and By-Laws are not violated.

The Secretary of the committee recommends that this matter be referred to the Board of Trustees for their consideration.

(Signed) Harry R. North,

Secretary to Nominating Committee.

Action, Sect. 41.

There followed a discussion contained on pages 31-52 of the stenotypist's notes; and at its conclusion the following motion was offered by Dr. Cosgrove:

Dr. Cosgrove: I move that this session accept the report of the Nominating Committee with the correction, to wit, that Hudson County was not properly represented at the session of the Nominating Committee according to the Constitution and By-Laws of The Medical Society of New Jersey, and that it did not register a vote at that session; that the Nominating Committee then proceed to give the balance of the report, consisting of the list of nominees determined upon at that meeting.

This motion was unanimously adopted.

25. Election of Officers

Dr. North: I present the concluding page of the report of the Nominating Committee, containing the following list of the nominees:

The nominees were considered seriatim, and each was unanimously elected.

(For details, see stenotypist's notes, pages 52-59.)

The meeting adjourned at 1:15 p. m., to reconvene at 2:30 p. m.

Report of the Nominating Committee to the House of Delegates

Nominee	For the Office of	Term
Dr. Thomas K. Lewis	President-Elect	1 year
Dr. Elias J. Marsh	First Vice-President	1 year
Dr. Ralph K. Hollinshed	Second Vice-President	1 year
Dr. Alfred Stahl	Secretary	1 year
Dr. George J. Young	Treasurer	1 year
Dr. Barclay S. Fuhrmann	Councilor from Third District	3 years
Dr. E. Zeh Hawkes	Trustee from First District	3 years
Dr. Andrew F. McBride	Trustee from Second District	3 years
Dr. J. Howard Hornberger	Trustee from Fourth District	3 years
Dr. George W. Fithian	Trustee from Third District to fill unexpired term of Dr. Nafey, resigned	1 year
Dr. Wells P. Eagleton	A. M. A. Delegate	2 years
Dr. Hilton S. Read	A. M. A. Delegate	2 years
Dr. Elmer P. Weigel	A. M. A. Alternate	2 years
Dr. Lancelot Ely	A. M. A. Alternate	2 years
Dr. Edward J. Ill	Publication Committee	3 years
Dr. Henry Spence	Finance and Budget Committee	6 years

(Signed) William J. Carrington, M.D.,
Chairman
Harry R. North, M.D.,
Secretary

June 4, 1940

Third Session of the House of Delegates, Wednesday Afternoon, June 5, 1940

The third session of the House of Delegates convened at 2:40 o'clock, President Hawkes presiding.

26. Supplementary Address of President Hawkes

President Hawkes: Your President will make a short supplementary report.

I take this opportunity to thank this Society for the privilege of being its President. It is the greatest honor that could possibly come to me.

In the activities of the year, everyone has worked and has coöperated. The various committees have all done fine work, for which as spokesman for the whole Society I wish to thank them. The Executive Officer has been very helpful in giving advice and aid on many occasions. I wish to thank also the Assistant Executive and the office staff for cheerful and efficient coöperation throughout the year.

It is fitting that at this time your President give an accounting of the trust committed to him. This will be done in only a very general way. It has been his endeavor to approach all problems in an impersonal, disinterested attitude, to be guided by the high ideals of our profesison, and always to act so as

First, to preserve the solidarity of our Society.

Second, to protect the interests of our profession, and

Third, to promote the welfare of the public.

But problems have at times had many different angles, have presented themselves in such rapidly changing, kaleidoscopic patterns as to confuse and make wise solutions difficult. For such mistakes as may have occurred, I wish to express sincero regret.

I again thank you for the great honor and the rare privilege of serving as your President.

I wish also every success to him who will soon take up the gavel.

Action, Sect. 41.

27. Reception of Visiting Delegates

President Hawkes: The first business is the reception of visiting delegates from other States:

From the Connecticut State Medical Society:
Dr. Oliver L. Stringfield, Jr., Stamford
Dr. Robert M. Lewis, New Haven

From the Medical Society of the State of New York:
Dr. Peter Irving, New York City, Secretary.

27 A. Address of Dr. Stringfield

Dr. Oliver Stringfield: I will tell you about some of the activities of the Connecticut State Medical Society.

First, we have taken a leaf from the New Jersey book of experience, and on January first we established the office of *full-time Secretary* in our organization. Already the increased efficiency of our committees has proven the value of this particular action. We have been fortunate in securing Dr. Clayton Barker for the position.

Second. Through the leadership of our Executive Committee, directed by Dr. Barker, we secured the passage of two laws,—one for the establishment of a pre-payment hospital plan; and the other for the establishment of prepayment medical plans.

The prepayment medical plan, under Dr. Harvey, is doing a great amount of work, and is watching the New Jersey plan with keen interest.

Third. Since January first we have been using our State Medical Journal as the official organ of the State Hospital Association.

Fourth. Through the leadership of our State Society, we have many tumor clinics in the hospitals throughout the State. The information obtained from them has been collected and edited by a committee of the Society, and a handbook on the clinics has been distributed to all the members of our Society through the State Department of Health. It is with pleasure and satisfaction that I present a copy of the Handbook to The Medical Society of New Jersey.

Dr. Hawkes: I thank you, Dr. Stringfield, for your remarks, and also for the thought that prompted the presentation of the book to us.

27 B. Address of Dr. Peter Irving, Secretary, The Medical Society of the State of New York

Dr. Peter Irving: This is the third State Society which I have attended in a month,—first was our own Society which was held on May 6th; second I went to Connecticut on May 23rd; and now I bring you our greetings.

I have been interested in the relative ages of the three societies. There is the Society of New Jersey, 174 years old, and then that of Connecticut, aged 148 years. This leaves New York, aged 134 years, as the youngest child of a three-child family.

Psychologically speaking, each of the children in the family has its behavior problems, but happily, each is solving them in its own way with a marked degree of success.

28. Reception of Dr. J. B. Harrison

President Hawkes: We have with us today Dr. J. B. Harrison, of Westfield, Union County, who is now attending our Annual Meetings for the 64th consecutive time. I will ask the Delegates to rise as a tribute to Dr. Harrison.

The members stood and applauded.

Editor's Note: The Journal of May, 1937, page 342, contains a portrait of Dr. Harrison, and an account of his life. Dr. Harrison graduated from the College of Physicians and Surgeons in the Spring of 1877, and since that time he has practiced medicine in Westfield, Union County. He is recorded as attending the Annual Meeting of The Medical Society of New Jersey on May 22, 1877 (Transactions, 1877, page 14), and every meeting up to this present one.

Dr. Harrison was made an honorary member of The Medical Society of New Jersey on June 4, 1936 (Transactions, 1936, page 32).

29. Inaugural Address of President Watson B. Morris

President Hawkes: I will now introduce Dr. Watson B. Morris, who will assume the office of President of this Society at the close of this Annual Meeting, and who will now deliver his inaugural address.

See also Sect. 38.

Mr. President and Members of the House of Delegates:

It is with a sense of deep responsibility, that I shall assume the duties as your President for the coming year.

I am duly grateful for the honor bestowed upon me, and fully conscious of what is expected of me. However, with common aims and ideals, I am relying on your full coöperation, in order to uphold the traditions of the past.

Of the cardinal virtues—faith, hope and charity, I believe I can claim the first as my own. *As your President,* I shall use largely this *faith,* in the hope that you will exercise your *charity,* as to my shortcomings.

I feel sure you have elected me, *not* for what I have done in the past, but, for what you *expect me to do* in the future.

I am *very happy,* and, yet in the sunshine of that happiness there comes a ray of seriousness, for I well realize that, with this position, as with all duties of trust, there come many obligations. As I assume these responsibilities, I am appealing to you for your generous support. *Even as Aaron of old held up Moses' hands,* so do I expect *you* to hold up mine.

Over a long period of years the Medical Society of New Jersey has been outstanding in its progress and development in the fields of Medicine and social changes. With the problems of National health, and, its possible *deleterious* effects on the Practice of Medicine, never in the history of the profession is united support so vitally needed.

In a sincere effort to fulfill my obligation to you, I would recommend the following program for the year, with the hope, that each and every member will assume it a duty to give of his time and effort in reaching the objectives which are under four headings:

1. Administrative.
2. Economic.
3. Legislative.
4. Educational.

ADMINISTRATIVE

A. I would recommend that the Administrative year, and activities of each County Society, run *concurrently* with those of the State Society, and in so far as possible, each have the same roster of Committees in order that we may have concerted action in all of our proceedings. May I not only *suggest,* but *urge* your Counties to install all of your Officers and Committeemen, coincident with the close of the Annual Meeting of the State Society.

At the present time, nine of the Counties run concurrently with the State Society year, whereas, the *remainder* install their officers immediately, or, soon after election.

I ask your kind coöperation in this matter, in order to prevent the present conflicts in the administration, due to varying administrative years.

This would mean better organization for far reaching results in obtaining our objectives.

B. Having every eligible physician a member of his County Society, in order that we may have unity of action, and opinion, in all the affairs which deal with Medical Practice.

C. Promoting medical fellowship, by holding combined meetings of the Societies in the respective Councillor districts, and invitations extended to the members of the adjacent Counties, when presenting *interesting* Scientific programs.

D. Plans whereby each member can be made to feel that, he or she, is an integral part of the State Society, and is free to present his views to the Welfare Committee, or to the Board of Trustees, who represent the State Society in the interim between the meetings of the House of Delegates. However, it is to be understood that in all discussions, majority rule shall prevail in an effort to carry on the policies of the State Society.

E. That an ad-interim meeting of the House of Delegates be held during the mid-year, the time and place to be voted on at the Annual Session.

ECONOMIC

I am heartily in favor of continuing the objectives which have been outlined by my predecessors, especially that of preserving the professional relationship between the physician and the patient, and to continue in an effort to make available to all *in need* the best possible care at the lowest cost, or if need be, gratuitous, to those who are unable to pay for it, and for whom no alternative is available.

We all realize that the burden of *free care* has become so great that some plan must be evolved which will supply this care. It is a recognized obligation of the government to care for the indigent; and in providing that care, the profession will contribute in the form of lowered fees for the group, in accordance with established traditions of the medical profession.

We are all agreed that, so far as New Jersey is concerned, good medical care *is available* to all in need of it; and we as physicians are willing to do our share. This has been amply demonstrated during the years of the financial depression, as was shown in the A. M. A. Survey of 1938.

With approximately four thousand members of the profession, there can be organized provision for a service which will meet the demands made upon us, with the expected outcome of *not only improved* and *better distribution* of *medical service*, but a *probable curtailment* of hospital costs.

Prepayment plan for financing physicians' services has met the approval of the Society, and, will insure certain wage groups against the unpredictable costs of medical care in the individual case. Under this plan, the profession can retain *local control*, it is *adaptable to local needs*, and it assures *reasonable choice* of physician. The Medical Society of New Jersey has approved, and, coöperated in many forms of Governmental aid, and, this attitude *still remains* in the care of specified groups of cases.

LEGISLATIVE

Each County Society is urged to meet informally with their Legislators early in the Fall. Experience has proven the fact, that such gatherings not only *promote friendship*, but, we find these men and women are really interested in our problems, for they seem ready and willing to discuss them, and, this in turn means a better understanding and closer coöperation between them, and, the State and County Societies.

This plan, plus more activity by the key men in each Society, can do much to *present* and *support* our views. Choose the *family physician* and members of the profession who are personal friends of this group; and if our cause be a just and worthy one, there will be no need for *high pressure tactics* when Legislation is introduced.

I think we all agree that any proposed legislation should be presented, *first* to the members of the County Societies, and should have *majority approval* before introduction, and, when that endorsement has been given, it is the duty of each and every member to support and work for the successful passage of it.

Meetings with all of the community agencies, including the dentists, pharmacists, nurses, hospital executives, and all other interested groups who contribute to the health of the people should be encouraged. It has been found that the legislators are more interested in the opinions of *groups*, rather than individuals, and much could be accomplished by the exchange of views and the coöperation of such groups.

EDUCATIONAL

A. Continuation of the Fall Clinical Congress is *most desirable*, not only as a means of improving one's knowledge in the ever changing trends of Medical and Surgical practice, *but* it also provides a means of more intimate social relationships among the physicians of the State. I should like to see post-graduate or refresher courses, planned in each county, *administered through*, and if necessary, partly financed by the State Society. Where this plan is not practical or feasible, the Societies in the various Councillor districts could provide such courses.

As part of such a program, I would suggest that the hospitals throughout the State, plan for a Visiting Doctors' Day, as often as seems advisable. Many physicians, who are not regular members of the Staffs, would welcome the opportunity to observe the work of Staff members, thereby, promoting a more friendly relationship between the two groups.

Invitations to *scheduled Staff conferences*, *scheduled Staff ward rounds*, and *scheduled operations*, would serve as an excellent refresher course for many of those without hospital affiliations.

B. One meeting each year, in each county society, to be given over to a symposium on cancer, tuberculosis, syphilis, and cardio-renal disease, with outstanding speakers preferably

from among our own members; and when possible, supplemented by moving picture films.

C. *State Society award* for the best essay, by any member in good standing, on any medical or surgical subject that he or she may select. The winner to be awarded a cash prize of one hundred dollars ($100.00), and an invitation to present his contribution at the Annual Session.

D. It is my earnest desire to create a Regional Conference such as is in existence in other parts of the United States. The scope of the group, could well include the Middle Atlantic States and lower New England. If any of you have ever had the opportunity of attending such a meeting, you will realize the advantage of such, all working with a common cause to attain certain ends, which concern the profession. With all the many Legislative, Economic, and other medical problems, where all interested groups are vitally involved, it would seem to me, that general discussions with ways and means of meeting them, would be not only desirable but necessary during the evolution of Medicine, which we undoubtedly will pass through during the next few years.

Recently the Society has been busily engaged in carrying on rather elaborate programs, and this year there are some which would seem to deserve special consideration at this time.

I. ADMINISTRATIVE POLICIES

Under this heading come the following recommendations:

A. An ad-interim meeting of the House of Delegates for the purpose of discussing and deciding policies which should receive attention before the Annual Session.

B. To preserve, in so far as possible, the present form of practice with the free choice of physician.

C. To secure, if possible, State aid for the care of the indigent, so as to relieve the heavy burden of free care imposed upon the profession.

D. Continuation of the Fall Clinical Conferences.

E. Extending and expanding post-graduate courses, particularly for the benefit of the general practitioner.

F. Increasing the membership of the Society so as to include every ethical and duly licensed physician in New Jersey.

G. Reëstablishing inter-county meetings in the Judicial districts.

H. Promoting mutual understanding between the profession and the Public by active participation in Civic, Political, and Welfare activities.

II. MEDICAL SERVICE PLAN OF NEW JERSEY

Probably one of the most important Socio-economic problems confronting the Nation today, is that of the distribution of adequate Medical care.

Last year at the Annual Session, the House of Delegates, gave its approval for a study of the subject, with the hope that some plan could be suggested, to provide that care.

Extensive studies have been carried on by the Voluntary Insurance Committee, as well as by the Governor's committee appointed for that purpose; and both have agreed that the problem of the medical care to the indigent is a responsibility of the municipal, State, and Federal governments, as well as that of the medical profession.

Both Committees also agree, that the low-wage groups can assume the responsibility of payment for their medical care, *provided* some plan could be evolved, whereby, a *prepayment insurance plan* is made possible, at a cost within their ability to pay. We feel that the plan, as suggested by the Committee, *meets that* need, and, if workable, will be the means of serving a *self-respecting,* deserving people.

With the full coöperation of the profession, we feel it is a step in the right direction, for it will reduce the demand for free service, and, is a distinct challenge to socialized medicine.

The bill provides that the patient shall have a free choice of physician from among the participating physicians; and also that there shall be no restriction upon the doctors as to their methods of diagnosis and treatment.

This plan having been *sponsored* by the Society, must have the *united endorsement* of the County Societies, if it is to *succeed,* and it is *recommended to you,* as it is a *present need,* and is in keeping with trends of Modern Medicine of today.

United we stand, *divided* we fall. That well known adage, is probably truer today than *ever* in the history of medicine.

III. HOSPITAL RELATIONSHIPS

Two years ago the State Society attempted to make a survey of the hospitals of our State by sending a questionnaire to each institution. The questions were impartial and constructive in nature; and it was the desire of the committee to find some solution for the many

problems involved. The response and coöperation were not entirely satisfactory; but it gave a fair cross-section of the changes that might be made in improving the relations between the Governing Boards and the Medical Staffs, as well as providing means of improving the services rendered the patients.

There are many phases of the study which should meet with the approval of all interested groups; and in an attempt to meet these needs, may I suggest the following:

1. Standardization of rules and regulations for the attending staffs.

2. Standardization of rules and regulations for the courtesy staffs.

3. Socio-economic investigation of both in and out patients in an effort to correct the many abuses which exist in most of the hospitals at the present time.

4. Ways and means of obtaining contributions from the municipalities sufficient to pay for a larger part of the care of the indigent poor.

5. *Readjustment* and *additional room space* to provide for a greater number of patients who can pay a maintainance rate, thereby relieving the unfair burden which under the *present plan,* is being carried by the private room patients.

6. Plans for *readjustment* of fees for *Laboratory,* X-Ray, and various forms of *therapy,* to provide for needed information in diagnosis, and, within the ability of the patient to pay. This should apply to both in and out patients.

7. Arrangements with the hospital trustees whereby the fees for medical and surgical compensation cases will be collected by the physician, who gives his *service* and assumes the *responsibility,* the hospital making a separate charge for materials only.

There are many and diverse questions which arise in our hospitals, and with both the Medical Staffs and the Governing Boards coöperating, much can be done to improve our relations, which are so necessary to the welfare of the patient, and the success of the hospital.

As I see it, the recommendations contained herein, meet with most of the present day needs in the practice of medicine. I trust they will meet with your approval. If so, I earnestly ask your whole-hearted and generous support.

President Hawkes: This inaugural address of Dr. Morris will be referred to Committee "OFF".

Action, Sect. 41.

30. Honoring Dr. Elias J. Marsh, Third

Dr. Ralph K. Hollinshed: As President of the Board of Trustees, I offer the following resolution which was adopted by the Board at its meeting last night:

Whereas, Elias J. Marsh, M.D., of Paterson, N. J., who was treasurer of The Medical Society of New Jersey for seventeen years and who retired from that important office to become the Society's Second Vice-President at the earnest solicitation of his colleagues in the Society. This action on the part of The Medical Society of New Jersey is not only fitting and deserved but establishes a unique and enviable record in the Society's history, for his Grandfather, Elias J. Marsh, M.D., the 1st, was its President in 1850, his illustrious father, Elias J. Marsh, M.D., the 2nd, was President in 1890, both of whom served the Society with the same zeal and devotion that our own Elias J. Marsh, M.D., the 3rd, has given to the Society for 17 years as its careful, efficient, and wise Treasurer, therefore

Be it resolved, that our Board of Trustees recommend to the members of the House of Delegates in convention assembled, that they record their appreciation and heartfelt gratitude in recognition of this splendid and efficient service on the part of their colleague, and that they further express the hope that an all-wise Providence will spare him to his family, his city and state and to The Medical Society of New Jersey for many years to come.

Dr. Lancelot Ely: I move that the House of Delegates concur in the recommendations of the Board of Trustees.

The motion was adopted.

31. Business Methods of the Annual Meeting

Dr. Hollinshed: I offer the following resolution regarding the methods of conducting the annual meetings:

Whereas, it is evident that some re-arrangement of the meetings of the House of Delegates and the Scientific Program should be made; therefore

Be it resolved, that the House of Delegates request the Board of Trustees to make whatever changes it deems necessary, in the entire set-up of the Annual Meeting, to bring about a correction of the conditions which are interfering with the proper functioning of the proceedings.

Dr. Frank A. Bien (Irvington): I move the adoption of the resolution. Carried.

32. Award of Merit to Dr. Wells P. Eagleton

Dr. Hollinshed: The second matter which the Board of Trustees desired me to bring before the House of Delegates is an award of merit which is given each year for meritorious service. Last year four awards were given. (Transactions, 1939, page 17.) This year the committee on Awards decided that one should be given as follows:

For his services as Medical Director of the Newark Eye and Ear Infirmary for 30 years; for his ability as a brain surgeon; for his contributions to the literature on diseases and surgery of the brain; for the origination and development of many surgical procedures in the field of brain surgery all of which have contributed to the advancement of scientific medicine in New Jersey and the nation, we recommend that an award of merit be given to Dr. Wells P. Eagleton.

Dr. Lancelot Ely: I move that this recommendation be approved. Carried.

(See also Sect. 37.)

33. Report of A. M. A. Delegates

President Hawkes: The report of the Delegates to the American Medical Association will be given by Dr. Wells P. Eagleton.

Dr. Eagleton: On June 6, 1939, the House of Delegates received the report from each of the four New Jersey delegates to the A. M. A. meeting, which had been held in St. Louis, on May 15-19, 1939 (Transactions, pages 11 and 12). Since that time the New Jersey Delegates and their alternates have held five meetings in order to discuss how the New Jersey Delegates may coöperate with the A. M. A. with constructive advice to our own New Jersey members and also to the A. M. A.

There is a rather general belief among a certain group that New Jersey has been opposed to the American Medical Association and has been in bad repute with the organization. New Jersey for many years has adopted the attitude that we are an integral part of the A. M. A.; that it is our duty to the A. M. A. and to the medical profession, through the A. M. A., to furnish such constructive criticisms, and offer such constructive policies, as we in our judgment believe to be adapted to the whole profession.

What New Jersey has accomplished toward improving medical ethics, only few of us know, but the results have been far-reaching. The decision that was taken by this House of Delegates two years ago, and which was carried out by its delegates at San Francisco, while apparently fruitless, has brought American medicine in certain respects to a much higher level than it has ever before attained; and it is in that same attitude that we, after five meetings in which whole evenings have been spent in discussion, will go to the A. M. A. knowing, in New Jersey, what we think the A. M. A. should do, with the thorough endorsement of the officers of this Society and of the Board of Trustees, so that we can be something else than yes-men or no-men. What is needed in American medicine today is not a man who is going to vote *yes* on everything that is proposed, but a man who knows what he wants;—and we think we know what we want.

President Hawkes: This report will be referred to Reference Committee "OFF".

Action, Sect. 41.

34. Report of Reference Committee LAW

Dr. Walter J. Farr, chairman of Reference Committee LAW read the following reports:

I. Judicial Council

From Sect. 20

All of the Councilors reported very satisfactory conditions existing in their districts.

Dr. Ulmer in particular wishes to call to our attention the accomplishment of the Cape May Society. This society, though very small, was very active in every way, and had very interesting meetings.

One case of a member vs. a County Society was heard by the Judicial Council, and a decision rendered.

Approved.

II. Legislative Committee

From Sect. 14

This important committee has, as usual, been very busy and reports that S-108, the bill enabling the establishment of the Medical Service Plan, sponsored by the State Society, has passed the Senate by 16 to 1, and the Assembly by 59 to 0, and was signed by Governor Moore on May 29. The committee is to be congratulated on this and also on the improved attitude of legislators toward bills sponsored by the society.

We heartily approve the committee's vigorous opposition to bills tending to lower the requirements for examination for licensure to practice medicine, which bills are introduced for the benefit of individuals or small groups. The Committee apparently has all such bills safely tucked away in committee.

We approve the Legislative Committee's suggestion that the Committee on Workmen's Compensation and the Committee on Industrial Health and Hygiene confer with representatives of Labor, and if possible, Industry, and work out the amendments to the Workmen's Compensation Act which they feel should be introduced in the 1941 session.

There are at present about sixteen proposed amendments, and the committee feels that many of these amendments have merit in them, but that a good program could be worked out between those committees and representatives of labor.

No final action has been taken as regards the chiropodists' bill, as the Medical Society's Committee has not yet been able to agree with the chiropodists as to the definition of Chiropody.

There are still various chiropractic bills in both the state and national legislatures which the committee is continuing to oppose.

The Legislative Committee completes its report by rendering appreciation for coöperation from Senator Scott, Senator Taggart, Dr. Hargrave, Dr. Wegrocki, the legislative keymen of the county societies, Dr. Wilkes, Dr. Scott, and Mrs. Madden. They feel that the creation of the office of Executive Secretary to the Legislative Committee and the appointment of Dr. Quigley to that office, were forward-looking steps. They commend Dr. Quigley highly for the distinguished unselfish service he has rendered the society for a number of years.

III. State Board of Medical Examiners

From Sect. 20

The Board reports the fact that, since the passage of the Medical Practice Act, fifty-five osteopaths have submitted evidence of an acceptable post-graduate course and were examined for license to practice medicine and surgery—forty-six passed. There was a total of 360 candidates for medical license—234 passed and 126 (more than one-third) failed. One hundred sixty-seven candidates were granted licenses by endorsement, making a total of 401 new licentiates. Sixty-two physicians removed to other states and eighty physicians died. Total 142. This means an increase in physicians for the year of 258.

The Board has taken forty-three cases of violation of the medical practice laws to court. It has held five hearings of cases itself, and has investigated 128 cases.

The Board feels that an annual registration of physicians (also of osteopaths and chiropractors) would give the Board accurate information and help in finding unlicensed practitioners. This is a very controversial subject, and this committee does not wish to make a recommendation. We believe the subject should be referred to the Board of Trustees for further study.

THOMAS J. WALSH, M.D.
WILLIAM H. ARESON, M.D.
WALTER J. FARR, M.D.

On motion, these reports were approved.

35. REPORT OF REFERENCE COMMITTEE "PH"

Dr. David W. Green, Chairman, read the following report:

I. Report of the Sub-Committee on Public Health

From Sect. 20

The committee has studied the reports of the Sub-Committee on Public Health as are published periodically in the State Journal, and compliments the members for their time and study which have been necessary for them to give to the welfare of the State Medical Society. This committee recommends the acceptance of these reports and particularly noting the establishment in the office of each physician of a private clinic hour at a nominal fee for the persons in the lower wage group. This committee also recommends the continuance of the study and efforts of the Sub-Committee on

Public Health. We recommend the acceptance of this committee report.

Adopted.

II. Report of the Advisory Committee on Adult Health Supervision

From Sect. 20

This committee has studied this report and recommends the acceptance in toto. We call attention to the recommendation of the Reference Committee of last year: that the delegates of the New Jersey State Society be instructed to present to the American Medical Association the plan of the radio hour for the popularization of the annual birthday examination. We recommend that they be so instructed the present year. The birthday cards and pamphlets adopted by the sub-committee are approved and recommended to the members of the State Society. We recommend the approval of the report of this sub-committee by the House of Delegates.

Adopted.

III. Report of the Advisory Committee on Cancer

From Sect. 20

This committee has examined and studied the reports of the Cancer Committee, and agrees that the studies of this committee should be continued from year to year in order to integrate the activities of those organizations cooperating in this type of work. The feasibility of establishment of a separate institution for cancer study is questionable. Further consideration of this topic should be made.

Adopted.

IV. Report of the Advisory Committee on Child Health

From Sect. 16

This Reference Committee recommends acceptance of the report of Child Health and the continuation of these studies in order to reduce the infants' deaths and those in the first years of life.

Adopted.

V. Report of the Advisory Committee on Conservation of Vision

From Sect. 20

The sub-committee has given considerable thought and study to their objectives primarily on conserving the vision of the pre-school and school child. This committee recommends the continuation of the objectives of this committee and the coöperation of it with other organizations interested in this type of work.

Adopted.

VI. Report of the Advisory Committee on Crippled Children

From Sect. 17

We recommend the acceptance of their report and the continuation of their study as the needs of the public demand. We recommend the acceptance of the supplementary report and suggest the care of children with rheumatic heart disease be taken care of *not* as a separate entity but as part of the crippled children's program,—the advisability of this agreement be tried for at least a year.

Adopted.

VII. Report of the Advisory Committee on Maternal Welfare

From Sect. 20

This committee has studied the reports of the Committee on Maternal Welfare and recommends the continuance of their efforts to decrease the morbidity and mortality of pregnant women. The means which this committee has instituted for the study of obstetrical accidents is approved and recommends the continuance of this type of inquiry.

Adopted.

VIII. Report of the Advisory Committee on Traffic Accidents

From Sect. 20

This committee has made considerable progress in pioneering this study and we recommend the continuance of their investigations and coöperation with the State Commissioner of Motor Vehicles.

Adopted.

IX. Report of the Advisory Committee on Mental Hygiene

From Sect. 20

This committee approves of the first report of the Advisory Committee on Mental Hygiene and recommends the continuance of studies along the paths outlined in this report. We recommend the adoption of this report.

Adopted.

X. Report of the Advisory Committee on Tuberculosis

From Sect. 15

This study should continue and should be extended in order to seek out the infected persons and their isolation either in homes or institutions to prevent contamination of the innocent population by tuberculosis. This study should be extended to case finding in adult groups, particularly among those on relief and also those employed in hazardous undertakings. This study should be continued in coöperation with the general practitioner until the eradica-

tion and isolation of the disease is obtained. We recommend the acceptance of this report.

Adopted.

XI. Report of the Advisory Committee on Veneral Disease Control

From Sect. 20

This committee approves of the work of the sub-committee and recommends the continuation and extension of their studies for the eradication of venereal disease. This program is well established and the organization should be continued. We recommend the acceptance of this report.

Adopted.

XII. Report of the Advisory Committee on Pneumonia Control

From Sect. 20

The studies of this committee should be continued; and the distribution of serum and chemo-therapeutic agents should be continued to the indigent of the State. We recommend the acceptance of this report.

Adopted.

XIII. Report of the Special Committee on Eugenic Sterilization

From Sect. 20

The reference committee realizes the great amount of work and study that has been given into the preparation of both the majority and minority reports on this subject. It also values the earnest and honest zeal with which these men have worked. It appreciates that the subject is highly controversial, and it is recommended that both reports be received and filed with thanks as valuable contributions to this involved subject and that no further action be taken at this meeting.

DAVID W. GREEN, *Chairman*
FRANK W. ASH
HARROLD A. MURRAY
WILLIAM L. WILLIAMSON
WILLIAM C. WILENTZ

The recommendation was adopted.

On motion, the report of Reference Committee "PH" was adopted as a whole.

36. REPORT OF REFERENCE COMMITTEE "INS"

From Sect. 20

The committee has carefully studied the report of the Committee on Medical Defense and Insurance.

I. *Liability Insurance,* in which the committee recommends the renewing of the contract through the official broker—Faulhaber & Heard, Inc. Your reference committee recommends the adoption of this portion of the report.

II. *Accident and Health Insurance,* in which the committee recommends renewing the contract with Messrs. E. & W. Blanksteen. They called to our attention the fact that this company policy has an arbitrary clause in it which places in the hands of the Medical Defense and Insurance Committee the final voice in disputed claims. Your committee recommends the adoption of this portion of the report.

Adopted.

III. Your Reference Committee again commends the untiring work of Dr. Beling and of his fellow members. I move the adoption of this portion of the report.

Motion carried.

IV. *The Medical Service Administration.*—Your committee has carefully studied the report of the Medical Service Administration, which includes:

1. A copy of the enabling act governing the organization and operation of non-profit medical service corporations.

2. The by-laws governing the operation of the Medical Service Administration.

3. The rules and regulations governing the operation of the Medical Service Plan of New Jersey.

The Medical Service *Plan* of New Jersey is the number one plan which the Medical Service *Administration* proposes to operate.

The entire report constitutes a recital of the activities and accomplishments of this committee, which the House of Delegates authorized a year ago (Transactions, 1939, Sections 25 D and E). The committee has steadfastly held to the principles which the House of Delegates has set down. It has consulted the Board of Trustees of this Society whenever an emergency has arisen, and its work is evidence of its true interest in seeing that medical care is available to all people in New Jersey. This committee's untiring efforts culminated in the Legislature, when the Senate passed the enabling act by a vote of 16-1, followed by its passage in the Assembly by a vote of 59-0. The bill was then signed by the Governor.

Your Reference Committee approves the report on the by-laws of the Medical Service Administration and the rules and regulations of the Medical Service Plan; and I move the adoption of this report.

We would further have you commend to the Board of Governors that particular attention be paid to the interpretation of the method of

payment to physicians and we would suggest that you call to the attention of the Board of Governors the urgent need for careful and vigorous promotion in the selling of this plan to the consumer.

Adopted.

Your reference committee makes these suggestions in all humbleness, knowing that the suggestions are in the minds of all members of this Society, but begs leave to make such suggestions on the ground that repetition will breed familiarity and respect.

Respectfully submitted,

Hilton S. Read, *Chairman*
Vincent P. Butler
Harry N. Comando
Sigurd W. Johnsen

This entire report was adopted by the House of Delegates.

Fourth Session, Thursday Afternoon, June 6, 1940

The House of Delegates convened in its Fourth Session at 1:30 o'clock.

President Hawkes: The Board of Trustees has an additional report.

37. Appreciation of Services of Dr. W. P. Eagleton

Dr. Hollinshed: The Board of Trustees met this morning and voted to introduce the following resolution in the House of Delegates:

Whereas, Dr. Wells P. Eagleton is of his own free will and accord retiring from the Board of Trustees of which he has been a member continuously for twenty-one years; and

Whereas, his many services to The Medical Society of New Jersey include organization of the Welfare Committee in 1921, serving as President of The Medical Society of New Jersey in 1923-1924, fostering and accomplishing the adoption of the limited license act in 1922 and the Workmen's Compensation Act in 1923, which latter has never since been altered, and serving three terms as a Delegate from New Jersey to the American Medical Association; and

Whereas, for many years he has given unstintingly of his time, without compensation and at his own expense, to the cause of organized medicine; and

Whereas, in addition to these many forms of service to the medical profession, in his own chosen specialty he has attained such heights of distinction as to have gained national recognition as an authority; therefore

Be it resolved, that this Board of Trustees of The Medical Society of New Jersey express to Dr. Wells P. Eagleton its deepest appreciation of his untiring efforts on behalf of organized medicine and "the doctor"; and that, though he be retiring from active service, it further express the hope that in times of stress we may still look to him for advice and guidance in the difficulties of the future; and further

Be it resolved, that this resolution be included in the annual report of the Board of Trustees.

On motion this resolution was adopted.

(See also Sect. 32.)

38. Induction of President-Elect Morris

President Hawkes: The induction of the new President should be the last item on our program today. But since the incoming President has an appointment to read a paper at the New Jersey Hospital Association, we will induct him now.

Dr. Harold D. Corbusier: As a Delegate from Union County, I introduce to you one of our brother members of our County Society whom you have chosen to preside over our State Society during the coming year, Dr. Watson B. Morris.

The members arose and applauded.

See also Sect. 29.

39. Revision of the Pharmacopeia

President Hawkes: The Committee on the Revision of the Pharmacopeia meets once in ten years. The members of that committee from The Medical Society of New Jersey were Dr. R. A. Ballinger, of Arlington; Dr. John F. Anderson, of New Brunswick, and Dr. Chester I. Ulmer, of Gibbstown. Dr. Ballinger gave an informative report which will be published as a descriptive article in an early issue of the Journal.

40. Scientific Exhibit Awards

Secretary Stahl: In the absence of Dr. Yaguda, Chairman of the Committee on Scientific Exhibits, I will read the following report:

Report of Committee on Scientific Exhibit Awards

CLASS I—Out-of-State Exhibitors

First: Deficiency Diseases, Herbert T. Kelly and Associates of Graduate School of Medicine, University of Pennsylvania

Second: Human Sterility and Related Studies in Ovulation, Samuel L. Siegler, Brooklyn, New York

Third: Lung Changes Caused by Rheumatic Fever: Their Rôle in the Development of Rheumatic Heart Disease, Benjamin A. Gouley, Philadelphia, Pennsylvania

Honorable Mention: Chronic Gastritis, C. L. Jackson and associates, Philadelphia, Pennsylvania

CLASS II—New Jersey Exhibits

First: A One-Hour Renal Condition Test, W. G. Exton and A. R. Rose, Newark, New Jersey

Second: Lesions Associated with Parturition and the Newborn, Samuel A. Goldberg, Newark, New Jersey

Third: Molds, the Relationship to Inhalant Allergy, Nathan Schaffer, East Orange, New Jersey

Honorable Mention: Treatment of Carcinoma of the Body of the Uterus, Milton Friedman, Newark, New Jersey

41. Report of Reference Committee "OFF"

From Sects. 8, 9; 26, 33.

President Hawkes: We will now have the report of Reference Committee "OFF".

Dr. David Allman: Reference Committee "OFF" met on June 4th at 4:30 p. m. in the

Green Room of Haddon Hall. The following members were present: Dr. David B. Allman, Chairman; Dr. Reeve L. Ballinger and Dr. Adolph Towbin. Drs. Orton and Yager could not attend the Annual Meeting.

The committee considered the reports of:
President Hawkes, Sects. 8, 26.
Board of Trustees, Sect. 9.
President-Elect Morris, Sect. 29.
Delegates to A. M. A., by Dr. Eagleton, Sect. 33.
Executive Officer Wilkes, Sect. 10.
Secretary Stahl, Jour., May, p. 167.

The members of the committee found nothing controversial in these reports, and approved them. The supplementary reports have been included in the study of the committee, and are also approved.

Respectfully submitted,
DAVID B. ALLMAN, M.D., *Chairman.*

On motion the report was adopted.

42. TRUSTEE OF MEDICAL SERVICE PLAN

DR. ALLMAN: In view of the fact that Dr. Sprague is a member of the Board of Trustees of The Hospital Service Plan by virtue of election by that Board, it would be advisable for this Society to elect someone other than Dr. Sprague, and thereby secure additional medical representation upon that Board.

DR. HOLLINSHED: I move that this recommendation be approved by the House of Delegates, and that it be referred to the Board of Trustees for administration.

Seconded and carried.

43. REPORT OF REFERENCE COMMITTEE "PUB"

PRESIDENT HAWKES: The next Reference Committee is "PUB", Dr. Norton.

DR. JAMES F. NORTON: The committee considered the reports of the:
Publication Committee, Sect. 12.
Public Relations Committee, Sect. 13.
Presidents of the County Societies, Jour., May, pages 262-279.

The committee especially commends the reports of the County Society Presidents, who presented very complete and comprehensive reports of all the county societies, indicating a healthy state of activity.

On motion the report was adopted.

44. REPORT OF REFERENCE COMMITTEE "FIN"

PRESIDENT HAWKES: Next is the report of Reference Committee "FIN".

DR. EDWARD W. SPRAGUE: I will read that part of the report which refers to the report of the Finance and Budget Committee:

From Sect. 7

The Finance and Budget Committee

Delegates from Essex County appeared before this Reference Committee asking for reduction of the budget for the operation of The Medical Society of New Jersey covering the coming fiscal year, June 1st, 1940, to May 31st, 1941. It was pointed out that the total costs are gradually rising and the dues are a serious burden to many physicians and opinions were expressed that some activities should be reduced and others eliminated, without injury to the work of the Society as a whole.

The Reference Committee has seriously considered these requests, and the committee has also reviewed and considered the justification of the various items in the budget. The Finance and Budget Committee has had to include additional items of expense to cover additions in the budget for the development of the Medical Service Administration which the Delegates ordered last year. Sponsorship and financial assistance will have to be extended to the Medical Service Administration until it is either self-supporting, or abandoned. Other increases were notably in the Public Relations and Medical Practice Committee, the President's Contingent Fund, and the Woman's Auxiliary.

The Medical Society of New Jersey has established fine and understanding relationships between the public and the profession. The profession is trusted by the officials and the citizens of this State in its endeavor to furnish adequate medical care to all. Extensive amounts of work have been done by all of the many committees; and this work costs money, and money is also needed to protect medical practice from the various intentional and unintentional detrimental forces which are abroad in this land. Even the altruistic objectives of our Society require the expenditure of money.

The budget has been broken down into its respective items, and these items have been carefully examined. If the Society expects the work to go on as planned on the same scale, the approximate budgeted sums will be needed. This committee recommends a reduction in the Public Relations item of $1,330.00, making that total $2,500.00. We also recommend reduction in the Legal item of $500.00, making that total $2,000.00.

We urge the officers and the delegates to be especially mindful of costs and also mindful of the relative usefulness of the various activities. Again we urge economy in the routine detail of each department. We suggest that component societies from time to time send delegations to appear before the officers to place on record their ideas on the subjects of policy-plans and costs. New projects need most careful scrutiny.

During the past year there has been a deficit of $3,876.63 in the designated surplus of $20,000.00. This deficit has been caused by the "Loan to Medical Service Plan—$5,000.00." The Essex County delegation believes this should be considered as a loan

and therefore an asset and should be included in our current surplus. The Reference Committee recognizes this as an unsecured loan with considerable uncertainty as to its recovery. This committee will not assume the responsibility of classifying this loan as a sufficiently liquid asset whereby it could be placed as such in the cash or current surplus account and by such an act the annual dues therefore could be reduced one more dollar.

As a result of our review of the Finance and Budget Committee report, we recommend:

1. That the total budget presented by the Finance and Budget Committee for 1940-41 be changed and approved at $75,389.00.

2. That the annual dues for 1940-41 shall be $16.00 per member.

(Signed) EDWARD W. SPRAGUE,
Chairman

H. B. WALKER
S. A. COSGROVE
D. MCBRIDE

DR. HOLLINSHED: To bring this up for discussion (total budget, and annual dues of $16.00), I move its adoption. I am not in favor of it, but I move its adoption.

DR. NORTH: I second the motion.

DR. KRAKER: I move an amendment to the report that, instead of the annual dues being $16.00, they be $15.00 for the current year.

Dr. Kraker referred to the action of the Board of Trustees on May 16, 1937, that The Medical Society of New Jersey adopt a policy of keeping a surplus of $20,000; and that the dues be automatically lowered or raised so as to keep the surplus at that amount.

Dr. Kraker also referred to the loan of $5,000 to the Medical Service Administration.

Dr. North explained about considering the loan to be an asset, and moved that the dues remain at $16.

DR. HOLLINSHED: I think that the mistake that was made in the first place was that, when this thing was drawn up, just one word was left out; and that the intent was that the surplus of $20,000 should be *liquid*.

The money that was loaned to the Medical Service Corporation is not *liquid;* so that, in case an emergency should arise, we would be caught in an embarrassing situation.

I think it would be a great mistake to reduce the dues at this time, particularly when so many emergencies are arising.

DR. ALLMAN: Question on the original motion (that the dues be $16).

PRESIDENT HAWKES: Is there any further discussion? If not, those in favor say "Aye"; opposed, "No".

The question is carried.

45. TREASURER'S REPORT

From Sect. 6

Dr. Sprague then read the section of the report of the Reference Committee "FIN" referring to the Treasurer's report.

The Reference Committee has examined the report of the Treasurer and has found the schedule of the receipts and expenditures correct as listed in the attached report of the Treasurer.

The committee again reminds you of the confusion that arises at this time each year as to the financial position of The Medical Society of New Jersey because:

1. The fiscal year and the budgetary year begin June 1st and end May 31st, while the assessment year is from January 1st to December 31st following. That results in the cash position on May 31st of each year showing a large amount of money. This arises because the cash position includes the suspense account, which is necessary to cover the needs of the succeeding seven months of the fiscal year.

Respectfully submitted,
H. B. WALKER
S. A. COSGROVE
EDWARD W. SPRAGUE

On motion of Dr. Allman, the report of the Treasurer was adopted.

46. REPORT OF REFERENCE COMMITTEE "PROG"

From Sect. 20

Dr. James F. Norton read the report of Chairman Londrigan, who was unable to be present. The committee recommended that the reports of the Committee on the Annual Meeting and the Sub-Committees on Scientific Program and Scientific Exhibits, and moved their adoption.

This motion was seconded by Dr. Allman, and carried.

47. REFERENCE COMMITTEE "WEL"

PRESIDENT HAWKES: Next is the report of the Reference Committee "WEL".

Chairman Clarence W. Way read the report of Reference Committee "WEL", and particularly commended Section III on Post-Graduate Education, referring to President-Elect Morris' inaugural report, Sections A, B, and C, of Sect. 29.

Report of Reference Committee "WEL"

I. Your Reference Committee has reviewed the report of the *Welfare Committee* and wishes to commend the report and to urge every member of The Medical Society of New Jersey to read not only this report but all the Annual Reports that have been made to the House of Delegates.

II. The Welfare Committee, a unique institution

in organized medicine, permits a two-way flow of opinion and facts among the members of The Medical Society of New Jersey and its leaders. The Medical Society of New Jersey owes a debt of gratitude to the members of the Welfare Committee, who by virtue of the organization of the Welfare Committee, bring their special mental equipment to the special or advisory committees of the Welfare Committee as well as the Welfare Committee itself, and are thus required to spend many hours at Trenton or at other meetings throughout the year. I move the adoption of this portion of the report.

Carried.

III. Your Reference Committee has studied the report of the *Post-Graduate Education Committee* and finds itself in absolute accord with this report and with the suggestion of the gentlemen who were good enough to appear before this Reference Committee. These gentlemen, including the Chairman of the committee for 1940-41, have suggested the expansion of our post-graduate activities and the institution of a cash prize to stimulate scientific and literary activities of our members. Special note should be taken of the retirement of the chairman, who has given years of tireless effort to important work of this committee. We bespeak your support of the new Chairman, who comes to the office well equipped by experience and with a fund of enthusiasm and ability. I move the adoption of this portion of the report.

Carried.

IV. Your Reference Committee approves of the principle of the *Ways and Means Committee* in that it fills the need for a coördinating agency to prevent duplication of effort and to assure rapid translation of the philosophy of The Medical Society of New Jersey when speed is essential. We approve as well the report of this special committee. I move the adoption of this portion of the report.

V. I move the adoption of the report as a whole.

Respectfully submitted,

CLARENCE W. WAY, M.D., *Chairman*
A. DUNBAR HUTCHINSON, M.D.
THEODORE THOMPSON, M.D.
E. LEROY WOOD, M.D.
ROBERT E. WATKINS, M.D.

This report was considered paragraph by paragraph, and on motion each was adopted.

48. REPORT OF THE SPECIAL REFERENCE COMMITTEE ON CONSTITUTION AND BY-LAWS

DR. KRAKER: The Reference Committee on Constitution and By-Laws suggests to the Society that the fewer changes that are made in the Constitution and By-Laws, the better for the Sociey as a whole.

48 A. NUMBER OF MEMBERS OF COMMITTEES

From Sects. 22 and 23

DR. KRAKER: At the request of incoming President Morris, the committee brings up the point that the Society approve the amendments to Chapter VIII, Sections 6, 10, 11, and 12, so that the words "at least" be added before the word "five", in order that the number of members of certain committees may be increased to more than five.

PRESIDENT HAWKES: The chair believes the By-Laws cannot be amended at this time.

DR. KRAKER: This is merely that the opinion report of the committee be approved.

The recommendation of the committee and the opinion of Dr. Kraker were put to vote, and were carried.

48 B. AD-INTERIM MEETING

From Sect. 22

DR. KRAKER: A further request was made that constitutional provision be made for an ad-interim meeting of the House of Delegates to be held in January. Already there is a constitutional provision that an ad-interim meeting may be held on the request of the Board of Trustees, or the petition of twenty members of the Society. The committee therefore disapproves the request that an ad-interim meeting of the House of Delegates be held.

On motion and a vote, the action of the Reference Committee was sustained.

49. RECONSIDERATION OF REPORT OF COMMITTEE FOR THE STUDY OF STERILIZATION

From Sects. 35 VIII, and 49

DR. FARR: I move that the House reconsider its approval of part of the report of the Reference Committee "PH" recommending no further action regarding the study of sterilization. I also move that the incoming President be requested to appoint a committee to continue the study of the need of sterilization.

PRESIDENT HAWKES: We are simply considering the question whether or not we shall reconsider the action on the report of Reference Committee "PH".

A rising vote being taken, there were 21 in favor of reconsideration, and 35 against.

The Chairman declared the motion lost.

50. REPORT OF THE REFERENCE COMMITTEE "MP"

PRESIDENT HAWKES: We will hear the report of Dr. Schaaf.

DR. SCHAAF: The committee met at 10:00 a. m. on Thursday, June 6, with Dr. Schaaf, Chairman, and Drs. Fuhrman, Haywood, and Lathrop present.

50 A. Listing Osteopaths in Telephone Directories

From Sect. 21

Dr. Schaaf: The committee considered the reports of the Advisory Committees to the Sub-Committee on Medical Practice. It first considered the resolution offered by Dr. Hyman of Atlantic County regarding the proper listing of osteopaths with full licenses to practice medicine in the proper manner in the classified sections of the telephone directories. The committee recommends that this matter be referred to the Board of Trustees of the State Society, with the request that they take appropriate action either directly or through the appropriate committee to present this matter to the telephone company for adjustment.

On motion this section of the report was referred to the Trustees to take appropriate action either directly or through an appropriate committee.

50 B. Report of Committee on Auxiliary Medical Services

From Sect. 20

Dr. Schaaf read paragraph II of the report as follows:

II. The report of the Advisory Committee on Auxiliary Medical Services, Dr. Sigurd W. Johnsen, Chairman, was studied. Your Reference Committee wishes to commend the Advisory Committee on Auxiliary Medical Services for the excellence of its report and for the completeness of its plan of organization for the various hospital auxiliary departments including the pathology laboratories, anesthesiology, physical therapy, and radiological departments. The recommended standards are of the highest type and should furnish the standards which every hospital should endeavor to attain. The committee believes that the proposed set-up is entirely adequate for even the largest hospitals but wishes to leave the impression that the cost of such a set-up would be prohibitive to the small institutions and that entirely satisfactory work can be done by such small institutions by less elaborately equipped auxiliary departments. Your committee recommends that copies of the report of the Advisory Committee on Auxiliary Medical Services be mailed to the medical directors of all ohspitals in the State of New Jersey.

On motion this report was adopted.

50 C. Hospital Consultations in Medically Indigent Cases

From Sect. 20

Dr. Schaaf read paragraph III of the report as follows:

III. The committee considered a resolution contained in the supplementary report of the Committee on Hospital Relationships regarding the privilege of consultation in medically indigent cases on ward care. The committee does not recommend the adoption of this proposed amendment to hospital staff by-laws because of obvious difficulties in staff administration which would inevitably follow. The committee believes that such a by-law is not necessary inasmuch as it is common practice for attending surgeons and physicians on ward cases to permit the family physician to see the case upon request.

On motion this report was approved.

50 D. Report of the Advisory Committee on Contract Practice

From Sect. 20

Dr. Reuben Sharp, Chairman

IV. The Reference Committee reviewed this report, which is brief and contained no new recommendations or suggestions. It is recommended that this Advisory Committee to the Sub-Committee on Medical Practice be continued to consider such matters as may properly be brought before it.

On motion this report was adopted.

50 E. Report of the Advisory Committee on Workmen's Compensation

From Sect. 20

Dr. Schaaf read paragraph V of the report as follows:

V. Your committee considered the report of the Advisory Committee on Workmen's Compensation with Dr. Harry M. Comando, Chairman. This report embodies no new recommendations, little action having been taken by this committee because of the contemplated proposal to the amended Workmen's Compensation Act by legislative action. The committee recommends the acceptance of this report as rendered.

Dr. Comando in his supplementary report recommended that an amendment be introduced into the legislature to insert a clause in the Workmen's Compensation Act which would permit a medical attendant to bring suit against any employer in cases where his services have been retained by the employer but in which the liability of the employer is subsequently adjudged to be non-existent.

The Reference Committee recommends that this matter be referred to the Board of Trustees for action by the appropriate committee.

On motion of Dr. Schaaf this report was adopted.

50 F. Report of the Advisory Committee on Industrial Health and Hygiene

From Sect. 20

Dr. Schaaf read the following report:

VI. The Reference Committee considered the report of the Advisory Committee on Industrial Health and Hygiene, Dr. J. Irving Fort, Chairman. Your committee recommends that this report be received and approved and that the recommendations embodied therein be acted upon by The Medical Society of New Jersey in an appropriate manner.

The Reference Committee wishes to compliment the Advisory Committee on Industrial Health and Hygiene upon the excellence of its report and the thoroughness of the study that they have given to their subject.

Adopted.

50 G. Report of the Advisory Committee on Pharmaceutical Problems

Dr. Chester I. Ulmer, Chairman

Dr. Schaaf read the following section:

VII. Your Reference Committee considered this report and recommends that this report be received and approved and that the committee be complimented on the excellence of their work.

VIII. Your Reference Committee considered the report of the Advisory Committee on Nursing and Nursing Education with Dr. A. Charles Zehnder, Chairman. Your committee recommends that the Advisory Committee on Nursing and Nursing Education be commended for the enormous effort which they have made in the study of the curricula of nurses' training schools in New Jersey and for the excellence of their report. The Advisory Committee makes one recommendation regarding the hours to be required in general medical nursing which your Reference Committee believes should be adopted.

Adopted.

50 H. Report of the Advisory Committee on Hospital Relations

From Sect. 18

Dr. Schaaf read paragraph IX, as follows:

IX. Your Reference Committee considered the report of the Advisory Committee on Hospital Relationships, Dr. Spencer T. Snedecor, Chairman. This report deals chiefly with standardization of constitution and by-laws of medical staffs of voluntary hospitals. It is recommended that this report be received, that the recommendations be approved, and that the committee be complimented on the tremendous amount of effort which they have exhibited in the study of this subject.

On motion this report was approved.

50 I. Report of the Advisory Committee on the Medical Care of the Indigent and Low-Wage Group

From Sect. 19

Dr. Schaaf read the report as follows:

X. Your Reference Committee considered the report of the Advisory Committee on Medical Care of the Indigent and Low-Wage Group, Dr. George W. Fithian, Chairman, together with the supplementary report of this committee. The Reference Committee recommends that the original report be received and approved and that the recommendations contained therein be carried out.

The supplementary report deals with the care of the medically indigent who are receiving direct relief, certain cases who are on W. P. A., and certain other casual cases to be accepted on relief deficiency. In essence the proposed plan embodies the features which were originally incorporated in the Emergency Relief Administration plan which was in effect in New Jersey some years ago.

The Reference Committee has carefully considered the proposed plans for the rendering of medical service to this group, and although the report is too lengthy for a detailed reading at this time, the committee recommends to the House of Delegates that it be adopted in its entirety.

Paragraph X was approved.

President Hawkes: This is a plan that was formulated through the coöperation of the Committee on Medical Care, with the Directors of the State Finance Assistance Corporation; and under the direction of Governor Moore, to make it possible for the municipalities to recompense physicians for medical services, and to recompense them for expenditures by appeal or presentation to the Financial Assistance Corporation. The plan will give medical care only to the extent that municipalities are receiving aid from the State. A complete plan will require new legislation.

The report was put to a vote and adopted.

50 J. Old-Age Pension Plan

XI. A question was brought before the Reference Committee by Dr. Fuhrmann, a member of the committee, regarding the payment of bills for medical service to individuals included in the old-age pension plan. It developed that in the present set-up, an attending physician cannot receive payment for services rendered in the final month of life in such cases. This is a technical problem revolving around the set-up of the *old-age pension administration*. Your committee recommends that the Board of Trustees be requested to undertake a study of this problem and to take such action as may seem proper to them in the circumstances.

Respectfully submitted,
Royal A. Schaaf, M.D., *Chairman.*

Paragraph XI was adopted.

DR. SCHAAF: I move the adoption of the report as a whole.

Motion carried.

51. MEDICAL PREPAREDNESS

PRESIDENT HAWKES: I will introduce Dr. Stanley Nichols, Chairman of the Sub-Committee on Public Health, who wishes to make a statement, not a report, on Medical Preparedness.

DR. NICHOLS: It is now crystal clear that, regardless of the temporary outcome of the war in Europe, our country will inevitably become, in the immediate future, the main factor in the defense of our Christian civilization against the mechanized thinly veneered barbaric hordes now overrunning the Old World.

It is useless to further discuss—Shall we be in this war? We are already in this war as a service of supply—tomorrow we will be in the main reserve of civilization's forces and, before we know it, we must be in the front-line trenches of the defense of our own Western Hemisphere—which is likely to be the final battleground on which will be decided for the next 1000 years whether the human liberties which we have enjoyed during our lifetime shall endure.

Therefore, in the titanic struggle which is now on our doorstep, it behooves The Medical Society of New Jersey to seriously consider what will happen to public health and medical care in the year to come. We must prepare to meet all of the needs of the military and civilian population which are both completely involved in the total wars of today. We must make the necessary adjustments in medical practice to meet the great expansion of medical services and preventive medical needs involved. Not only military medicine will be needed but, particularly in view of our low birth rate, increasing emphasis will be laid by public health authorities on better maternal health for all, better child health, better cancer control, tuberculosis control, and so on, through the entire category of our public health efforts in the public interest by our Society during the past ten years.

In order to preserve and maintain the best possible quality of medical service and preventive medicine and health building for the people of New Jersey, we must increasingly volunteer our services, both individually and collectively, and cooperate with public official health and welfare agencies and private health and welfare agencies as we have done for many years for the betterment of public health in this State.

In the year to come we must be increasingly vigilant in the preservation of our present medical liberty as both private and public practitioners of medicine, for it is only by this method we can uphold essential qualities in medical service. Great efforts will be made to draft all of our health professions for wholesome health care with the inevitable consequent deterioration in the quality of such care.

In all totalitarian regimes the liberty of the people and of the medical and other health professions as well, becomes totally extinct. Let us do our best to preserve such measure of medical freedom as is compatible with good national defense. The anachronism peculiarly exists—that in the defense of human liberty—liberty itself is very likely to be lost. This may easily happen to our profession in this situation.

Some will now say—But supposing the democratic countries of Europe survive? We will still be faced with the same needs. It will then be necessary for our United States to take a major part in the great sacrifices which will be necessary for the rebuilding of democratic civilization as we know it.

Therefore, let us highly resolve to volunteer the services of The Medical Society of New Jersey to all who need it and to strive, as in the past, to maintain the best possible quality of both private and public health in New Jersey by truly democratic methods of public procedure in the present crisis now facing us.

(Signed) STANLEY NICHOLS, *Chairman.*

52. COMMITTEE ON RESOLUTIONS AND MEMORIALS

From Sect. 20 A

PRESIDENT HAWKES: Dr. Shippe will give the report of his committee.

DR. SHIPPE: The following is a report of the Reference Committee on Resolutions and Memorials of the New Jersey Society of Clinical Pathologists dated April 15, 1940, Asher Yaguda, President:

House of Delegates of The Medical Society of New Jersey:

The following is a copy of a brief submitted January 26, 1940, by the Executive Committee of The American Society of Clinical Pathologists to the Executive Committee of the Board of Trustees of the American Medical Association.

The purpose of this brief is threefold:

First, to acquaint the Trustees of the American Medical Association with the present problems in that specialized form of the practice of medicine commonly referred to as Clinical Pathology, and to emphasize the present and active trend toward the socialization of this phase of medical practice.

Second, to call attention to the very important and significant action taken in respect to these matters by the Kansas State Board of Health which is fully described in the attached brief.

Third, to request support and approval by the American Medical Association for a resolution embodying the principles expressed in the action of the Kansas State Board of Health which will be presented to the House of Delegates of the American Medical Association at the coming convention in June, 1940.

The New Jersey Society of Clinical Pathologists solicits your careful and sympathetic consideration of the brief herewith attached and also of the matters presented below.

If there has ever been any doubt concerning the relation of Clinical Pathology to the practice of medicine, or any question that the practice of Clinical Pathology is a part and parcel—a specialized phase of the practice of medicine, these are no longer tenable in the presence of the resolution adopted by the American Medical Association at St. Louis in 1939.

This resolution follows:

"*Whereas*, Years ago the examinations made by clinical laboratories were largely factual in nature and as a consequence, a portion of the work was done by chemists and technicians not having medical degrees or being licensed to practice medicine; and

"*Whereas*, The developments in laboratory medicine, particularly in the last one or two decades, have been such as to require clinical medical knowledge for the safe performance of many of the newer diagnostic procedures undertaken; and

"*Whereas*, Specimens are obtained by surgical means from the spinal canal, veins, and organs of the body and dyes and other drugs are injected for the purpose of various functional tests, all definitely requiring clinical medical experience and judgment for their performance and interpretation if the safety of the patient is to be guarded; therefore, be it

"*Resolved*, That the American Medical Association specifically recognizes the practice of clinical pathology as a specialty of medicine and believes that those persons who practice it and who act as directors of clinical laboratories must be graduates of recognized medical schools and licensed to practice medicine in their respective states;

"That clinical pathology, as well as certain other specialized forms of medical practice, such as radiology, physical therapy and anesthesiology, have in the past offered opportunity for the laity into the practice of medicine as well as opportunity for the insidious socialization of medical practice is well and commonly known."

DR. SHIPPE: This committee favors this resolution, except its last paragraph, which may be a little strict. We recommend that this Society instruct its Delegates to the A. M. A. that we favor the introduction of this resolution excepting possibly the last paragraph.

Dr. Shippe read the remainder of his communication as follows:

Equally evident is the fact that, in the field of Clinical Pathology, the socialization of medicine has already begun. What is not, perhaps, also equally evident is the fact that once the socialization of medicine is in effect in any one phase of medical practice, its extension to others will not be long in following and difficult to prevent.

The problem, therefore, is one which affects the medical profession at large.

For these reasons, therefore, is one which affects the medical profession at large.

For these reasons, therefore, the New Jersey Society of Clinical Pathologists requests your consideration and approval for the attached resolution to be presented to the House of Delegates of the New Jersey State Medical Society at its coming convention in June, 1940:

Whereas, in a resolution adopted May, 1939, by the American Medical Association, the practice of Clinical Pathology has been recognized to be, as it always has been, a specialized phase of the practice of medicine; and,

Whereas, by virtue of various concomitant, and to some extent fortuitous circumstances, this phase of medical practice has been definitely invaded by the laity; and,

Whereas, in connection with various programs concerned with the eradication of various diseases there has been a definite trend toward the socialization of medical practice as exemplified in the practice of clinical pathology; and

Whereas, the socialization of any one phase of medical practice may well lead, and inevitably will lead to the socialization of medical practice in any or all of its varied phases, therefore,

Be it resolved, that The Medical Society of New Jersey instruct, and does hereby instruct, its Delegates to the American Medical Association to support and vote for a resolution to be introduced at the session held in June, 1940, the purpose of which shall be to oppose the socialization of medicine in any of its phases.

On motion this resolution was adopted.

53. PLACE OF 1941 MEETING

DR. ALLMAN: On behalf of the Atlantic City Commission and the citizens of this city, as well as the Atlantic County Medical Society, I should like to express our appreciation to the members of The Medical Society of New Jersey for holding the Annual Meeting of the Society in our city.

I have been instructed by the Atlantic County Medical Society to invite you to hold your Annual Meeting in our city in 1941. I so move.

The motion was seconded, put to vote and carried.

54. APPRECIATION TO PRESIDENT HAWKES

DR. READ: On behalf of the Delegates, I move that we extend our sincere thanks to President Hawkes for the kindness and efficiency with which he has presided.

The members expressed their approval of the motion by rising and applauding.

PRESIDENT HAWKES: I declare the Annual Meeting adjourned.

The meeting adjourned at 3:00 o'clock.

E. ZEH HAWKES, *President*
ALFRED STAHL, *Secretary*

Verbatim reports of the proceedings were made by the Master Reporting Company, 51 Madison Avenue, New York City. The original transcription of the reports is on file in the Executive Offices of the Society, 143 East State Street, Trenton, New Jersey.

PART TWO

SCIENTIFIC FEATURES OF THE ANNUAL MEETING

The Scientific Features of the Annual Meeting consisted of three groups of subjects:
Group 1. The Scientific Sessions.
Group 2. The Scientific Exhibits.
Group 3. The Technical Exhibits.

GROUP ONE. SCIENTIFIC SESSIONS

As in the Annual Meeting of 1939, Scientific Sessions were held under two general subdivisions of Medical Practice:

A. Administrative Medicine.
B. The Specialties.

A. ADMINISTRATIVE MEDICINE

An evening session of The Medical Society of New Jersey was held on June fourth in the large assembly room of Haddon Hall, at which the subject "What Is Needed Now" was presented by Arthur F. Vanderbilt, Esq., of Newark, N. J., member of the New Jersey Bar, Chairman of the Judicial Council of New Jersey, Past President of the American Bar Association, and Professor of Law at New York University.

Mr. Vanderbilt discussed the broad principles of the general discontent over existing conditions, especially in regard to *material things*. He showed how money and goods do not bring contentment, and neither would governmental distribution of medical services bring health and happiness. He then cited items of progress made by medical leaders in unselfishly promoting health and vigor among all classes of people. The entire address is published in the July Journal, pages 356-361. The points which he made could well be used by physicians in addressing lay audiences.

B. THE SPECIALTIES

Three sessions of combined sections were held as follows:

1. Medicine and Gastro-Enterology, with eight subjects discussed.
2. Pediatrics and Radiology, with six subjects discussed.
3. Surgery, Gynecology, and Obstetrics, with four subjects discussed.

Each of the seven scientific sections held meetings as follows:

1. Radiology

Philip S. Avery, M.D., Bound Brook, Chairman
W. James Marquis, M.D., Newark, Secretary

Eight papers were presented.

The following officers of the section were elected:

Chairman, James G. Boyes, M.D., Plainfield
Vice-Chairman, Nathan J. Furst, M.D., Newark
Secretary, W. James Marquis, M.D., Newark

2. Gastro-Enterology

Hyman S. Goldstein, M.D., Chairman
Carroll D. Smith, M.D., Secretary

Fourteen papers were presented in two sessions.

The following officers of the section were elected:

Chairman, Carroll D. Smith, M.D., Paterson
Secretary, Jacob L. Mathesheimer, M.D., Jersey City

3. Medicine

Thomas M. Kain, M.D., Chairman
Dean W. Marquis, M.D., Secretary

Fourteen papers were presented in two sessions.

The following officers of the section were elected:

Chairman, Dean W. Marquis, M.D., East Orange
Secretary, Clarence W. Way, M.D., Sea Isle City

4. Pediatrics

E. Warren Ripley, M.D., Chairman
Vincent Del Duca, M.D., Secretary

Six papers were presented.

The following officers of the section were elected:

Chairman, Vincent Del Duca, M.D., Camden
Secretary, Harrold A. Murray, M.D., Newark

5. Surgery

Victor Seidler, M.D., Chairman
C. Abbott Beling, M.D., Secretary

Five papers were presented.

The following officers of the section were elected:

Chairman, C. Abbott Beling, M.D., South Orange
Secretary, William W. Cox, M.D., Montclair

6. Eye, Ear, Nose, and Throat

James S. Shipman, M.D., Chairman
Wright MacMillan, M.D., Secretary

Six papers were presented.

Officers were elected as follows:

Chairman, Edgar P. Cardwell, M.D., Newark
Secretary, Wright MacMillan, M.D., Montclair

7. Obstetrics and Gynecology

J. Carlisle Brown, M.D., Chairman
Harrison B. Wilson, M.D., Secretary

Five papers were presented.

The following officers of the section were elected:

Chairman, Harrison B. Wilson, M.D., Hackensack
Secretary, Robert A. MacKenzie, M.D., Asbury Park

The number of speakers listed on the several programs were as follows:

Physicians from New Jersey	40
Physicians from outside of New Jersey	40
Total	80

The names of all the speakers and the subjects of their addresses are printed in the May Journal, pages 284-288.

GROUP TWO. SCIENTIFIC EXHIBITS

The Scientific Exhibits were shown in booths adjoining the registration desk and were readily accessible to the members and visitors. They were of more interest and educational value than ever before, for two reasons:

1. The research workers had developed the subjects of their exhibits over a series of years, and had a larger collection from which to choose.

2. The workers had profited by their experience in former years, and were able to choose subjects for display which had been proved attractive through previous experience.

Two groups of awards for excellence of the Scientific Exhibits were made as follows:

1. For original exhibits of meritorius excellence:

First Award—

Deficiency Diseases.
Herbert T. Kelly, M.D.; Edmund L. Housel, M.D., and William M. Emrey, M.D., Graduate School of Medicine, University of Pennsylvania, Philadelphia, Pa.

Second Award—

Human Sterility and Related Studies in Ovulation.
Samuel L. Siegler, M.D., Brooklyn, N. Y.

Third Award—

Lung Changes Caused by Rheumatic Fever—Their Rôle in the Development of Rheumatic Heart Disease
Benjamin A. Gouley, M.D., Philadelphia General and Jewish Hospitals, Philadelphia, Pa.

Honorable Mention—

Chronic Gastritis.
C. L. Jackson, M.D.; William A. Swalm, M.D., and Lester Morrison, M.D., Temple University Hospital, Philadelphia, Pa.

2. For exhibits of meritorius excellence open only to New Jersey exhibitors:

First Award—

A One-Hour Renal Condition Test.
William G. Exton, M.D., and A. R. Rose, Ph.D., Newark, New Jersey.

Second Award—

Lesions Associated with Parturition and the Newborn.
Samuel A. Goldberg, M.D., Presbyterian Hospital, Newark, New Jersey.

Third Award—

Molds: The Relationship to Inhalant Allergy.
Nathan Schaffer, M.D., East Orange, New Jersey.

Honorable Mention—

The Treatment of Carcinoma of the Body of the Uterus.
Milton Friedman, M.D., Newark City Hospital, Newark, New Jersey.

GROUP THREE. THE TECHNICAL EXHIBITS

Under the title of "Technical Exhibits" are included the wares which physicians purchase for use in their practice. The exhibits were more popular than ever, and samples of wares were eagerly sought by the doctors and their wives. Forty-two firms occupied the booths, which were described in the May Journal, pages 291-294.

PART THREE

THE WOMAN'S AUXILIARY

TO

THE MEDICAL SOCIETY OF NEW JERSEY

The thirteenth anniversary meeting of the Woman's Auxiliary was held in Haddon Hall, Atlantic City, June 4-7, 1940, in connection with the 175th anniversary meeting of The Medical Society of New Jersey.

1. REPORT OF THE COMMITTEE ON CREDENTIALS AND REGISTRATION

JUNE 4, 5, 6, 1940

By MRS. DEAN H. LE FAVOR, Palmyra, N. J.

County	Delegates	Alternates	Members	Guests	Total
Atlantic	3	4	25	2	34
Bergen	3	2	3	2	10
Burlington	2	1	4	0	7
Camden	4	1	9	0	14
Cape May	0	1	1	1	3
Essex	9	5	22	3	39
Gloucester	0	2	5	0	7
Hudson	4	0	5	3	12
Mercer	2	1	5	0	8
Middlesex	2	1	1	0	4
Monmouth	0	0	5	1	6
Morris	0	0	1	3	4
Ocean	1	0	0	3	4
Passaic	5	2	8	0	15
Somerset	2	0	0	2	4
Union	1	1	5	2	9
Warren	1	1	2	1	5
New York City	0	0	0	3	3
Easton, Pa.	0	0	0	1	1
Hollywood, Cal.	0	0	0	1	1
	39	22	101	28	190
Executive Board	27				27
County Presidents	12				12
Honorary Member	1				1
Total					230

Respectfully submitted,

MRS. DEAN H. LEFAVOR.

2. ANNUAL REPORT OF THE PRESIDENT

By Mrs. G. E. McDonnel, Mount Holly, N. J.

Under the guidance of the Advisory Committee appointed by the President of The Medical Society of New Jersey, Dr. E. Zeh Hawkes, the Woman's Auxiliary has carried on its various activities. Early in the Fall the Program Booklet for the year was planned on the basis of the National Program and a copy was sent to each member of the Auxiliary. The theme for the year was "An informed membership". Attention was particularly called to the following topics:

A. Reading of current medical topics at Auxiliary meetings.
B. The planning of programs in advance.
C. A monthly meeting.
D. The observance of Doctor's Day, March 30th.
E. Cultivation of a philanthropy.

MEETINGS

At the October meeting held in Camden, N. J., we had the privilege of entertaining our National President, Mrs. Rollo K. Packard, of Chicago, Ill., and the President of The Medical Society of New Jersey, Dr. E. Zeh Hawkes, who stressed the importance of an interest in the Society for Widows and Orphans of New Jersey.

At the January open meeting held in Trenton, N. J., the Chairman of our Advisory Committee, Dr. Hammell P. Shipps, of Delanco, instructed us regarding the relationship of the Auxiliary to the Medical Society; and Dr. Thomas K. Lewis, of Camden, talked to us about the Wagner Bill and the Medical Practice Act.

At the March meeting held in Newark, Dr. Ellen C. Potter gave an informative talk on Child Adoptions, a series of the articles having previously appeared in the Journal of the Medical Society.

County Auxiliary programs have been carried on along the same lines and the education of our own members is being stressed.

A question and answer pamphlet was sent to each county President and Board member to assist them to give the Medical Society's point of view at every apportunity.

PUBLIC RELATIONS

Either Health Institutes or Public Relations meetings have been held in all counties, two counties holding all-day institutes and the balance Public Relations meetings.

Many counties held book reviews; 102 speakers were placed for lay groups; essay contests were conducted in the public schools; and clippings on current medical topics have been sent to the State office.

Publicity has been given to the radio broadcasts of the American Medical Association.

MEMBERSHIP

The paid-up membership for 1939-40 is 906, an increase of 32 over last year. There are 15 organized counties in New Jersey.

We have 3797 doctors in The Medical Society of New Jersey, and so there is still a possible increase of membership of about 1500.

ACTIVITIES

The Legislative Committee has stressed information on the Wagner Bill and the Medical Practice Act of New Jersey. One county held a study group on the Wagner Bill. Current medical legislation was presented at all meetings.

A history of the past thirteen years has been compiled by our Historian.

The Publicity Chairmen have been active, and their reports in the State Journal have greatly improved in content.

The Arts, Hobby and Medical History Committee has been doing an active piece of work. A very fine exhibit of arts and hobbies of the medical men and women is on display at the annual meeting. Many histories and biographies of medical men have been compiled. Evidence of the interest taken in these exhibits is evidenced by the large attendance at the Exhibit at the State Society meeting.

All of the counties participate in some form of philanthropy or other, among them being doctors' benevolent funds; blood transfusion funds; student loan projects; student nurse scholarships; and assistance to the Red Cross, Tuberculosis League, and the Field Army for the Prevention of Cancer.

Our women have aided the Medical Society by being hostess during the clinic days of the Society, and in arranging for the entertainment at the Annual Meeting, and in other ways whenever they were called upon.

COUNTY AUXILIARIES

As President of the Auxiliary it has been my pleasure to visit the following County Auxiliaries: Atlantic, Bergen, Burlington, Cam-

den, Essex, Gloucester, Ocean, Union, Passaic, and Hudson.

I have attended the Public Relations meetings of the following: Atlantic, Burlington, Camden, Gloucester and Essex; and also the annual meetings of the following: Burlington, Essex, Hudson and Passaic, the first Fall meetings of Bergen, Atlantic and Union, and a regular meeting of Ocean County. At all of these meetings I have been most graciously received.

I have found all of the counties conforming to the general program as far as they are able and doing constructive work.

I have presided over all the Auxiliary Board meetings, attended the American Medical Association convention in St. Louis, Mo.; the Fall Board meeting of the American Medical Association Auxiliary in Chicago, Ill., and the Tenth Annual Health Institute of the Philadelphia County Auxiliary in Philadelphia, Pa.

As President, I have served in an advisory capacity, representing the Auxiliary of New Jersey.

I have made many trips to the Executive Offices in the interest of Auxiliary work.

CONTACTS

A card inquiring into the status of Auxiliary members in their relation with other woman's clubs was sent to each member. The returns from these have not been very gratifying. This card is a means of contact for legislative purposes when required, and should be answered by the members of the Auxiliary.

NATIONAL ORGANIZATION

The following members of our Auxiliary are serving the national organization:

Mrs. Ily R. Beir, Chairman of Art, Hobby and Medical History to the National Board.

Mrs. Don Epler, member of the National Committee on Legislation.

Mrs. A. Haines Lippincott, member of the National Committee on Public Relations.

Mrs. A. J. Casselman, member of the National Committee on Organization.

We have worked together, our activities are correlated, and we are learning the reason for our existence. I feel that we have made definite progress.

Respectfully submitted,
ELIZABETH P. MCDONNEL.

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3. THE EXECUTIVE COMMITTEE

By MRS. BANKS S. BAKER, Recording Secretary, Camden, N. J.

The pre-convention meeting of the Executive Board of the Woman's Auxiliary was held in Haddon Hall, June 4, 1940, at 10:30 a. m., with President McDonnel presiding.

Mrs. T. P. McConaghy, Treasurer, reported a balance of $764.60 on hand.

Mrs. McDonnel read the President's report, which was approved.

Mrs. Epler, First Vice-President, described the Second Annual New Jersey Social Hygiene Conference.

Mrs. J. H. Hornberger, Corresponding Secretary, recommended a part-time secretary be employed. This was endorsed, and referred to the Annual Meeting.

President McDonnel announced a meeting to be held in the evening for the instruction of newly elected officers of County Auxiliaries.

Proposals for revision of the Constitution and By-Laws were received.

MRS. BANKS S. BAKER, Secretary.

4. TREASURER'S REPORT

By Mrs. Thomas P. McConaghy, Treasurer, Camden, N. J.

The following report of the Treasurer for the year ending June 4, 1940 is submitted:

ANNUAL REPORT OF THE TREASURER

Balance on hand June 8, 1939		$ 643.44
Receipts		
Sale of handbooks	$ 2.00	
Sale of luncheon tickets, Board meetings in October and January	92.15	
Dues	$632.40	
Dues (arrears)	8.40	
	640.80	
		734.95
		$1,378.39
Disbursements		
1938-39:		
Additional expenses President (Mrs. Epler)	$ 17.60	
Additional expenses Corresponding Secretary (Mrs. Baker)	1.91	
Additional expenses Chairman Nominating Committee (Mrs. Salasin)	4.00	
1939-40:		
State Federation Dues	4.00	
National Dues (24 arrears, 906 current, 136 advance)	266.50	
Printing	21.75	
Treasurer's Bond	5.00	
President's Pin	24.00	
October and January Board Meetings luncheons	94.00	
Two guest Board Meetings luncheons	2.00	
Flowers January Board Meeting luncheon	2.00	
Expenses President (Mrs. McDonnel)	111.29	
Expenses Corresponding Secretary	12.13	
Expenses Treasurer	4.00	
Expenses Chairman Public Relations Committee	30.24	
Expenses Chairman Legisaltion	9.30	
Expenses Chairman Archives	33.00	
Expenses Chairman Credentials	1.68	
Expenses Chairman Nominating Committee	3.00	
Expenses Chairman Finance	1.63	
Expenses Chairman Entertainment	18.50	
Expenses Chairman Publicity	5.55	
Expenses Historian	15.66	
Stationery	7.65	
		$ 696.39
June 5, 1940:		
Balance on hand in Reserve Account (10% of dues)	$ 64.08	
Balance on hand in General Account	617.92	
		682.00
		$1,378.39

Respectfully submitted,

Louise M. McConaghy, Treasurer.

5. REPORT OF THE ANNUAL MEETING

By MRS. BANKS S. BAKER, Recording Secretary, Camden, N. J.

The Thirteenth Annual Meeting of the Woman's Auxiliary to The Medical Society of New Jersey was held in Haddon Hall, Atlantic City, on Wednesday, June 5, 1940, at 10:00 a. m., with Mrs. G. E. McDonnel, President, presiding.

OPENING EVENTS

Rev. Henry Merle Mason opened the meeting with an invocation.

An address of welcome was given by Mrs. James H. Mason, President of the Woman's Auxiliary of Atlantic County.

President McDonnel introduced Mrs. Rollo K. Packard, Chicago, President of the Woman's Auxiliary of the American Medical Association.

MEMORIAL SERVICE

Mrs. James A. Hunter conducted a memorial service for the following Auxiliary members who had died during the past year:

Mrs. Elbert Sherman, Essex County
Mrs. R. Russomano, Essex County
Mrs. Eugene Oliphant, Glouctester County
Mrs. George E. Reading, Gloucester County
Mrs. Horace Bellis, Mercer County
Mrs. Charles F. Halsted, Somerset County
Mrs. Charles B. Berger, Passaic County
Mrs. Rose Loblenze, Passaic County
Mrs. William Flitcroft, Passaic County
Mrs. Henry Cogan, Passaic County
Mrs. John Ryan, Passaic County
Mrs. T. F. Wade, Union County
Mrs. W. Golden, Union County

REPORTS

Mrs. G. E. McDonnel gave her annual report as President.

The reports of the following officers were given:

Mrs. Banks S. Baker, Recording Secretary
Mrs. J. H. Hornberger, Corresponding Secretary
Mrs. R. J. McDonald, President-Elect
Mrs. O. R. Carlander, Second Vice-President
Mrs. C. B. Russel, Mrs. C. C. Chianese and Mrs. Lancelot Ely, Directors

The following chairmen of committees also reported:

Mrs. C. C. Chianese, Archives
Mrs. Ily R. Beir, Art, Hobby, and Medical History
Mrs. Chester I. Ulmer, Finance
Mrs. James Hunter, Historian
Mrs. Mark E. Branan, Press and Publicity
Mrs. F. P. Gilpin, Printing
Mrs. A. Haines Lippincott, Public Relations
Mrs. A. W. Bickner, Legislation
Mrs. George A. Schiller, Widows and Orphans

On motion the reports were accepted.

Two items of revision of the Constitution were adopted.

Reports were submitted by the following County Presidents:

Atlantic, Mrs. James Mason
Bergen, Mrs. R. N. Berke
Burlington, Mrs. W. C. Wills
Camden, Mrs. Max L. Weimann
Cape May, Mrs. J. B. Townsend
Essex, Mrs. William D. Miningham
Hudson, Mrs. A. O. Largay
Mercer, Mrs. George N. J. Sommer
Ocean, Mrs. W. E. Dodd
Union, Mrs. Herschel S. Murphy
Warren, Mrs. Herman Baldauf
Gloucester, Mrs. W. G. Wandall
Passaic, Mrs. R. J. Vreeland
Somerset, Mrs. E. G. Brittain
Middlesex, Mrs. R. J. Faulkingham

ELECTION OF OFFICERS

The following officers were elected for the year 1940-1941:

President-Elect, Mrs. O. R. Carlander, Camden
First Vice-President, Mrs. Alvah W. Backner, Bergen
Second Vice-President, Mrs. F. B. Gilpin, Union
Recording Secretary, Mrs. Banks Baker, Camden
Treasurer, Mrs. T. P. McConaghy, Camden
Directors—
Mrs. W. B. Freile, Hudson
Mrs. F. G. Wandall, Gloucetser

MRS. BANKS S. BAKER,
Recording Secretary.

6. EXECUTIVE BOARD

By Mrs. Banks S. Baker, Camden, N. J.

The Executive Board of the Woman's Auxiliary held a post-convention meeting in Haddon Hall, Atlantic City, on the evening of June 6, 1940, with the newly elected President, Mrs. R. J. McDonald, presiding.

The details of organization for the year were discussed, and committees were appointed.

Mrs. James Hunter, Historian, described her plans for securing data on medical histories.

Mrs. Banks S. Baker,
Recording Secretary.

7. THE ART, HOBBY AND MEDICAL HISTORY EXHIBIT

By Mrs. Ily R. Beir, Chairman, Atlantic City, N. J.

The Woman's Auxiliary Exhibit of Art, Hobby, and Medical History was larger and more attractive than ever. The exhibit room was filled with observers at all hours; and it was extremely gratifying to note that the number of men equalled that of the ladies.

A successful feature was the afternoon tea, with Mrs. Maurice S. Avidan speaking of "Needlepoint, Yesterday and Today".

Much of the medical history material, shown at our State meeting, was used as the exhibit of New Jersey at the exhibition of the Exhibits Committee during the convention of the National Auxiliary in New York City during the week following our meeting. It was greatly admired, for it was the only exhibit of its kind there; and we may be proud to be able to record and publish the priority and standing of New Jersey in the medical world.

The absence of one collection of Indian relics cut down individual objects nearly 1,000, yet the greater size, value, number and attraction of the collections is shown by the 50 per cent increase in locked show-case space used. One thousand three hundred eight-two exhibits were shown by sixty-seven exhibitors. Of these, 1,135 were art and hobby exhibits shown by 44 exhibitors and they included 22 collections. One hundred seventy-two medical history exhibits were shown by eight exhibitors. Twelve county Medical History Committees had folders of medical history data and other exhibits. Dr. Frank Overton had a large collection of State medical history exhibits. There were exhibits by the State Auxiliary Historian, and the Chairman of the Archives Committee.

The following is a list of exhibits by groups:

MEDICAL HISTORY BY CHAIRMEN OF MEDICAL HISTORY COMMITTEES

Atlantic—Mrs. Allen Reick: Folder of biographies, thirteen bound biographies with photos; County Auxiliary scrap book by Mrs. L. Feinstein.

Bergen—Mrs. S. T. Snedecor: History of the County Medical Society; scrap book.

Burlington—Mrs. Dan Remer: History County Auxiliary; minutes book; group picture of doctors; book of four biographies; ancient microscope.

Cape May—Mrs. George A. Brooks: Scrap book of Auxiliary.

Essex—Mrs. H. Comando: Book of clippings; County Society Medical History; two biographies; two photos of the Ill family of doctors.

Camden—Mrs. P. R. Betancourt: Folder Biographies; four photos.

Gloucester—Mrs. B. A. Livengood: Biography folder; pictures, Drs. Downs, Ulmer, Crane, and doctor group; Program 100th anniversary county; other biographies.

Hudson—Mrs. John Nevin: Book of Auxiliary History.

Mercer—Mrs. H. Cowlbeck: Scrap book.

Ocean—Mrs. R. Buerman: Early history, county medical society and auxiliary; biography folder.

Passaic—Mrs. C. Russell: Biography folder.

Union—Mrs. E. W. Lance: Biography of Dr. F. A. Kinch.

Medical Society of N. J.—Dr. Frank Overton: Transactions State Medical Society, 1766-1858; Index, Minutes State Medical Society, 1766-1818; Photostats Minutes First Meeting State Medical Society, 1766; copies of early Somerset County Licenses; folder, photos Asbury Park meeting State Medical Society; three prints of Presidents State Medical Society; list, Fellows and Members; book of work sheets on History of Medical Society of N. J.

Archives Committee, State Auxiliary—Mrs. C. C. Chianese: Book on activities; folder of Auxiliary stationery.

State Auxiliary Historian—Mrs. James Hunter: History of Auxiliary; clippings book.

MEDICAL HISTORY EXHIBITS

Brass mortar and pestle by Mrs. C. B. Russell. Four old medical books by Mrs. Allan Reick. Physician's old bell and scales, by Mrs. James Hunter. Three old medical books, by Mrs. Roberts. Six cases old syringes, by Dr. Balogh. Set of tourniquets, by Mrs. P. Mecray. Set of about 100 Commemorative Medals, by Dr. Edward J. Ill.

ART AND HOBBY EXHIBITS

Three books of match covers, by Dr. David B. Allman.

Collection (110 pieces) of ancient fans, child's dishes, needlework, Indian relics, paintings, dolls, etc., by Mrs. Dan Remer.

Collection (41 pieces), Books on Birds, illustrated, by Mrs. H. L. Harley.

Collection (25 pieces), needlework, India articles, museum pieces, by Dr. C. I. Ulmer.

Collection, four ancient vases over 150 years old, and a cradle 100 years old, by Margaret Rumpp.

Collection, ancient snuff box, Egyptian lamp and ancient spectacles, by Mrs. James Hunter.

Collection (25 pieces), lace, frames, spools of thread, needles and boat model, by Mrs. H. W. Wright.

Collection of five music boxes, by Mrs. Andrew Smith.

Collection (15 pieces), dog models, cups, trophies, clippings, dog pictures, etc., by Dr. Longsdorf.

Collection (154 pieces), miniature dogs, houses, pitchers, by Mrs. H. C. Barkhorn.

Collection (100 pieces), Indian relics and pictures, by Dr. Dorothy Cross.

Collection (15 pieces), ancient ivory; nine pieces miniature china, by Mrs. W. Mount.

Collection (7 pieces), antiques, china, rings, etc., by Mrs. D. B. Ackley.

Collection (200), commemorative U. S. A. stamps, by Dr. Daniel Reyner.

Collection (18), electro-plated leaves, etc., by Dr. S. C. Rhoades.

Paintings were sent by Mesdames Daniel F. Remer, C. B. Russell, Levi M. Walker, J. I. Echikson, N. W. Curry, D. B. Ackley, Mary Lea Davis, Dr. D. B. Hull.

Mrs. James H. Mason had 74 pieces of colored glass. Mrs. Harry Subin showed a delft platter 125 years old, a delft clock 100 years old, 13 pieces of hobnail glass and delft ware. Mrs. Wayne Hall exhibited an ancient nursing bottle. Mrs. A. Reick had 67 ancient pitchers, etc. Mrs. Frank Bein had 59 miniature pitchers.

Under Photo Studies were 12 by Dr. Louis Perkel; 16 by Dr. William K. Campell; four of the Longsdorf family, by Dr. Longsdorf; seven prints by Dr. H. R. Pittman.

An etching was shown by Mrs. William D. Miningham. Mrs. F. Rolfe Westney showed an old bowl and English tea box. Mrs. T. D. McConaghy had a painted china bowl and nine pictures.

Dr. Rita S. Finkler sent 37 dolls; and Mrs. H. S. Murphy had 48 foreign dolls. A needle-point piece was sent by Mrs. William Hershon; and Mrs. Maurice S. Avidan exhibited about ten pieces, one a show piece. Mrs. Carlisle J. Brown had a quilt, tippet muff and collar set. Mrs. David B. Allman showed four afghans, two crocheted spreads, two spreads. Mrs. James H. Mason had two hand-woven covers. Mrs. Martucci and Mrs. Andrew Smith showed afghans. A bedspread was shown by Mrs. Shulman; a child's dress by Mrs. Roberts; a quilt by Mrs. W. L. Vroom; an embroidery runner by Mrs. R. N. Berke; eight towels and doilies by Mrs. H. V. Hubbard; and an ancient fan by Mrs. F. A. Kinch. Mrs. Cyril Hutner had a plaque; Mrs. Helen Schralk showed two travel scrap books. Mrs. Sam Berrow and Mrs. Lang showed petit point pictures.

Respectfully submitted,

ADELE M. BEIR.

The New York Academy of Medicine

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